ADEOLESCENT MEDICINE CLINIC, TEXAS CHILDREN’S HOSPITAL
EATING DISORDER REFERRAL GUIDELINES
FOR REFERRING PHYSICIANS

Description: Intentional weight loss

Data needed for referral:
- We appreciate having all the information provided below in order to best serve your patient
- We will see your patient in clinic as soon as we are able. The adolescent medicine service has an on call team and provides consultation services in the ER if you feel your patient must be seen urgently (see guidance below)
- Please talk with your patient and family about the reason for the referral to the clinic or ER

Pertinent History:
- How much weight has the patient lost?
- Over what period of time has the weight loss occurred?
- What is the patient's current weight?
- Is the patient currently refusing to eat food to drink fluids?
- Has the patient taken any caffeine prior to your visit?
- Has the patient complained of syncope, pre-syncope or palpitations?
- Is the patient suicidal?

Physical Examination:
- Current Height: _______
- Current Weight (post void in gown): _____
- % Median BMI (%MBMI): _______
  % Median BMI = Patient’s BMI / 50th centile BMI for age
- Vital signs – Obtain blood pressure and Heart rate after lying down for 5 minutes
  - Heart Rate: lying ______
  - Blood pressure_______
  - Temperature (oral):

Labs:
- CBC, diff, platelets, TSH, ESR, (EKG if HR <50)

Referrals:
To the TCH ER:
- Acute food refusal
- Reports syncope
- <70% median BMI
- Hypothermia < 96 deg F
- Bradycardia- HR < 50 (A heart rate < 50 in an adolescent with weight loss needs an assessment. Bradycardia should not be considered normal in an athlete)
- If you should send your patient to the ER please call the Adolescent Medicine on call service through the hospital page operator 832 824 1000

**Timely (within 2 weeks unless patient develops criteria listed above):**
- 71-75% median BMI
- HR >50

**Routine (within 4 -6 weeks unless patient develops criteria listed above):**
- > 75% median BMI
- HR > 50

**Recommended care by PCP until seen at Adolescent Clinic**
In the event that the next available appointment in our clinic is in 4-6 weeks we hope you can help your patient in the following ways:
- Prescribe additional snacks/ensure supplements – 1 can of ensure each day
- Patient should stop exercising
- Weekly follow-up in office practice for weight checks, heart rate, orthostatic blood pressure and symptoms assessment
- If your patient continues to lose weight on follow-up x 3, please refer patient to the ER even if the % MEDAIN BMI is > 70% and vital signs are stable (this represents “failure of outpatient management” which is a criterion for medical admission)
- If despite non-admitable vital signs and stability at follow-up visit, you feel your patient cannot wait for 4-6 weeks and needs to see a dietician and psychologist, please call the adolescent medicine service on call. The on call team will help facilitate the next step.
- The on call team may be able to arrange a triage medical and nursing assessment in the clinic to assess vital signs, need for admission
- If at this triage visit the patient does not need to be admitted, an appointment with the dietician and a comprehensive visit with a physician will be scheduled
- If at this triage visit an admission is necessary the patient and family will be given the program’s behavioral contract and the admission process will be facilitated in the clinic or through the ER

*If you have questions about our referral recommendations and approach please page the adolescent medicine service on call through the TCH page operator: 832 824 1000*

*Please note: Educational recommendations are made from the best evidence, expert opinions and considerations for patients and families cared for by the service. This is*
not intended to impose standards of care preventing selective variation in practice that are necessary to meet the unique needs of individual patients. Physicians must consider each patient’s circumstance to make the ultimate judgment regarding best care.

November 25, 2013