

## Appendix 1. Indicators for consideration for psychiatric and medical admission for adults

RANZCP Clinical Practice Guidelines for the Treatment of Eating Disorders (2014)

	<b>Psychiatric or Medical Admission<sup>a</sup> Indicated (level of acuity can usually be managed in either setting)</b>	<b>Acute Medical Admission<sup>b</sup> Is Required (level of acuity usually requires a medical ward)</b>
<b>Rapid weight loss</b>	Rapid weight loss (i.e. 1kg/week over several weeks) or grossly inadequate nutritional intake (<100kcal daily) or continued weight loss despite community treatment	
<b>Re-feeding Risk</b>	High (if markers below are present)	Extreme (if the markers below are present)
<b>Systolic BP</b>	<90 mmHg	<80 mmHg
<b>Postural BP</b>	>10 mmHg drop with standing	>20 mmHg drop with standing
<b>Heart rate</b>		≤40 bpm or > 120 bpm or postural tachycardia > 20 beats/min
<b>Temperature</b>	<35.5°C or cold/blue extremities	<35°C or cold/blue extremities
<b>12-lead ECG</b>		Any arrhythmia including QTc prolongation, nonspecific ST or T-wave changes including inversion or biphasic waves
<b>Blood sugar</b>	Below normal range*	< 2.5 mmol/L
<b>Sodium</b>	<130 mmol/L*	<125 mmol/L
<b>Potassium</b>	Below normal range*	<3.0 mmol/L
<b>Magnesium</b>		Below normal range*
<b>Phosphate</b>		Below normal range*
<b>Albumin</b>	Below normal range	<30 g/L
<b>Liver enzymes</b>	Mildly elevated	Markedly elevated (AST or ALD >500)*
<b>Neutrophils</b>	<1.5 × 10 <sup>9</sup> /L	<1.0 × 10 <sup>9</sup> /L
<b>eGFR</b>		<60ml/min/1.73m <sup>2</sup> or rapidly dropping (25% drop within a week)
<b>Weight</b>	Body Mass Index (BMI) <16kg/m <sup>2</sup> ** BMI <14kg/m <sup>2</sup> (> 85% ideal body wt 16-18yrs)	Body Mass Index (BMI) <14kg/m <sup>2</sup> ** BMI <12kg/m <sup>2</sup> (>85%ideal body wt 16-18yrs)
<b>Risk assessment</b>	<ul style="list-style-type: none"> <li>- Suicidal ideation; Active self-harm; Moderate to high agitation and distress</li> <li>- Other psychiatric condition requiring hospitalisation</li> </ul>	
<b>Severe ED symptoms</b>	<ul style="list-style-type: none"> <li>- Bulimia Nervosa with hypokalaemia and/or without control of vomiting; Vomiting &gt;4 times daily</li> <li>- Excessive daily laxative use</li> </ul>	
<b>Other</b>	<ul style="list-style-type: none"> <li>- Not responding to outpatient treatment</li> <li>- Aversive family relationships or severe family strain or stress</li> </ul>	

**Starvation Syndrome can occur at any weight therefore weight should not be the deciding factor for admission location or use of the Mental Health Act.**

<sup>a</sup> Patients who are not as unwell as indicated above may still require admission to a psychiatric or other inpatient facility.

<sup>b</sup> Medical admission refers to admission to a medical ward, short stay medical assessment unit or similar.

\*Any biochemical abnormality which has not responded to adequate replacement within the first 24 hours of admission should be reviewed by a medical registrar urgently

\*\* This additional information is taken from NSW Health/CEDD Guideline for Inpatient Management of Eating Disorders in General Medical and Psychiatric Setting in NSW (2014).