

**Specialist Eating Disorders Service (SEDS)
and
Infant, Child & Adolescent Mental Health Service (ICAMHS)**

GP Information
INDICATIONS for ACUTE HOSPITALISATION
of Eating Disorders

Physical Symptoms

- Syncopal episodes
- Rapidly diminishing exercise tolerance
- Frequent exercise-induced chest pain
- Low urine output (<400 ml/day)
- Confusion

Energy Intake and Fluid

- Little or no nutritional intake for 5 days or more
- Failure to drink adequate fluid

Weight

- Total body weight <75% expected for height [**<18 years**]
- Severe malnutrition - BMI < 14 [**adults**]
- Acute weight loss 15-20% in 3/12 [**<18 years**]
- Recent rapid weight loss (i.e. > 4 kg in 6 weeks) [**adults**]

Physical examination

- Bradycardia < 50 bpm [**<18 years**]; < 40 bpm [**adults**]
- Postural increase of HR > 30 bpm [**children & adults**]
- Hypotension systolic BP <80 mm Hg [**children & adults**]
- Postural decrease BP >20 mm Hg [**children & adults**]
- Capillary return > 1 sec, low JVP (dehydration) [**children & adults**]
- Hypothermia < 35.5°C [**children & adults**]

ECG abnormalities

- Arrhythmia
- Prolonged QTc >450 msec
- Diminished amplitude of QRS complex & T waves

Abnormal biochemistry

- Blood glucose < 2.5 mmol/l
- Ketones in urine
- Potassium (K+) < 3.0 mmol /l [**< 18 years**]; <2.5 mmol /l [**adults**]
- Sodium (Na) < 125 mmol/l
- Hypophosphataemia – anything below normal range [**<18 years**];
- <0.3 mmol/l [**adults**]

Suicidality with an active plan.

Acute complications of malnutrition or acute impact on existing medical condition e.g.

renal failure; gastric dilation; cardiac failure; seizures;
pancreatitis; hepatitis failure, diabetes; delirium;
neuropathy; etc.