Paediatric Eating Disorders: Early risk management following admission

Cork University Hospital

(Ref: J MARSIPAN guidelines 2012, MARSIPAN CHECKLIST, 2015, SAHM guidelines 2015)

Name:		DOB:		MRN: Date:	
Assessment:	Y / N	Initial Medical Management	Y/ N	Next Steps:	y/ N
1. Does the patient have an eating		REFEEDING PLANNING		14. (J.)MARSIPAN/ team members identified/ aware of admission: •Paediatrics: •Psychiatry: •Dietetics: •Nursing: • Other e.g. Key clinician (MHS):	
disorder? If so, which one? 2. Are there significant physical risk Factors? (MARSIPAN red/amber- see detailed risk form if needed) •BMI< 13 (adult) or < 70 if under 18* •Recent loss > 1kg/week* •Little or no nutrition >5 days* •Acute food refusal or >500 kcal/ day for 2+ days* •Pulse <40 •BP low/ postural dizziness •Core temp <35 •NA < 130mmol/L* •K* <3.0 mmol/L* •Low PO4* •Mg²+ •Glucose <3mmol/L •Raised transaminases •Raised urea or creatinine •ECG: bradycardia, QtC >450ms/tachycardia •Significant physical comorbidities (e.g. Infection, haematemesis)?* •Wcc 3. Is the Risk of Refeeding syndrome high? (any items with * above)		4. Is intensive medical stabilisation/ inpatient refeeding needed?			
		5. Capacity to consent/ assent established? legal			
		6. Consenting to oral refeeding? Established boundaries		15. First J. MARSIPAN MDT meeting arranged for (date):	
		7. Which hospital refeeding plan?		16. MARSIPAN GUIDELINES on ward	
		8. Is NG needed? ED / CAMHS Consultation?		17. MEAL COACHING GUIDELINES on ward	
		START SUPERVISED REFEEDING ASA		18. Any risk Behaviours identified?:	
		9.Is special nursing needed? Monitoring mealtime/ parents?			
		10. Daily bloods x 5 days (highest risk of refeeding syndrome is first 5-10 days)		19. First care plan agreed and recorded (see form	
		11. Input/ output monitoring		20. Feedback to family/ clinician contact	
		12. Twice weekly weights (aim 0.5-1kg weight gain per week)		21. Next meeting date made (at least weekly)	
		13. Oral thiamine needed? Phosphate?			