

PAEDIATRIC GUIDELINE: STRUCTURED MEDICAL ASSESSMENT FOR PATIENTS WITH POSSIBLE EATING DISORDERS

History

Issue	Date Issued	Brief Summary of Change	Author
1	Feb 14		Dr. G Baksh
2	Nov 17	<ul style="list-style-type: none"> • <u>Pg 4</u> OCD and Anxiety under Psychology • <u>Pg 5</u> Respiratory distress added as symptom • <u>Pg 6</u> Diagnoses changed under Impression in keeping with new criteria • <u>Pg 8</u> "AN" and "ARFID" instead of "1" and "2" • Selenium added as test • Blood gas findings defined • FU defined 	Dr. G Baksh
3	July 19	<ul style="list-style-type: none"> • Pg 5 History • Pg 8,9 Diagnostic changes 	

Guideline Author	Dr. G Baksh
Department/Directorate	WH&PGum
Date of issue	July 19
Review due	July 23
Ratified by	PNQCG Committee
Audience	Staff managing paediatric patients

**STRUCTURED MEDICAL ASSESSMENT FOR PATIENTS
WITH POSSIBLE EATING DISORDERS**

Addressograph Label

Date:

Age:

B/P lying: HR

Weight: centile ...

B/P standing HR

Height: centile...

Temp.

BMI: centile...

Hydration:

WFH: (actual BMI x 100 / 50th centile BMI for age)

Referred by:

Seen with:

PRESENTING COMPLAINT:

.....
.....
.....

HISTORY:

(Parent and patient recognition):

.....
.....
.....
.....
.....

Patient Name:

Date:

Hospital No.:

Comment

Feels fat:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fear of becoming fat:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Happy with present weight:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Specific target weight:	Yes	<input type="checkbox"/>	No...	<input type="checkbox"/>
Specific daily calorie target:	Yes...	<input type="checkbox"/>	No	<input type="checkbox"/>
Happy to gain weight:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Happy to eat to gain weight:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Wishes to lose weight:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understands complications of weight loss:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Engaging with CAMHS team:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Suicidal ideation:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
DSH	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
OD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
OCD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Anxiety	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Depression:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Description of personality- premorbid and current:

.....

.....

.....

.....

Patient Name:

Date:

Hospital No.:

COMPLICATIONS:

- | | | | |
|--------------------|--------------------------|------------------------|--------------------------|
| Dizziness | <input type="checkbox"/> | Respiratory Distress | <input type="checkbox"/> |
| Faints | <input type="checkbox"/> | Chest pain | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> | Palpitations | <input type="checkbox"/> |
| Weakness | <input type="checkbox"/> | Easy bruising/bleeding | <input type="checkbox"/> |
| Headaches | <input type="checkbox"/> | Bleeding gums | <input type="checkbox"/> |
| Seizures | <input type="checkbox"/> | Cold intolerance | <input type="checkbox"/> |
| Diarrhoea | <input type="checkbox"/> | Muscle cramps | <input type="checkbox"/> |
| Constipation | <input type="checkbox"/> | Joint pains | <input type="checkbox"/> |
| Abdominal bloating | <input type="checkbox"/> | Sleep disturbance | <input type="checkbox"/> |
| Abdominal pain | <input type="checkbox"/> | Hair loss | <input type="checkbox"/> |
| Lanugo | <input type="checkbox"/> | Dry skin | <input type="checkbox"/> |

Respiratory distress is often a sign of underlying pathology especially if at rest

MENARCHE:

Date:

Amenorrhoea: No Yes duration:

Periods prior to ED:

Periods post ED:

OTHER HISTORY:

TRO: Hyperthyroidism, Diabetes, Malignancy, Infection, IBD, Coeliac, Autoimmune conditions

.....
.....
.....
.....

Patient Name:
Hospital No.:

Date:

FAMILY & SOCIAL HISTORY:

Eating disorder	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	Coeliac	<input type="checkbox"/>
IBD	<input type="checkbox"/>	Thyroid Ds	<input type="checkbox"/>	Auto immune	<input type="checkbox"/>
Collagen Vascular Ds	<input type="checkbox"/>	Other	<input type="checkbox"/>		

School:

School attendance:

Relationships:

.....
.....

PMH

.....
.....

Perinatal

.....

Development

.....

Allergies

.....

Immunisation

.....

Drug History

.....

.....

Alcohol

.....

Substance Misuse

.....

Patient Name:
Hospital No.:

Date:

EXAMINATION:

Obs: HR, RR, Temp, Hydration

Perform full systems examination paying particular attention to the following:

Pubertal stage: A B P G M Testes (right) (left)

Anaemia	<input type="checkbox"/>	Cool peripheries	<input type="checkbox"/>
Thin hair	<input type="checkbox"/>	Oversized clothes	<input type="checkbox"/>
Lanugo	<input type="checkbox"/>	↓ Subcutaneous fat	<input type="checkbox"/>
Dry/sallow skin	<input type="checkbox"/>	↓ Muscle mass	<input type="checkbox"/>
Rash	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>
Bruises	<input type="checkbox"/>	Thyroid enlargement	<input type="checkbox"/>
Glossitis	<input type="checkbox"/>	Russell's sign	<input type="checkbox"/>
Bleeding gums	<input type="checkbox"/>	Murmur	<input type="checkbox"/>
Dental erosions	<input type="checkbox"/>	Abdominal distension	<input type="checkbox"/>
Palatal petechiae/scratches	<input type="checkbox"/>	Tender abdomen	<input type="checkbox"/>
Parotitis	<input type="checkbox"/>	Hepatosplenomegaly	<input type="checkbox"/>
Signs DSH	<input type="checkbox"/>	Chvostek's sign	<input type="checkbox"/>
		Trousseau's sign	<input type="checkbox"/>

Systems Examination:

IMPRESSION:

...1. Anorexia Nervosa (AN): Weight controlling measures with weight loss/ failure to gain weight with weight outside normal expected range for stage of development and weight/ shape / body image issues

2. Avoidant Restrictive Food Intake Disorder (ARFID): Weight loss/ failure to gain weight, apparent lack of interest in or food avoidance with no weight/ shape/ body image issues

3. Other Specified Feeding and Eating Disorder (OSFED) includes atypical AN with weight/ shape /body image issues but weight within normal expected range for stage of development

Patient Name:
Hospital No.:

Date:

PLAN :

If AN, ARFID, OSFED

Routine Investigations

- Bloods
- Urine MC&S
- ECG
- DEXA scan if WFH \leq 75%
and not already done

Bloods

- FBC + film
- U&Es
- LFTs
- CRP
- ESR
- Amylase
- Bone profile
- Coeliac screen
- PO₄
- TFTs
- Lipids
- Glucose
- Zinc if very ill
- Selenium if very ill
- Clotting
- Bicarbonate
- Folate
- B12
- Vit D
- Ferritin
- Iron studies
- Mg
- Igs
- VBG (ionized Ca)
(Alkalosis in vomiting and
diuretic abuse, acidosis in
laxative abuse)

To Consider

- Bone age
- Pelvic USS
- Urine pregnancy test
- CXR
- MRI/CT
- Beta HCG
- Abdo XRay
- Other

- Referral Dietician: Yes No
- Referral to EDS Yes No

Number 01372 206325

CEDS.Admin@sabp.nhs.uk

- Referral to CAMHS Yes No
- Admission:(see criteria) Yes No

F/U:Dr. Baksh Eating Disorder Clinic if persistent physical issues e.g. puberty related or low Bone Mineral Density

Signature:

Date:

Patient Name:
Hospital No.:

Date:

References:

1. Junior MARSIPAN: Management of Really Sick patients under 18 with Anorexia Nervosa, January 2012. (www.rcpsych.ac.uk/foles/pdfversion/CR168.pdf)
2. NICE guideline CG9 Jan 04: <http://guidance.nice.org.uk/CG9>
3. NICE guideline NG69 May 17: <http://guidance.nice.org.uk/NG69>