



Brief Guide to the Medical Monitoring of Patients with an Eating Disorder

	Parameter	Suggested Frequency				Comments	Critical Value – take immediate action/ consider referral to nearest emergency department
		Baseline	Each Visit	Regular intervals	Only if indicated		
Vitals	BMI (Kg/m ²) & Weight (Kg)	*				Low weight or rapid weight loss at any weight are risky.	Children and Youth: Weight <3rd %ile or loss >1kg/week for 2 or more consecutive weeks. Adult: BMI <15 or loss >1-2kg/week for 3 or more weeks.
	HR & BP (lying & standing) & Postural Change	*	*			Cardiovascular compromise can lead to rapid risk of death.	Resting HR <50bpm or >90bpm, or Postural rise in HR of >30bpm. SYS <80mmHg/DIAS <60mmHg, or Postural SYS BP drop >20mmHg.
	Temperature	*	*			Hypothermia is a low weight risk.	Temperature <35.5°C.
	Finger Prick/Random BSL	*		*		Depleted liver stores predict refeeding syndrome.	GLU <2.5mmol/L.
Basic Investigations	CBE	*	*			Anaemia with macrocytosis common with low weight.	Pancytopenia with bone marrow suppression.
	Electrolytes, Creatinine, Urea	*	*			Hypnatremia can be dehydration, or under eating. Hyponatremia is usually over drinking. Monitor Urea and Creatinine as possible indicators of dehydration.	Na+ <125 mmol/L or >150mmol/L.
	Potassium	*	*			Low/Alkalosis in vomiting, Low in Laxative abuse and diuretic abuse. Needs monitoring if on K+ replacement.	Urgent: K+ 2.8-3.3 mmol/L Critical: K+<2.8mmol/L.
	Ca, Mg, PO ₄ , Zn	*	*			Reduced in Refeeding Syndrome. Levels may drop rapidly when recommencing food (particularly carbs).	Corrected Ca <1.8mmol/L, PO ₄ <0.5mmol/L, Mg<0.6mmol/L are life threatening.
	CK	*		*		Starvation induced muscle breakdown.	CK>250 U/L can indicate severe starvation.
	ECG	*		*		Indicated if HR<50 bpm, electrolyte imbalance, or cardiac concern, but good practice for all eating disordered patients.	HR<50, QTc>450 msec, arrhythmia.
	LFT	*		*		Consider starvation hepatitis.	Any disturbance can be significant.
	TFT	*		*		Sick Euthyroid Syndrome (Anti TPO neg) in starvation. Hyperthyroid in thyroxine abuse.	
Specific Investigations	Iron /B12/Folate/Thiamine/ Vit D/Vit C	*		*		Indicative of nutritional deficiency.	
	DEXA Scan				*	Indication: underweight or amenorrhoea >12 months duration. Repeat annually if remaining underweight, or if abnormalities detected to monitor for osteoporosis.	

For questions or discussion, contact Statewide Eating Disorder Service (SEDS) on **(08)7117 8800**(during business hours).
If there are immediate concerns, please have patient present to the Emergency Department of their local hospital.