

Guidelines for Abnormal Weight Loss/Eating Disorder Referrals

Please review the following information closely before submitting your referral to ensure appropriateness of referral to adolescent medicine, and completeness of referral information. **Failure to adhere with the guidance below may result in patient care delays.**

If your patient is 18-years or older, they are not a candidate for our inpatient eating disorder program. If you feel your 18y+ patient requires inpatient care, please refer to an adult hospital or eating disorder provider. The following websites contain databases of eating disorder providers:

<https://www.houstoneds.org/>

<https://map.nationaleatingdisorders.org/map>

If you are seeking **inpatient** eating disorder placement, please call the TCH Transfer Center at 877-770-5550.

The following information is necessary to include with your Abnormal Weight Loss/Eating Disorder referrals so your patient can be appropriately triaged:

- Growth Charts (height, weight, and BMI)
- Most recent/Relevant progress notes
- Labs & Imaging as available. If recently performed, it is suggested that you include the following studies:
 - Chem10
 - LFTs
 - CBC
 - ESR
 - Vit D
 - EKG
 - UA

Abnormal weight Loss/Eating Disorder Referrals are only seen at the **Medical Center** location at this time.

Emergency Treatment Indications: Please call the on-call Adolescent Medicine team at **(832) 824-2099** if any of the following are true to arrange for your patient to be seen. Your patient warrants immediate evaluation in TCH Main Campus Emergency Room.

- HR < 45, prolonged QT, or other EKG abnormalities
- Acute refusal of all food for 24 hours
- Syncopal episode within the last week

Urgent Treatment Indications: Your patient may qualify for an urgent visit in our clinic if any of the following are true.

- HR <50
- 20% or more total body weight loss within 1 year
- Continued weight loss over 3 visits despite initiation of outpatient treatment recommendations

Please indicate these findings on your referral form to prompt **ASAP** triage by our providers. Initiate the treatment recommendations included in the **Interim Recommendations for Eating Disorder**

Patients (available below) and continue to monitor your patient closely while their evaluation with our team is pending.

Interim Recommendations for Eating Disorder Patients

From Texas Children's Adolescent Medicine

As rates of eating disorders rise in our community, wait lists to see an eating disorder specialist have grown longer and longer. However, there are some initial steps you can take to help your patient and their family before they can see a specialist.

While in your office:

When a patient presents with concern for anorexia, or other weight loss due to restriction, it is helpful to obtain the following information:

- **24-hour diet recall-** This is helpful to really know what behaviors a patient is participating in and to be able to estimate their caloric intake. In general, if a patient is consuming at least 1000kcal per day, there is very little risk for refeeding, and it is safe to encourage them to increase their intake in the outpatient setting.
 - Please contact the Adolescent Medicine physician on call if you have any questions regarding the risk of refeeding in a particular patient.
- **Stooling history-** Many patients with malnutrition will experience some slow transit constipation due to slowing of the GI tract. Miralax or Milk of Magnesium is very safe to use in these patients and can be helpful if they are experiencing abdominal pain after meals.
- **Growth charts-** If the patient transferred to your office recently, obtaining previous growth charts may help you to see what their growth trajectory was before this period of weight loss, and therefore where they should be weight-wise today.
- **BMP-** to ensure there are no electrolyte abnormalities, though these are rare unless the patient is purging.
- **Urinalysis-** to check specific gravity and urine ketones.
 - A normal specific gravity (and thus normal hydration status) is important for evaluating changes in a patient's weight.
 - Ketones may be indicative of starvation ketoacidosis and a patient with ketonuria may warrant more urgent subspecialty care.

After the initial visit:

We recommend all patients who can to establish with a therapist and dietitian specializing in Eating Disorders, even before their Adolescent Medicine visit.

For a list of these providers in the Houston Area, visit: <https://www.houstoneds.org/treatment-providers/>

For a listing of these providers nationally, visit: <https://map.nationaleatingdisorders.org/>

While awaiting an appointment with an Adolescent Medicine Specialist, your office should check blinded weight and vitals (after 5 min rest) every 1-2 weeks:

- Weight is most accurate when patient is in a gown and has voided before weighing.
- Please ensure patient does not see their weight on the scale on in their chart (we like to have the patient turn around, so their back is facing the scale's display)
- If HR <50, Temp <96, or BP <90/50, please update the adolescent medicine on-call provider. There is a possibility that an urgent visit or emergency room evaluation will be recommended.

- Patient should report to the emergency room (TCH main campus highly preferred in the Houston Area) in the event of HR <40, syncope or acute food refusal for more than 24 hours.
- If your patient continues to lose weight on follow-up x 3, please contact adolescent medicine provider on call even if vital signs are stable (this represents "failure of outpatient management").

Recommendations for families:

We recommend the following for all eating disorder patients:

- Remove scale from the house, patient should not weigh themselves
- No caffeinated beverages
- Drink at least 80oz of water per day

If there is concern regarding **restrictive food intake** in a patient, we recommend the following:

- Discontinue all sports and physical activity beyond activities of daily living until further notice.
- Patient should eat 3 meals and 1 snack per day.
- Add one supplement (Boost or Ensure) daily, and an additional supplement for any meals left unfinished.

If the concern is for **binging and purging**, we recommend the following:

- Small frequent meals to prevent feeling full and this decreasing the urge to purge
- Patient should sit in a public area of the home immediately after meal times

See the accompanying "Family Resources" document on the TCH Adolescent Medicine Website for our list of recommendations for families.