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 Postural Rise in HR > 30 *** 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	*		*		Low readings may indicate depleted energy stores. Consider measuring ketones.	GLU <2.5mmol/L.
Basic Investigations	CBE	*	*			Anaemia with macrocytosis common with low weight.	Pancytopaenia with bone marrow suppression.
	Electrolytes, Creatinine, Urea	*	*			Hypernatremia can be dehydration, or under eating. Hyponatremia is usually caused by over hydration. Monitor Urea and Creatinine as possible indicators of dehydration.	Na+ <125 mmol/L or> 150mmol/L.
	Potassium	*	*			Low/Alkalosis in vomiting, laxative and diuretic abuse. Needs monitoring if on K+ replacement.	Urgent: K+ 2.8-3.3 mmol/L Critical: K+<2.8mmol/L.
	Ca, Mg, P04, Zn	*	*			Reduced in Refeeding Syndrome. Levels may drop rapidly when recommencing food (particularly carbohydrates).	Corrected Ca <1.8mmol/L, PO4<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 best practice for all eating disorder patients.	HR<50, QTc>450 msec, arrhythmia.
	LFT	*		*		Consider starvation or refeeding induced hepatitis.	Any disturbance can be significant.
	TFT	*		*		Sick Euthyroid Syndrome (Anti TPO neg) in starvation. Hyperthyroid in thyroxine abuse.	
	Iron /B12/Folate/ Thiamine/ Vit D/Vit C	*		*		Indicative of nutritional deficiency.	
Specific Investigations	DEXA Scan				*	Indication: underweight or amenorrhoea >12 months duration. Repeat annually if remaining underweight, or if abnormalities detected to monitor for osteoporosis.	
	*** Postural Tachycardia alone is not dangerous but a marker of impending instability. Please consider that when accompanied by other abnormal parameters this indicates a matter for concern, but as an isolated vital sign it does not require admission to hospital. Contact paediatric specialist team if involved for advice for younger people.						

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.