Medical Monitoring in Eating Disorders	Which ED	Effect of starvation / malnutrition	Frequency of review or repeat management	Indications for medical admission to manage acute severe malnutrition & prevent refeeding syndrome	
				Child & Adolescent	Adult
Vital signs: **Supine & standing BP and HR** **Core Temperature**	AN AAN BN AN like illnesses ARFID	Indicators of autonomic & metabolic adaptation to starvation	• **On initial assessment** • **At least weekly** for clients significantly underweight or who have lost significant weight or are continuing to lose weight; • **At least weekly**: frequent self-induced vomiting or laxative misuse • **Regularly** if fluid depleted	• Bradycardia – HR <50bpm • Orthostatic systolic hypotension >20 mmHg • Systolic hypotension <80mmHg in children <12yo, <90mmHg in ≥12yo – 18yo • Postural tachycardia >30bpm • Recurrent syncope • Hypothermia <35.5ºC	• Resting HR ≤ 40bpm or >120bpm • Postural tachycardia > 20bpm increase on standing • Systolic BP < 80mmHg • Orthostatic hypotension >20 mmHg systolic drop on standing • Hypothermia (<35 ºC) • Blood sugar <2.5mmol/l
Blood tests: **Full Blood Examination** **Urea, Electrolytes & Creatinine** **Phosphate, Calcium, Magnesium, Glucose,** **Liver Function Test**	AN AAN BN AN like illnesses ARFID	Low WCC / low neutrophil count can indicate starvation induced bone marrow suppression Abnormal LFTs can indicate starvation or refeeding induced hepatitis (transaminitis)	• **On initial assessment** • Acute food refusal • **Weekly:** Ongoing weight loss > 0.5kg / week • **Weekly:** frequent self-induced vomiting or laxative misuse	• Hypokalaemia • Hyponatraemia • Hypophosphataemia • Hypoglycaemia	• Hypokalaemia • Hyponatraemia • Hypophosphataemia
ECG	AN AAN BN AN like illnesses ARFID	If Bradycardia present when awake, it will be more severe when asleep & is associated with the autonomic suppression seen in adaptation to starvation. Small voltages indicate a thinner (wasted) heart wall		• Arrhythmia • Bradycardia – HR < 50bpm • Prolonged QTc >450msec	• Arrhythmias • Rate< 40bpm • Prolonged QT interval
Body weight **% change in body weight** **Charting / graphing %mBMI (children & adolescents)**	AN AAN BN AN like illnesses ARFID	Loss of body weight in children & adolescents is abnormal. Short term loss with no recovery, and / or faltering of height growth is an alert for review and intervention	**On initial assessment**. **Weekly** for clients significantly underweight, continuing to lose weight, or experience marked weight fluctuations	• 0.5 – 1kg weight loss per week over several weeks • < 70% mBMI	• >1kg ongoing weight loss per week over several weeks • BMI< 13
Height	AN AAN BN AN like illnesses ARFID	Prolonged poor nutrition indicated by static height or height not following previous developmental percentile course > 6 – 12 months.	**On initial assessment & 3 monthly** review in clients who should be growing	N/A	N/A
Micronutrients: **Vitamin B12** **Folate** **Iron Studies** **Vit D**	All eating disorders	May be impaired due to general malnutrition or restricted food variety	**On initial assessment** & reviewed as clinically indicated Supplement as indicated Encourage improved food variety & quantity	N/A	N/A

Medical Monitoring in Eating Disorders	Which ED	Effect of starvation / malnutrition	Frequency of review or repeat management	Indications for medical admission to manage acute severe malnutrition & prevent refeeding syndrome	
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Menstrual function: **frequency & quality of menses** **ovarian ultrasound**	All eating disorders	Starvation induced suppression of hypothalamic-pituitary-gonadal axis Ovarian ultrasound may be helpful in indicating return of menses & minimal healthy weight If other indicators are insufficient	Review menstrual function **on initial assessment & routinely**, to note changes	N/A	N/A
Other behaviours: **Eating & Drinking:** **Severe food restriction or acute food refusal** **Severe fluid restriction or acute fluid refusal** **Increased frequency of purging behaviours** **Physical Activity:** **Exercise, incidental activity & weight controlling physical activity**	All eating disorders	Restriction of food (& fluids) is a core behaviour/symptom in many EDs Physical activity aimed at weight control may be a primary weight control behaviour, or a behaviour to compensate for binge eating Starved individuals may have difficulties with restlessness	**Acute worsening in any of these symptoms requires increased frequency of medical monitoring;** **medical admission may be indicated**	Acute food & / or fluid refusal > 3days Significant dehydration	Acute food & / or fluid refusal > 3 – 5 days
Bone **Bone density assessment**	AN AAN BN AN like illnesses ARFID	Starvation induced osteopenia & osteoporosis Related to suppression of ovulation & cortisol changes Swift weight & nutrition status recovery is the best protection for bone mineral status.	Consider bone mineral density scan: • Children & young people > 1 year underweight (corrected for bone age in those with faltering growth) • Adults > 2 years underweight • Scan earlier if experiencing bone pain or recurrent fractures • Review: no more than yearly unless experiencing bone pain or recurrent fractures See guidelines for endocrine interventions	N/A	N/A

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