### Physical Risk in Suspected Eating Disorders
#### Mental Health Clinician Response Guide

<table>
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<tr>
<th>Response Required</th>
<th>Indication / Symptom / Behaviour</th>
<th>Local Contacts for Action</th>
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</table>
| Presence of any one of these symptoms / behaviours: arrange urgent (on the same day) medical review with medical practitioner or at emergency dept for decision re need for medical admission | • Reporting fainting / collapse / dizziness  
• Chest pain, heart palpitations, shortness of breath  
• Acute total cessation of food or fluid intake over 3 – 5 days | Complete details of those relevant to your client / service  
Local General Practitioners (if client’s GP unavailable):  
Physician / ED Medical Specialist available for secondary consultation:  
Mental Health Triage:  
Emergency Department:  
ECATT:  
Emergency Dept Psychiatric C/L contact:  
CEED contact: 8387 2669 / 8387 2789 |
| Presence of any one of these symptoms / behaviours: Discuss / recommend arranging medical review within the next 48 hours | • Reporting cold, blue extremities  
• Rapid (≥ 0.5kg / wk) / weight loss ≥2 consecutive weeks  
• BMI < 15 (adult); > 10% loss of body weight (child adolescent)  
• Persistent restriction of fluid intake (< 500ml / daily)  
• Persistent increased fluid intake (> 3000ml / daily)  
• Persistent self-induced vomiting ≥ 1 episode daily  
• Persistent & escalating laxative / other medication use to control weight | |
| Presence of any one of these symptoms / behaviours: Discuss/recommend increase in frequency of medical monitoring to / or maintain weekly – fortnightly medical review | • Ongoing weight loss  
• worsening dietary restriction (<1200kcal / 5000kJ daily)  
• Restriction of fluid intake (< 1000ml / daily)  
• Increase to purging / binge eating frequency  
• Self-induced vomiting ≥ 2 episode weekly  
• Laxative / other medication use to control weight | |
| Discuss/recommend medical monitoring as advised by medical practitioner | • Ongoing mild to moderate eating disorder behaviours | |

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**Note:**
- The above guidance is not exhaustive and should be used in conjunction with clinical judgment.
- For more detailed guidance, refer to the full Mental Health Clinician Response Guide.
- E-mail: ceed@deakin.edu.au