

Facility

**Pediatric Eating Disorders
Unstable Patient Medical Admission Orders**

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Allergies: <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain List with reactions: _____ _____	Weight: _____ kg ___ age percentile (%) Height: _____ cm ___ age percentile (%) BMI: _____
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Note: Patients may be admitted under a pediatrician at the University Hospital of Northern British Columbia (UHNBC) if under 17 years of age or if currently followed by a pediatrician.

Activity (reassess every 24 hours)

- Strict bed rest upon admission for the first 24 hours. Please refer to activity guidelines in the Pediatric Eating Disorders Package. (Patient may not leave room without physician order.)

- Assistance required: Nurse assisted washroom/shower Wheelchair to appointments
 Must use shower seat Independent bathroom privileges, if safe
 Limit length of shower to 10 minutes or less once per day

- After 24 hours, reassess and indicate new activity level: _____

Indicate amount/level of activity per day and any further activity restrictions. Off-unit passes are contraindicated if patient is medically unstable.

Vital signs (reassess every 24 hours)

- Continuous cardiac monitoring (telemetry) if heart rate is under 50 beats per minute if patient is awake or sleeping or if heart rate shift is more than 30 beats per minute
- Orthostatic vitals twice daily (once after lying supine for 5 minutes and once after standing for 2 minutes)
- Vital signs every 4 hours until stable (blood pressure and temperature may be omitted between 2400 and 0600 when patient is asleep)
- Vital signs every 6 to 8 hours when medically stable and orthostatic vital signs 3 times a week until discharged

Contact physician on call if:

- Patient's heart rate is less than 50 beats per minute
- If heart rate shift is greater than 30 beats per minute (lying supine for 5 minutes to standing for 2 minutes)
- Patient's systolic blood pressure is less than _____ mmHg
- Patient's systolic blood pressure change is greater than 20 mmHg (lying supine to standing)
- If temperature is below 36°C
- Patient's blood glucose is less than 3.5 mmol/L
- Patient refuses oral intake of one snack plus one meal



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Laboratory

Obtain the below blood work upon admission and then once daily in the morning for the first 5 days of admission. If signs of refeeding syndrome exist, please contact the pediatrician on call.

- Bicarbonate level, serum
- Calcium level, serum, ionized
- Chloride level, serum
- Creatinine level, serum
- Glucose random level, serum
- Magnesium level, serum
- Potassium level, serum
- Phosphate level, serum
- Sodium level, serum
- Urea level, serum

Obtain the following upon admission and repeat as needed:

- Alanine aminotransferase (ALT)
- Albumin
- Amylase (for purging behaviours, specify lab indication as not pancreatitis)
- Aspartate aminotransferase (AST)
- Billirubin
- Complete blood cell count with automated white blood cell differential
- Creatinine kinase
- Erythrocyte sedimentation rate
- Follicle stimulating hormone (FSH), leutinizing hormone (LH), estradiol (females)
- Follicle stimulating hormone (FSH), leutinizing hormone (LH), testosterone (males)
- Gamma - glutamyl transferase (GGT)
- Lactate dehydrogenase
- Prealbumin
- Tissue transglutaminase antibody
- Thyroid stimulating hormone
- Vitamin D (25 - hydroxy) level
- Urinalysis
- Urine beta-hCG (females)
- Urine drug screen/toxicity panel

Other investigations:

- 12 - lead electrocardiogram upon admission and reassess need for repeat

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Diet/intake

- Date and stamp a blank Daily Intake Log and give it to the caregiver or 1:1 staff member at 0800 daily
- Collect the completed Daily Intake Log after evening snack and place it in patient's chart daily
- All meals to be supervised by 1:1 or nursing staff, including 30 minutes post snack and 60 minutes post meals. No bathroom privileges during this time unless accompanied by staff members.

Dietary orders

- Consult inpatient dietitian upon admission
- No outside food or drink, chewing gum, caffeine or artificial sweeteners
- No meal plan substitutions unless reviewed by dietitian
- Refeeding Meal Plan Order: _____
Dietitian will indicate an initial meal plan from NH's electronic food services system (CBORD). Refer to Northern Health's Pediatric Eating Disorder Resource Guide for direction on meal plan choice. Dietitian will determine nutritional status and assess ongoing nutritional support required during admission.
- If patient is admitted on weekend or after hours, please initiate meal plan at 1000 kcal/day or higher as per admitting physician's discretion and leave a message with your local inpatient dietitian that you have a pediatric eating disorder patient admitted for refeeding.
- No vegan diets allowed
- May have up to a maximum of 1L free water daily
- Pedialyte 200 mL PO with every meal and every snack (total 1200 mL/day)

IV solutions (if required)

- D5NS IV at _____ mL/h; approximately _____ percent of daily maintenance fluids x _____ hours
- D5NS IV plus 40 mmol/L KCl at _____ mL/h; approximately _____ percent of daily maintenance fluids x _____ hours

Medications

- **See medication reconciliation form**
- sodium phosphate** 500 mg PO bid
- elemental magnesium** 250 mg PO tid (if serum magnesium below normal)
- potassium chloride** 600 mg PO tid (if serum potassium below normal)
- polyethylene glycol (PEG)** 3350 17 g PO once a day

Additional patient care measures

- Bedside blood glucose 30 minute post-meals and at 0200 for the first 48 hours of admission
- If patient has refused a meal or snack, then check bedside blood glucose every 2 hours until a meal or snack is consumed
- Pre-breakfast, post-void AM weight every Monday, Wednesday and Friday (gown/underwear only, same scale). Please weigh with patient's back to the scale and do not advise patient of the weight.
- Strict ins and outs daily
- Assess bowel routine daily
- Call pediatrician on-call for patients under 17 years of age in catchment area for consult and to consider transfer to higher level of treatment facility as needed
- Consult inpatient psychiatry for assessment
- Contact the Northern Regional Eating Disorders Team at 250-565-7479 and indicate inpatient consultation referral

For further inpatient support, please contact BC Children's Inpatient Eating Disorders Program at 1-604-875-2200 and indicate inpatient support for an unstable pediatric eating disorders admission.

Physician signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____