3:15:3 Risks associated with Eating Disorders and Recommended Physical Observations

Eating disorders have the highest mortality of all mental health disorders. This can be as a direct result of physical complications of starvation, usually cardiac, or suicide (Arcelus, Wales and Mitchel, 2011).

Eating Disorders can affect many aspects of the body, including:

- Biochemical and haematological disturbances
- Cardiovascular complications
- Cognition
- Gastrointestinal changes
- Liver function
- Kidneys
- Osteoporosis
- Fertility

As so many functions can be affected, it is vital that regular medical monitoring is completed throughout an admission including:

1 Bloods:

- Normal admission bloods
- Urea and Electrolytes (U&Es)
- Liver Function Tests (LFTs)
- Bicarbonate
- Magnesium
- Phosphate
- Glucose
- Calcium

A Doctor must review bloods and document these in patient notes.

1.1 Frequency of bloods:

- These should be daily for the first 10 days if on re-feeding protocol (see section 3:15:4).
- After the re-feeding period, bloods should be obtained twice weekly - Typically Mondays and Thursdays. This allows ED behaviours to be detected through blood results.
- Weight should be taken twice weekly during refeeding. This can be reduced to weekly post refeeding.

1.2 Common blood results to look out for may be:

- Low potassium - indicates vomiting.
- Raised bicarbonate - indicates vomiting.
- Low sodium - indicates water loading.
- Raised bicarbonate – indicates dehydration and can indicate laxative use
- Low glucose – Refer to dietitian as menu plan may need to be altered.

2 Electrocardiogram (ECG)

- ECG should be completed daily from admission until normal. These can then be carried out weekly or at consultant request.

3 Physical observations

- Temperature, pulse and blood pressure should be recorded, erect and supine, a minimum of twice daily from admission. This can be reduced once consultant is satisfied with results.
- The patient should be considered for bed rest and/or wheelchair use if postural drop is noted or systolic reading below 80.

4 Temperature recording chart

- In addition to physical observations, temperature should be recorded before and after time outside to monitor for a drop in core temperature.
- Patient should not be allowed outside until temperature reading is above 36c.

5 Blood Glucose Measurement (BMs)

- Should be checked four times per day at 10.30am, 15.30pm and 02.00am 06.00am as per MARSIPAN (2014) guidelines.
- Hypoglycaemic episodes can occur in eating disorders as a result of starvation and liver dysfunction. If BMs below 4.0 refer to GG&C guidelines for safe correction.

6 Skin assessment

- Daily from admission. Redness breaks or breakdown of skin should be highlighted and described on skin assessment body map.
- High risk areas include hips, spine, shoulder blades, elbows, heels and sacral area. Consult with your tissue viability nurse regularly for advice on prevention, minimising risk and treatment.
- Patients on bed rest should always be using a pressure mattress appropriate to their weight.

7 Fluid balance chart

- To be recorded from admission.
- This monitors kidney function as well as food and fluid intake and output.
- The patient should be provided with all appropriate equipment to measure output.
- To be continued until the consultant and dietitian are satisfied with the results charted.

8 Bowel chart

- Commence on admission
- Constipation can occur during the acute phase or during recovery. It is associated with malnutrition, laxative abuse, food restriction and purging.
- Common constipation relief used in eating disorders are Fybogel and Lactulose with doses appropriate to weight. This should be reviewed by the doctor for suitability. If constipation persists, consult the medical team.
- Patients should NOT be given laxatives as part of the symptomatic relief policy.