

Paediatric Department of General Medicine Referral Guidelines

Eating disorder/Suspected eating disorder

<p>Information required</p>	<ul style="list-style-type: none"> > Presence of red flags (see below) – if red flags are present, refer to the nearest Emergency Department > Current weight, height and BMI (including percentiles) > Previous maximum weight (and when this occurred) > Vital signs and electrolytes > Any current medical, psychology, psychiatric practitioners involved > Eating disorder symptoms: restricting food, new “diets”, binge eating, purging, laxative use, exercise, physical effects of disorder (eg. amenorrhoea) > Medications or substance abuse > Aboriginal or Torres Strait Islander > Under Guardianship of the Minister
<p>Investigations Required</p>	<ul style="list-style-type: none"> > Vital signs > CBE, EUC, LFT, Ca, Mg, PO4, CK, TFT, Vitamin D, Lipids, HbA1c, Iron studies, B12, folate > ECG
<p>Red Flags</p>	<ul style="list-style-type: none"> > Medical instability <ul style="list-style-type: none"> ○ Hypothermia (<35.5deg) ○ Bradycardia (<50/min) ○ 3 second capillary refill ○ Hypotension (systolic BP <80mmHg) ○ Significant postural changes in BP/HR (BP drops >20mmHg, HR increase >30/min) ○ Dehydration > Abnormal ECG (arrhythmia, diminished amplitude of QRS/T waves, prolonged QT interval) > Electrolyte imbalance (eg. hypokalaemia) > High suicide risk > Poorly controlled insulin-dependent diabetes (high risk) > Significant co-morbid psychiatric illness, which is interfering with recovery at home > Situational Crisis which temporarily renders home management untenable

Continued...

Suggested GP management	Please continue to see this young person regularly, until our service is able to make an assessment. Please note our waiting list is currently 3-6 months. For those with medical parameters close to the critical values, we recommend weekly reviews with their general practitioner.
Please ask parents to bring to their appointment	> Relevant pathology tests



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For more information

Women's and Children's Hospital
72 King William Road
North Adelaide SA 5006
Telephone: (08) 8161 7000
www.wch.sa.gov.au

