

Brief guide to Medical Monitoring of Eating Disordered Patients

	Parameter	Suggested Frequency				Comments
		Baseline	Each Visit	Regular intervals	Only if indicated	
Vitals	BMI and Weight (Kg)	*				Note: the patient will be weighed at the WRC weekly (liaise with WRC Clinician) BMI < 15 or rapid weight loss (1 to 2kg/week for consecutive weeks) usually requires hospitalisation, although admission may be considered for BMI <16.
	HR and BP (lying and standing) & Postural Change	*	*			The following suggests cardiovascular compromise and a need for admission: Postural BP drop of >20mm Hg in systolic BP Postural rise in HR of >20bpm, Resting HR <50bpm or >90bpm
	Temperature	*	*			Hypothermia <36°C may require hospitalisation.
	Finger Prick/Random BSL	*		*		Random or fasting BSL <2.5mmol/L requires immediate attention.
Basic Analyses	FBE (and ESR)	*	*			Note that a raised ESR virtually excludes a diagnosis of anorexia.
	U&E, Uric Acid, HCO ₃	*	*			Na <125 mmol/L or >150, K ⁺ of < 3 mmol/L or >6mmol/L requires immediate attention and possibly require admission. Urea >10millimol/L and Creatinine >110micromol/L indicates Dehydration.
	Ca, Mg, PO ₄ , Zn	*	*			Corrected Ca <1.8mmol/L or .3mmol/L, Magnesium <0.6mmol/L or >2mmol/L, Phosphate <0.5mmol/L or >4mmol/L are life threatening.
	ECG	*		*		Consider for all patients with EDs, particularly if HR<50 bpm, chest pain, collapse, arrhythmias, significant electrolyte imbalance, signs of cardiac failure, or cardiomyopathy.
Additional Analyses	Thyroid Function Test (TFT) and LFT	*		*		
	Iron B12/Folate/ Thiamine/Vit D	*		*		
	Fasting Lipids	*		*		
Specific Investigations	Serum Amylase				*	Indication: If suspected or known vomiting. Possible indicator of persistent or recurrent vomiting. Serum amylase raised in self induced vomiting.
	LH and FSH Ovarian USG				*	Indication: persisting amenorrhoea despite restoration of wt (90% or premonitory wt) Consider: Oestradiol in females, and Testosterone levels in males.
	Body Composition Bone age and DEXA Scan				*	Indication: for patients with eating disorders of >12 months duration, repeated annually or sooner as indicated (e.g. younger patients, or if abnormalities detected etc) These can be obtained via a referral to Clinical Nutrition Team at Monash Medical Centre as an outpatient (Ph: 9594 1390). Osteoporosis is a significant problem in the longer term.
	Brain MRI, CT, &/or EEG				*	Indication: signs of cognitive impairment/delirium. Brain changes may possibly revert to normality after nutritional recovery.

For questions or discussion, contact Wellness & Recovery Centre on **9594 1770** (during business hours).

If there are immediate concerns, please have patient present to the Emergency Department of their local hospital.