



Initial Medical Management

(A Guide To The First 24 Hours After Initial Presentation)

Medical Parameters	Pharmacological Measures	Nutritional Management	Starvation Syndrome
<ul style="list-style-type: none"> • Reduce the risk of refeeding with daily medical monitoring • Collect the following blood tests <ul style="list-style-type: none"> ○ FBC / U+E / Mg⁺² / PO₄ / Ca⁺² ○ B12 / folate ○ Other investigations as indicated by clinical findings • QID Observations including lying & standing heart rate and BP • ECG on admission • BSLs QID + 2am and 1-2 hrs. post prandial irrespective of feeding route • Manage any hypoglycaemic events. Low BGLs (<4.0mmol/l) should be managed according to the 2012 Australian Commission on Safety and Quality in Health Care User Guide to National Insulin Subcutaneous Order and Blood Glucose Record: Adult • If rehydration required refrain from using IV Dextrose 	<ul style="list-style-type: none"> • Commence supplementation <ul style="list-style-type: none"> ○ 300mg Thiamine ○ 1 Multivitamin ○ 1 B Complex ○ 500mg Phosphate Sandoz BD • Replace potassium and magnesium levels once refeeding commenced if below acceptable range 	<ul style="list-style-type: none"> • Route of Nutrition Restoration will depend on medical stability and BMI. Consult the facility dietitian • NGT feeding is indicated if: <ul style="list-style-type: none"> ○ If medically unstable regardless of BMI <u>OR</u> ○ Unable to tolerate any oral diet <u>OR</u> ○ Medical co-morbidities complicated by an eating disorder (ED) <u>OR</u> ○ BMI <13.5 • May be able to commence oral diet <u>or</u> a combination of oral diet and enteral feeding if: <ul style="list-style-type: none"> ○ If medically stable <u>OR</u> ○ Able to tolerate any oral diet <u>OR</u> ○ Medical co-morbidities complicated by an eating disorder (ED) <u>OR</u> ○ If BMI >13.5 	<p>Occurs when there has been a restriction in energy intake and precipitous weight loss. Signs include:</p> <ul style="list-style-type: none"> • Physical Symptoms, e.g., loss of body mass, lowered metabolism, hormonal disturbance • Psychological symptoms e.g., anxiety, depression, irritability, labile mood, heightened rigidity and obsessional thinking, impaired concentration and decision-making • Social withdrawal & lack of interest in surroundings • Preoccupation with food <p>Provide patient / family with a Handout on Starvation Syndrome available from CCI Website</p>

Ongoing Medical Management

(A Guide To For The Remainder of Admission)

Medical Parameters	Pharmacological Measures	Nutritional Management	Starvation Syndrome
<ul style="list-style-type: none"> Continue daily monitoring of electrolytes and mineral levels and replace deficiencies until goal energy intake is reached or for at least 7 – 10 days post commencement of nutrition rehabilitation Continue daily ECG Continue QID Observations including lying & standing heart rate and BP Continue BSLs QID + 2am and 1-2 hrs. post prandial irrespective of feeding route Continue to manage any hypoglycaemic events. Low BGLs (<4.0mmol/l) should be managed according to the 2012 Australian Commission on Safety and Quality in Health Care User Guide to National Insulin Subcutaneous Order and Blood Glucose Record: Adult 	<ul style="list-style-type: none"> Continue supplementation until refeeding syndrome risk has resolved <ul style="list-style-type: none"> 300mg Thiamine 1 Multivitamin 1 B Complex 500mg Phosphate Sandoz BD Replace potassium and magnesium levels if below acceptable range 	<ul style="list-style-type: none"> Continue to progress with nutrition rehabilitation with the assistance of the facility dietitian. If NGT feeding was indicated, consider moving to a transitional regime (a combination of oral and enteral feeding) if: <ul style="list-style-type: none"> Refeeding syndrome risk has resolved OR Medically stable >48 hours OR Able to tolerate any oral diet OR Resolving cognitions related to starvation syndrome OR BMI >13.5 If a transitional regime was commenced aim for full oral diet +/- nutritional supplements 	<ul style="list-style-type: none"> The signs of Starvation Syndrome will continue to improve with ongoing nutrition rehabilitation Signs of Starvation Syndrome will not completely resolve during admission Important to note that Starvation Syndrome needs to be substantially improved before the patient can successfully engage in psychological treatment

For further information and advice please see WA Eating Disorders Outreach & Consultation Service (WAEDOCS) Guidelines or Call 1300 620 208 Monday – Friday 9am – 4pm.



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