



Guidelines for Inpatient

• Medical Stabilization

The following recommendations are aimed at identifying patients at high risk for refeeding syndrome and other dangerous medical conditions. In refeeding syndrome, potentially fatal shifts of fluids and electrolytes occur while refeeding a malnourished patient.

Admission to an acute care hospital with eating disorders expertise allows the patient to begin recovery in the safest and most successful way possible, using the medical insurance benefit.

It is strongly recommended that patients with ANY ONE of the following begin treatment in a medical hospital, rather than a residential treatment center (RTC) or lower level of care:

- Adults: body mass index (BMI) <15
- Adolescents: BMI <3rd percentile with any weight loss OR <75% of expected or previous BMI. If expected BMI is unknown, use 50th percentile for age*
- Weight loss >20% over the past three months (any previous weight)
- Little or no calorie intake (<200 kcal/day) for 10 days or more
- Low phosphorus, magnesium, or sodium
- Potassium <3.0
- Glucose <60
- Unable to consume at least 1300 kcal/day by mouth
- Dehydration
- ECG abnormalities: QTc >450, HR <44, other arrhythmias
- Eating disorder diagnosis is uncertain
- Gastrointestinal conditions interfering with eating

* **Adolescents:** Use CDC BMI-for-age charts

Boys: www.cdc.gov/growthcharts/data/set3/chart-15.pdf

Girls: www.cdc.gov/growthcharts/data/set2clinical/cj411074.pdf
(cdc.gov/growthcharts)

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For Patients with ANY TWO of the following, hospitalization is likely to be the most appropriate choice. Admission to RTC or lower level of care should be approved by a medical provider:

- BMI <17 (adults)
- Weight loss >15% in the past 3 months
- Calorie intake <200 kcal/day for past 5-10 days
- Heart rate <50 beats per minute on ECG or by pulse
- Temperature <97°F
- Systolic Blood pressure <90 mmHg
- Orthostatic changes (>40 beats increase in heart rate or 15 mmHg systolic drop in blood pressure)
- Recent alcohol or substance abuse
- Anorexia nervosa with purging
- Long term use of insulin, diuretics, H2-blockers, proton pump inhibitors, laxatives, immunosuppressants, or prednisone
- Chronic disease, such as inflammatory bowel disease, HIV, diabetes
- Abnormal ECG
- Any electrolyte abnormality

Please note that these guidelines may not identify all patients that should be admitted to a hospital for medical stabilization. In case of uncertainty, refer to a physician with eating disorder experience.

We provide:

- Outpatient (office visit) medical assessment and consultation
- Medical stabilization for males and females ages 13 to 35*
- Continuing medical care (office visits) for patients who have successfully completed treatment in a residential, partial hospital program (PHP), or intensive outpatient (IOP) setting.

*Patients use only the medical insurance benefit, preserving their behavioral health coverage for residential, PHP, and/or IOP treatment.

References:

Mehanna HM, Moledina J, and Travis J: Refeeding syndrome: what it is, and how to prevent and treat it BMJ 2008 Jun 28; 336(7659): 1495 - 1498
Eating Disorders; A Guide to Medical Care. AED Report 2016, 3rd ed.