Criteria for admission – Medical Instability (as per BC Clinical Guidelines)

- 1. Bradycardia <40bpm with symptoms or other metabolic disturbance
 - a. Syncope requires emergent assessment
- 2. Dysrhythmia *associated with* malnutrition/electrolyte disturbance;
 - a. QTc >450ms suggests higher risk but alone does not equal admission
- 3. Electrolyte disturbances
 - a. K+ < 2.7mEq/L on multiple draws, and/or when impossible to replete orally
 - b. Severe metabolic alkalosis HCO3 >35mEq/L
 - c. Na+ <125 mmol/L
 - d. PO4 lower values associated with higher risk for refeeding syndrome, and increased seizure risk. Consider admission if <0.4 and in the context of other abnormalities/comorbidities, and whether oral repletion possible
 - e. Also assess: Mg2+, Calcium, other lytes in conjunction with ECG
- Hypotension with postural changes; HR increase >40bpm, or SBP drop >20mmHg, <u>with</u> <u>symptoms +/- other abnormalities.</u>
 - a. HR change alone NOT a criteria for admission. Must be associated with significant concerning symptoms and/or other abnormalities.
- 5. Hypothermia: Temp <35deg Celsius
- 6. Hypoglycemia: to the ER for single episode <3; consider admission if recurrent and/or unable to replete orally.
 - a. AM fasting hypoglycemia directly associated with increased mortality.
 - b. Brief postprandial hypoglycemia occurs with refeeding after meals but generally should normalize with increasing nutrition and weight restoration.
- 7. Weight parameters:
 - a. BMI 13 or less.
 - i. Note higher BMI threshold for admission if significant medical comorbidities or other markers of medical instability are present.
 - ii. Consider a higher threshold if the projected course is showing quick decline towards 13 and oral repletion is unlikely in the community
 - b. Weight loss of 10% of body weight in <2 weeks.
 - i. Consider admission for rapid weight loss trajectory if failing outpatient management.
- 8. Suicidality or other indicators for Form 4 in context of severe ED symptoms or behaviours.
- 9. Fever or signs of significant infection in the context of a severe eating disorder. Patients should be considered immunocompromised and may decline quickly.

(See next page for ADMISSIONS PROCESS)

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Criteria for Consideration of Discharge (as per BC Clinical Guidelines)

Note: Goal of admission is stabilization of metabolic parameters, NOT normal weight. Direct transfer to tertiary care at St. Paul's Hospital Eating Disorders Program is NOT possible.

- **1.** BMI between 14-16.
 - a. Target BMI is individualized and based on medical parameter stability.
- 2. Preferred tolerating/stable on oral feeds, but this is not a barrier to discharge on its own.
- **3.** Normal, stable blood glucose (>4.0), electrolytes and extended electrolytes for at least 3 days.
 - a. It is ideal that medical stability be achieved and maintained over a period of time prior to discharge to reduce risk of readmission.
- 4. Stable vital signs without severe symptoms.
 - **a.** These do not have to be normal, for example bradycardia and orthostatic changes can be common in this population.
- **5.** Clear medical monitoring follow up plan.
- 6. Please copy hospital consults and discharge summary to South Island Eating Disorders Program. If the patient is not yet affiliated with this outpatient service, please send referral information.
 - a. South Island Eating Disorders Program #302-2955 Jutland Road, Victoria BC V8T5J9
 Ph: 250-387-0000 Fax: 250-387-0002

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Admissions Process - For Greater Victoria Area ONLY

- 1. Prefer admission at the Royal Jubilee Hospital for access to specialized ED treatment teams. If possible, refer/transfer to RJH.
- 2. Community physician or Eating Disorders Care Provider to communicate medical concerns directly to *Internal Medicine Attending* on call for Admissions (not the resident).
 - a. If accepted by Internal Medicine for medical stabilization IM will be MRP with support from Psychiatry and Dietician.
 - b. Form 4 completed in community if required. If not certifiable, the patient must be compliant and willing to complete admission, and community provider must make them aware of expected course of admission (NG Tube feeds as usual standard of care, transition to strict meal plan, dietitian oversight, goal of medical stabilization rather than recovery from the underlying disorder, etc).
 - c. Community care team to provide as much relevant documentation as possible to admitting team (labs, vitals, clinical summary of concerns, etc).
- 3. Preferred Single Care Provider where possible in the interest of rapport building, as complex mental health comorbidity often exists.
- 4. Please Notify Primary Care Providers and the South Island Eating Disorders Program about the admission, and include all community care providers in discharge planning so that follow up, labs, etc. may be arranged in a timely fashion.
- 5. Please copy hospital consults and discharge summary to South Island Eating Disorders Program. If the patient is not yet affiliated with this outpatient service, please send referral information.
 - a. South Island Eating Disorders Program #302-2955 Jutland Road, Victoria BC V8T5J9
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South Island Eating Disorders ADULT Hospital Admissions Pathway

Additional Resources

St. Paul's Hospital (SPH) is the Tertiary Provincial Resource for Adult Eating Disorders

- 1. SPH Internal Medicine Eating Disorder Specialist Consult access
 - a. Intake Coordinator for admissions OR subacute referral requests 1-604-806-8654
 - b. After hours or urgent Internal Medicine questions 1-604-682-2344, Ext. 62971
- 2. SPH RACE line Eating Disorder Psychiatrist (1-877-696-2131; Option3, Menu 6)
- Provincial Adult Tertiary Specialized Eating Disorder Program St. Paul's Hospital, Vancouver, BC. For Adults 17 years of age and older. *Requires Referral from local specialized Eating Disorder program*
 - a. 4NW specialized inpatient acute care treatment program
 - b. Discovery Vista Residential treatment program for adult eating disorders
 - c. 1-604-806-8347 (ask for intake coordinator)

http://mh.providencehealthcare.org/programs/provincial-adult-tertiary-eating-disorders-program

4. Looking Glass Residence, Vancouver BC. A 14 bed youth residential treatment (ages 17-24). **Requires Referral from local specialized Eating Disorder program**

a.1-604-829-2585

http://www.lookingglassbc.com/residential-care

5. Local Referrals

See website for details of services in your locale: https://keltyeatingdisorders.ca/finding-help/programs

https://www.islandhealth.ca/our-services/eating-disorders-services

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