SSMHealth Cardinal Glennon Children's Hospital

Evaluation and Management of Pediatric Patients with Suspected or Known Eating Disorder
Clinical Practice Guideline

AIM
- Standardize evaluation and management strategies for children with known or suspected eating disorder receiving care at SSM Health facilities
- Optimize appropriate inpatient and outpatient resource utilization

PERFORM EVALUATION IN PATIENTS WITH PROVIDER CONCERN FOR EATING DISORDER:

HISTORY
- Recent weight loss
- Recent change to typical food or fluid intake
- Over-exercising
- Use of weight loss medications or laxatives
- Bingeing or purging
- Excessive water intake/water-loading
- Change to menses (oligomenorrhea or amenorrhea)
- Presence of depression, anxiety, or other mental health disorders (including SI/HI) in the presence of other history features

VITALS AND GROWTH PARAMETERS
- Temperature, Heart Rate, Blood Pressure, SpO2, Respiratory Rate
- Orthostatic HR and Blood Pressure
- Previous Weight (if available)
- Current dry weight (blind to patient, in gown, no shoes) and percentile/Z-score
- Calculate weight loss
- Current height and percentile/Z-score
- BMI and percentile/Z-score

PHYSICAL EXAM FINDINGS
- Hydration Status
- Mental status (slowing, confusion)
- Skin ulceration (back/spine)
- Bruising
- Muscle wasting or weakness
- Lanugo
- Self-harm scars
- Evidence of purging (salivary gland enlargement, dental caries, hand calluses)

LABS, IMAGING, PROCEDURES

All Patients
- CMP, Magnesium, Phosphorus
- Urinalysis
- CBC, CRP, Ferritin, Vitamin D 25
- TSH, free T4 (if new diagnosis and not performed previously)
- EKG

Select Populations
- Consider urine drug screen
- Amylase and lipase (purging)
- Estrogen, FSH, urine pregnancy test (amenorrhea)
- PTT, PT/INR (hematemesis)
- Repeat POC glucose if hypoglycemia on CMP, or eating prior to admission (risk of post-prandial hyperinsulinemia)

MANAGEMENT AND DISPOSITION

ASSESS ADMISSION CRITERIA

Patients with any of the following warrant admission with inpatient adolescent medicine consult

- $\leq$ 75% median BMI for age and sex
  - Percent Median BMI calculated as (Patient BMI divided by 50th percentile BMI for age and sex in reference population) x 100
- Dehydration
- Electrolyte disturbance (hypokalemia, hyponatremia, hypophosphatemia)
- ECG abnormalities (prolonged QTc, other arrhythmias or changes)
- Physiologic instability
  - Severe bradycardia – HR < 50bpm (day) or < 45bpm (night)
  - Hypotension (90/45mmHg or less)
  - Hypothermia (body temperature 96°F, 35.6°C)
  - Orthostatic increase in pulse (> 20bpm) or decrease in BP (> 20mmHg systolic or > 10mmHg diastolic)
- Arrested growth and development
- Failure to respond to outpatient treatment
- Acute food refusal
- Uncontrollable binge eating and/or purging
- Acute medical complications of malnutrition (syncope, seizures, cardiac failure, pancreatitis, hepatitis, etc)
- Comorbid psychiatric or medical condition that prohibits or limits appropriate outpatient treatment (severe depression, suicidal ideation, obsessive-compulsive disorder, type 1 diabetes mellitus)

DISCHARGE
- No admission criteria met and no other indications for acute admission
- ED or Outpatient Provider discusses findings and concerns with the patient and family and places outpatient referral to Adolescent Medicine (REF3 in SSM Epic)
- Patient should follow-up with PCP for weight check within 1-2 weeks (CPG can be re-utilized at that visit to assess next steps if clinical status changed)
- Family should be instructed to call 314-268-6408 (Adolescent Medicine Office) during business hours to schedule next available new EDO appointment
- Adolescent Medicine Physician is available to be paged for questions and phone consultation Monday through Friday between 8am and 4:30pm (refer to Amion for schedule and pager)

ADMIT TO GENERAL MEDICINE

For ambulatory (non-ED) patients: Assess need for urgent fluid resuscitation, electrolyte correction, or evaluation and stabilization in the ED vs Direct Admission

Monday through Friday between 8am and 4:30pm
- Page on-call Adolescent Medicine Physician through Amion to discuss the case
- If admission agreed upon, Admit to General Medicine (Purple, Orange, or Yellow Team) with Adolescent Medicine Consult

After Hours (Not M-F between 8am and 4:30pm)
- Admit to General Medicine (Purple, Orange, or Yellow Team) with adolescent medicine consult

Additional Management (All Patients)
- Assess and monitor patients with bradycardia or orthostatic tachycardia (*see Page 2, Box 1*)
- Assess and treat patients with dehydration or orthostatic hypotension (*see Page 2, Box 2*)
- Assess and treat patients with electrolyte derangements as clinically appropriate

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BOX 1: BRADYCARDIA, ORTHOSTATIC TACHYCARDIA

- **HR < 50bpm: Cardiac monitoring**
- **HR increase by > 20bpm on orthostatics: cardiac monitoring, assess for need for fluids**

BOX 2: DEHYDRATION, ORTHOSTATIC HYPOTENSION

- **Systolic BP drop of > 20mmHg on orthostatics OR clinical evidence of dehydration:**
  - **IV: 10mL/kg Normal Saline bolus over 1-2 hours**
  - **PO: water/juice 250mL every 4 hours (use sugar-free beverage if patient has diabetes)**

GUIDELINE DISCLAIMER

This guideline was developed by the listed authors using publicly available evidence and expert opinion and is approved for clinician use in the SSM Health System by the below committees. The guideline is intended for use by providers treating pediatric patients and may broadly be provided to the majority of patients being treated for the addressed condition(s). The guideline is not meant to replace clinical judgement in individual cases, and care must be taken to address the needs of each individual patient and family to ensure appropriate, timely, and quality care is provided in each clinical encounter. As medicine is always changing and evolving, SSM Health, the listed authors and committees, and any other party involved in the authorship and distribution of this guideline is not responsible for errors, omissions, or outcomes related to clinician use of the guideline

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