

Physical Risk in Suspected Eating Disorders Mental Health Clinician Response Guide

Response Required

Indication / Symptom / Behaviour

Local Contacts for Action

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):

Presence of **any one** of these symptoms / behaviours: Discuss / recommend arranging medical review **within the next**48 hours



- 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

Physician / ED Medical Specialist available for secondary consultation:

Mental Health Triage:

Emergency Department:

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

ECATT:

Emergency Dept Psychiatric C/L contact:

CEED contact: 8387 2669 / 8387 2789

Discuss/recommend medical monitoring as advised by medical practitioner

Ongoing mild to moderate eating disorder behaviours

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