Pre-admission guidance for re-feeding medical stabilisation admissions
Eating Disorder Service (EDS) clinician to liaise with the patients allocated Responsible Clinician (RC – CMHT psychiatrist) or Eating Disorder Consultant regarding potential admission for re-feeding medical stabilisation and rationale (refer to appendix 1 - MEED ward admission risk assessment). Obtain agreement that a re-feeding medical admission is necessary. ⬇
Discuss medical refeeding admission expectations (appendix 2) with patient and ask them to sign the contract. If the patient agrees to all expectations of admission, then continue to follow the steps below. ***If the patient is not agreeing to the expectations of admission, then consider arranging a Mental Health Act Assessment.***
EDS clinician to liaise with the Gastroenterology Doctor on call to discuss potential admission for re-feeding medical stabilisation and rationale (refer to appendix 1 - MEED ward admission risk assessment). Obtain agreement for admission. *Contact Morriston Hospital switch board on 01792 702222 – ask to be put through to the gastroenterology doctor on call for ward G.* ⬇
EDS clinician to liaise with the ward sister of the allocated ward 'Ward G, Gastroenterology – Morriston Hospital' to inform them of the agreed admission (**01792 703655**). Ward Sister to liaise with bed managers and patient ideally to be admitted directly to allocated gastroenterology ward. If this is not possible, patient to be admitted to alternative ward in the short term whilst awaiting availability of bed. Once bed is available patient to be transferred to Ward G. ⬇
If possible, to convene a professionals meeting (EDS, ward sister, ward dietitian, gastro doctor) to discuss aim and expectations of admission, risks, proposed method of feeding based on risks and potential challenges that may be faced during admission. ⬇
Following professionals meeting EDS to send any personalised care plan/behavioural management chart to ward and dietitian in preparation for admission. Refer ward to COIN for nutritional management of acute ED admissions guidance.

The Acute Dietitians will have access to the standard meal plans and will commence the appropriate one depending on level of risk. 
EDS to aim to maintain daily contact with the ward (Monday-Friday) to provide support to acute colleagues. EDS support workers aim to provide daily contact on the ward and support during mealtimes (community working hours Monday to Friday 9am-5pm) Weekend support from the EDS is not available. 
Review meeting to be arranged during week 1 of admission (EDS and ward staff) to discuss progress/challenges identified, any support required from EDS or MH teams (e.g. MH Act assessment) 
Review meeting to be arranged for week 2 of admission (EDS and ward staff) – To commence discharge planning

Appendix 1

Risk assessment for hospital admission

All risk information gathered from "Medical Emergencies in Eating Disorders"
Information in red demonstrating high impending risk to life
Information in amber demonstrating alert to high concern for impending risk to life
"Patient with one or more red ratings or two or more amber ratings should probably be considered high risk."

Name:	**NHS:**	**D.o.B:**
Referring clinician:		
Current weight:	**Weight on assessment:**	**BMI:** ***BMI < 13*** ***BMI 13-14.9***
Weight loss history: ***(past 5 weights)*** ***Weight loss > 1kg a week for 2 consecutive weeks in undernourished patient*** ***Weight loss 500-999g a week for 2 consecutive weeks in undernourished patient***		
BP standing and sitting: ***Standing systolic < 90 or postural systolic drop >20mmHg*** ***Standing systolic <90 or postural systolic drop >15mmHg***	**Pulse:** ***<40 bpm*** ***40-50 bpm***	**Temperature:** ***< 35.5°C*** ***< 36.0°C***
ECG QTc and/or abnormalities: ***>450ms in females, >430 males*** ***>450 in females, >430 males***		

Biochemical and haematology results	**Date:**	**Date:**	**Date:**	**Risk:**
Phosphate				***Hypophosphatemia and falling phophate***

Potassium				***Hypokalaemia <2.5mmol/L***
Albumin				***Hypoalbuminaemia***
Glucose				***Hypoglycaemia <3mmol/L***
Sodium				***Hyponatraemia***
Calcium				***Hypocalcaemia***
ALT				***Transaminases >3x normal range***
AST				***Transaminases >3x normal range***
Haemoglobin				***<10g/L***
WBC				***Low white cell count***
Lymphocytes				
Neutrophils				
Any other				

Additional information

Eating disorder behaviours:	
Exercise: ***High levels of dysfunctional exercise in the context of malnutrition (>2h/day)*** ***Moderate levels of dysfunctional exercise in the context of malnutrition (>1h/day)***	**Purging behaviours:** ***Multiple daily episodes of vomiting and/or laxative abuse*** ***Regular (=>3x per week) vomiting and/or laxative abuse***
Dietary intake: ***<500 kcal/day for 2+ days***	**Fluid intake:** ***Fluid refusal. Severe dehydration (10%): reduced urine output, dry mouth, postural BP drop, decreased skin turgor, sunken eyes, tachypnoea, tachycardia.***

	Severe fluid restriction. Moderate dehydration (5-10%): reduced urine output, dry mouth, postural BP drop, normal skin turgor, some tachypnoea, some tachycardia, peripheral oedema.
Engagement with management plan: ***Physical struggles with staff or parents/carers over nutrition or reduction of exercise; harm to self; poor insight or motivation; fear leading to resistance to weight gain; staff or parents/carers unable to implement meal plan prescribed.*** ***Poor insight or motivation; resistance to weight gain; staff or parents/carers unable to implement meal plan prescribed; some insight and motivation to tackle eating problems; fear leading to some ambivalence but not actively resisting.***	
Additional risk: ***Self-poisoning, suicidal ideas with moderate to high risk of completed suicide.*** ***Cutting or similar behaviours, suicidal ideas with low risk of completed suicide.***	
Comorbidities/past medical history:	
Any other information:	

Appendix 2 – Patient contract: Medical refeeding admission expectations

Patient Contract - Medical Refeeding Admission Expectations

What is a refeeding admission?

- A refeeding admission is typically a two-week admission on a medical ward to support with nutrition and medical stabilisation. Admission is a last resort when attempts at support in the community have been ineffective. Feeding may need to be via Nasogastric Intubation (NG), which will be in situ throughout most of your admission. There will be an expectation to restore a regular pattern of eating prior to discharge.
- Depending on the level of risk, you may be given an opportunity to try food orally, however if you are unable to successfully complete two consecutive meals then feeding will need to be given via NG tube to manage the risk to your physical health.

Support during admission

During your admission you will be regularly reviewed by members of the multi-disciplinary team, including ward doctors, dietitians, nursing staff and your community eating disorder service. The community eating disorder support workers will aim to provide support over mealtimes (Monday to Friday 9am-5pm) and the team will maintain daily contact with ward staff.

What do I take with me to hospital?

- We would encourage you to take in some personal items that provide comfort and distraction to support you during your admission. Some examples would be a blanket, pillow/cushion, books, mobile phone, laptop/tablet, colouring books, puzzle books, earphones.
- Food and drink will be provided by the hospital; therefore, we ask you not to bring your own food to the ward. Chewing gum and fizzy drinks are discouraged.

Medical monitoring

Your physical health will be monitored closely by ward staff during your admission on the ward:

- Usually, you will be weighed twice a week, preferably first thing in the morning prior to breakfast – shoes removed, outdoor clothing removed (coats/heavy jumpers), use toilet prior to weighing. Weighing can sometimes happen outside of these hours.
- Access to scales will be restricted.
- On admission you will have a physical examination which usually consists of (but is not limited to) blood tests, ECG, blood pressure and pulse. Bloods and other physical monitoring may be undertaken daily during your admission until medically stable.
- Electrolyte, vitamin and mineral supplementation may be deemed as medically necessary, to take until medically stable.

Mealtimes

- All food and drink will be provided by the hospital, please do not take any personal food items into the ward.
- A standard meal plan will be provided to the ward staff. This will be reviewed by the ward dietitian during your admission.
- The meal plan will be shared with you. You may discuss your likes and dislikes with the Dietitian / ward staff; however, meals will be non-negotiable, and likely to include 3 meals a day and snacks.
- Mealtimes are to be supported by staff as we are aware that they can be very distressing times. All food and drink that you have consumed will need to be documented on food charts by supervising staff. Food charts are not to be completed by yourself or family members as they are legal documents for staff to complete.
- Mealtimes are limited to 30 minutes, followed by a rest period of 30-60 minutes where toilet breaks are discouraged. It is common for people to find mealtimes and the period afterwards quite difficult, so we aim to provide support from our support workers for up to 60 minutes after mealtimes. We would encourage distraction activities i.e., Puzzles, card games, listening to music, talking about hobbies during this period.
- One-to-one nursing support during mealtimes may be required.
- Feeding rates will increase incrementally, e.g., every 1–2 days until you are consistently restoring weight. This will be non-negotiable.
- Specific calorie provision will not be discussed with you.

Visiting

- You will need to check with the ward regarding their visiting policy and hours.
- Visiting during mealtimes is discouraged, unless it is agreed in your care plan.

Activity levels

Activity levels are to be limited to assist the goal of medical stabilisation. Bed rest is encouraged during the admission. We ask you to not leave the ward without prior agreement from the ward sister.

What happens after the 2-week refeeding admission?

There are several possible options following the refeeding admission on the medical ward:

1. Admission to a specialist eating disorder unit (out of area)
2. Admission to a local psychiatric unit
3. Discharge home with continued support from the community eating disorder service – the community team will aim to provide intensive support post discharge. This would usually include involvement from various clinicians such as nurses, health care support workers, occupational therapists or dietitians.
4. If you remain medically unstable you may require a longer stay on the ward

Decisions regarding ongoing care will be reviewed in the multi-professional team throughout your admission and will be determined on an assessment of ongoing risk and progress. The plan for discharge and ongoing care will be discussed with you and your carers (with your consent).

This document has been verbally reviewed with the patient, and it will become part of the patient's health record.

I have read and understand the above information regarding my medical admission and agree to the above expectations.

Patient:_____Date: _____ Time: ____