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Owner: *Stacey Thompson: Patient Services Mgr III*
Policy Area: *Patient Care Services*
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Applicability: *UNC Rex Healthcare*

Medical Stabilization in Adolescent Eating Disorders

UNC Rex Medical Stabilization of Eating Disorder Patient

Affected Areas: Inpatient Pediatrics

Target population: Patients up to age 17yo requiring admission for medical stabilization for new or previously diagnosed eating disorder. For the purpose of these guidelines, eating disorder is defined as at least one of the following:

- Significant low body weight compared with percent median BMI (ideal body weight)
- Unreasonable weight control methods (restriction of food intake or excessive use of laxatives, diet pills, exercise, etc.)
- Distorted body image
- Intense fear of gaining weight or becoming fat, even though underweight

Note: Patients may meet the criteria for an eating disorder but not require inpatient admission for medical stabilization and be managed in an outpatient setting.

Goals:

1. Implement guidelines of criteria for inpatient admission for medical stabilization of eating disorders
2. Collaborate as an interdisciplinary team to support the medical stabilization of patients with eating disorders
3. Reduce the occurrence of refeeding syndrome
4. Promote patient weight gain and medical stability in a structured manner
5. Decrease number of hospital days required for medical stabilization and discharge or transfer to inpatient or outpatient care

Protocol adapted with permission from Cone Health *Guidelines for Medical Treatment of*

Eating Disorders on the Inpatient Pediatric Unit **and UNC Division of General Pediatrics and Adolescent Medicine** ***Guidelines for Evaluating and Treating Children and Adolescents with Eating Disorders*****.**

For physician related guidelines, refer to ***Attachment #1*** **to this policy.**

Eating Disorder Nursing Guidelines: The purpose of these guidelines is to improve the comprehensive care of children admitted to UNC Rex with an eating disorder requiring medical stabilization.

Admission:

- Be familiar with patient/parent expectations document reviewed with patient and family on admission by the pediatric hospitalist so you can answer questions, if needed. ***(See Attachment #2)***
- Ensure sitter is ordered and available for 7a-11p. Assess need for overnight sitter. (See ***Attachment #3*** for Sitter Guidelines)
  - Patients with suicidal ideation or at risk for self-harm must have a sitter 24 hours per day.
  - If the patient is not suicidal or at risk for self-harm, Avasys video monitoring may be used for monitoring 11p-7a.
  - Patient will be monitored for exercise behaviors, purging behaviors, and self-harm. Patient should only go into the bathroom with the supervision of a staff member physically in the room. These points must be communicated to Remote Observer upon initiation of Avasys.
- Have sitter review guidelines prior to assuming care for patient.
- Orthostatic Vital signs-see description below
- Weight-see description below
- Height
- Strict monitoring of intake and output.
- Contact the pediatric dietitian for initial consultation and assistance with meal planning. If patient admitted over the weekend, the nurse can work with the parents to select meals from the "Day 1" menu for Saturday and Sunday. On Sunday, the patient should receive an additional 4oz of Ensure Plus **in addition** to their meal plan.
- Reference eating disorder notebook at nurse's station. This includes the eating disorder protocol, day 1 menu (same for all patients), menus for a week, and replacement protocol. When dietitian completes consult and provides meal-planning, patient's individual meal plan with corresponding exchanges is placed in notebook for calorie reference.

Meal planning:

- Review Admission diet orders.
- At least 3 meals/24hours will be ordered at a time
- Patient should **NOT** be involved in the meal plan process
- If parent is unable to plan meals, nursing or dietitian will plan meals for patient
- Snacks will be added once patient reaches 2000kcal/day and will arrive on meal tray
  - Start with 1600 kcal/day. Increase by 200-250 kcal/day starting on hospital day 2.
- Standard Day 1 Menu (see attachment) with three options. Subsequent days will be determined by dietitian with input from parents. Parents can identify three "dislikes" for their

child that will not be included in the meals offered. Dietitian or MD will document dislikes in Nutrition Therapy order entered in electronic medical record.
- If the patient is admitted over the weekend, use the Standard Day 1 menu Saturday and Sunday. Add 1/2 Ensure Plus (4oz) to Sunday's meal plan as a snack or in providing replacement **in addition to meals and snacks.**
- If patient admitted after regular Nutrition Therapy Office hours (1845-0645), RN can provide one of the following meals/snacks:
  - Saltines (8 crackers), Peanut Butter (2 packets), Applesauce
  - Cheerios (1 container), Whole Milk (8oz), Juice (8oz)
- Meals will be ordered by the dietitian and will be delivered at these specific times:
  Breakfast 0800
  Morning snack 1000
  Lunch 1200
  Afternoon snack 1430
  Dinner 1700
  Evening snack 2000
- Check to see that meals are delivered at these times and the appropriate foods have been sent. All food should be in **unlabeled containers**. Daily menus are located in the Eating Disorder Notebook for reference. If the tray has not been delivered, call Nutrition Therapy Office and place order again.
- Meals last for 30 minutes and snacks last for 20 minutes
- Reinforce expectations of 100% meal consumption with the patient.

Checking trays:

- All trays must be checked by staff PRIOR to meal/snack times. Confirm that all components of meal are present based on specific requests.
- Snacks (if ordered) will be delivered on each meal tray. Confirm that snacks are present, remove from tray and store snack appropriately labeled with patient info and date.
- If there is ANY component missing, immediately call Nutrition Therapy Office and request missing component. Inform Nutrition Therapy Office patient is on the eating disorder protocol and needs to start meals at specific times.
- Nutrition Therapy Office: 784-4080 (Hours of Operation: 0645-1845)

Meal guidelines: ALL MEALS/SNACKS must be checked by staff prior to meal/snack times

- Prior to meals/snacks ask patient if they would like to use the bathroom.
- Watch tray to ensure patient is not removing or manipulating food prior to eating
- 100% of meal must be consumed. This includes "gristle, fat, extra liquid, gravy or syrup."
- Any condiments used must be used completely. For example, this includes entire pat of butter or whole package of peanut butter.
- If less than 100% of the meal is consumed, then calories must be replaced based on supplementation guidelines.
- Meal and snack replacements/supplementation
- ***Any uneaten or vomited food*** **is removed from patient's room and replaced with a supplement.**
- When the patient is receiving three meals a day, the supplementation will occur after each meal. (0830, 1230, 1730).

- Example: Patent at 20% of lunch, so will be offered 11oz of Ensure Plus replacement after lunch.

- When patient is receiving three meals a day AND three snacks a day, the supplementation will occur after each snack (i.e. after morning snack, after afternoon snack, and after evening snack). The volume will be determined by the amount of the meal completed AND the amount of the snack completed. (1020, 1450, 2020)
  - Example: Patient ate 50% of breakfast (6oz Ensure Plus replacement) and 25% of morning snack (3oz Ensure Plus replacement), so after morning snack will be offered 9oz of Ensure Plus for replacement.

Meal completed	**Amount of Ensure Plus to be provided**
0-24%	11 oz.
25%	8 oz.
50%	6 oz.
75-99%	3 oz.
Snack Completed	**Amount of Ensure Plus to be provided**
0-24%	4 oz.
25%	3 oz.
50%	2 oz.
75-99%	1 oz.

- The patient has 20 minutes to drink the entire supplement. If patient does not drink entire supplement and/or vomiting occurs, a nasogastric tube is placed and caloric replacement given via the nasogastric tube. The Ensure Plus is given as a bolus through the NG tube at 400ml/h regardless of volume to be administered.
- The NGT can be removed after use after the first insertion. After the second insertion, the NGT is to stay in place until the patient has consumed 100% of meals (and snacks if applicable) for at least 24h.
- RN will document portions of food consumed and any replacement supplements given orally or via the nasogastric tube in the electronic medical record.
  - 1 bottle of Ensure Plus = 8 oz. = 350kcal

Patient Mealtime (includes meals and snacks) rules:

- No food or condiments from home.
- No other food or drinks permitted in the patient's room at any time (i.e. family members, visitors, etc.). The sitter may have one cup of water/ice water with a lid in the room.
- Patient is allowed **30 minutes to eat each meal and 20 minutes for snacks.**
- Staff must sit with patient and observe the entire mealtime.
- The patient may watch TV, read a book, or complete a puzzle, etc., as this may be a coping strategy for completing meals.
- Patient must eat sitting in a chair using side table.
- Patients are not allowed to eat in bed.
- Patients are not allowed to wear jackets with pockets, hoodies, and hats during meal times.
- Hands/napkins must be above table at all times.
- Patients are not allowed to get up from the chair during the meal time.

- After meal, staff must check trays for hidden food or food discarded in napkin. Staff must check tray table to ensure no food is hidden anywhere on tray.
- Mealtime is followed by an observation period as below.
- When the patient is first admitted, no family members or visitors are allowed during meals. However, recent studies have shown benefit of family mealtime as the patient progresses. Parents should meet with treatment team prior to be "coached" on how to best approach shared mealtimes with their child. **MD order required for parent presence during mealtime.**
- If patient has significant mealtime anxiety interfering with eating, physician can consider short-term use of hydroxyzine or a benzodiazepine (lorazepam, alprazolam, or clonazepam).

Observation period:

- Observation periods immediately follow meal/snack times. Staff must observe patient for any possible eating disorder behaviors such as purging, hiding food, exercising, etc.
- Observation times are 1 hour after meals and 30 minutes after snacks.
- BATHROOM USE DURING OBSERVATION PERIOD IS ONLY PERMITTED IF AN EMERGENCY and SUPERVISED.

I&O monitoring and recording:

- Staff will closely monitor and document strict intake and output. This includes all liquids consumed as well as the percentage of meal eaten.
- If patient is drinking water excessively, then nurse should notify MD. Water may be consumed in high volume to "pad" daily weights in order to achieve the appearance of recovery. Target fluid amount should be entered in the diet order, and should not exceed 2500ml fluid per day.

Bathrooms:

- If daytime HR<45, symptomatic orthostasis, hypotension, temperature < 35.5°C or other unstable vital sign: strict bed rest with assisted bedside commode privileges
- Once vital signs are stable, the patient can choose between using the bedside commode and using the bathroom and one shower per day is allowed. When using the bathroom or showering, the door should be cracked so staff member can witness movements in their peripheral vision. **MD order is required for bathroom privileges.**
- Patients should not use bathroom without staff presence.
- Staff must verify all contents in commode, making sure vomit and/or discarded food is not present. Excess toilet paper use should be noted in case of attempts to hide vomit or food.
- Staff should document output.

Showers:

- Patient is allowed **one** shower a day once medically cleared by the pediatric hospitalist. **MD order is required for shower.**
- Bathroom rules above also apply to shower.

Weights:

- Patient will be weighed on admission, then on Mondays and Thursdays after orthostatic vital signs, first void and before breakfast. If patient cannot void, wait until first void to obtain

weight, and do not provide liquids prior to voiding.
- Patient should be wearing hospital gown and underwear only with back to scale. After weight is obtained, patient can wear shirt without pockets or hood, bra for females, and pants without pockets.
- Staff must show a neutral response to any weight gain or loss and not discuss the actual weight in front of the patient.
- Do not reweigh per patient's request.
- If numbers do not make sense, patient will be reweighed at the discretion of the medical team.
- Weight should not be discussed with patient by anyone.
- Nurse can share weight with parents privately, **when not in presence of patient**.

Orthostatic vital signs:

- Obtain on admission and daily until normalized.
- Should be obtained each morning before breakfast.
- Order of measurements should occur before breakfast each day (6am-8am) should be: orthostatic vital signs, void, weight.
- Patient should be supine for 10 minutes prior to the initial measurement of blood pressure and heart rate. Record blood pressure and heart rate.
- Have the patient sit on the edge of the bed with legs dangling. Record blood pressure and heart rate immediately
- Ask the patient to stand. Record blood pressure and heart rate immediately
- Repeat and record blood pressure and heart rate after patient standing for 3 minutes.
- Note symptoms with each change in position.
- Positive orthostatic definition for eating disorder protocol*:* Heart rate increase by 30 bpm and/or systolic blood pressure down by 20mmHg on standing.

Activity

- Be consistent among team members of what activity is allowed. Activity level should be written on the patient white board in the room and updated as needed.
- Patient is not allowed to exercise.
- If patient is exhibiting exercise behaviors, staff will directly ask patient to stop exercising.
- Going out of the room in a wheelchair is safe starting day of admission **if vital signs are stable.** Activity can progress gradually from strict bedrest, to out of bed to chair, to ad-lib around the room, to limited walks in the hallway and time in the playroom. **MD order required for appropriate activity level and playroom privileges.**

Electronic devices:

- Patient will be allowed to use personal electronic devices in room.
- Patients are restricted from searching for things pertaining to body image, nutrition, calories, exercise etc. that may deter from their treatment.
- Staff will directly ask patient to stop looking at inappropriate sites.

Partnering with patient and family/Comments and conversation:

- Patients are restricted from excessive conversation/comments related to body image, nutrition, calories, exercise etc. that may deter from their treatment.
- Focus on medical condition and objective data such as vital signs, labs and orthostatic information.
- Do not discuss patient's weight or calorie goals in front of the patient.

- Avoid positive or negative reactions towards amount of meals eaten. Best to stay neutral. May state whether patient is following their medical plan.
- Remember, food is medicine for this patient, who is a child.
- Contract sets limits and boundaries. Be consistent, objective and caring while maintaining these boundaries every time.

Behavioral crisis management:

- If patient is having a behavioral crisis, allow patient 15 minutes to regain composure.
- After 15 minutes of behavioral crisis, notify MD.

Documentation Standards:

Shift Documentation for Nursing	Shift Documentation for Sitter
Meal percentage	Orthostatic VS
Supplementation given via tube	Height
NG placement/tolerance	Weight
Observed behaviors	Hygiene/shower
Sitter name and presence/Avasys	Strict I&O
Education provided to patient and/or parents	Activity

References:

1. American Academy of Pediatrics Clinical Report—Identification and Management of Eating Disorders in Children and Adolescents. PEDIATRICS 2010;126(6):1240-1253.
2. Committee on Adolescence, American Academy of Pediatrics. Policy Statement: Identifying and Treating Eating Disorders. PEDIATRICS 2003;111(1):204-211.
3. Eating Disorders in Adolescents: Position Paper of the Society For Adolescent Medicine. JOURNAL OF ADOLESCENT HEALTH 2003;33:496–503
4. Clinical Practice Guidelines for treating restrictive eating disorder patients during medical hospitalization. CURRENT OP IN PED 20: 390-397
5. National Institute for Health and Care Excellence (2017). Eating disorders: recognition and treatment. Available at: https://www.nice.org.uk/guidance/ng69/resources/eating-disorders-recognition-and-treatment-pdf-1837582159813

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Attachments

Attachment 1: Hospitalist Reference
Attachment 2: Parent Contract
Attachment 3: Sitter Guide
Day 1 Meal Menu
Exchange Tally Breakdown

Approval Signatures

Step Description	Approver	Date
CMO	Linda Butler: VP Medical Affairs and CMO	3/17/2021, 4:43PM EDT
CNO	Joel Ray: VP Chief Nursing Officer	3/17/2021, 4:09PM EDT
Peds, Med Director	Emilee Lewis: MD/Pediatrics	3/17/2021, 4:03PM EDT
Peds, Med Director	Stacey Thompson: Patient Services Mgr III	3/15/2021, 2:09PM EDT
Pediatrics - Nsg Dire	Helene Zehnder: Dir Medical/Surgical Nursing	3/15/2021, 2:07PM EDT
Pediatrics - Nsg Dire	Stacey Thompson: Patient Services Mgr III	2/24/2021, 2:42PM EST

Applicability

UNC Rex Healthcare