




Appendix 4 contains an eating disorder checklist for frontline staff to use in emergencies.

It is important to note that risk parameters for adults cannot be applied to children and young people without adjustment for age and gender.

This is a guide to risk assessment and cannot replace proper clinical evaluation. However, a patient with one or more red ratings or two or more amber ratings should probably be considered high risk.

Table 1: Risk assessment framework for assessing impending risk to life

	 Red: High impending risk to life	 Amber: Alert to high concern for impending risk to life	 Green: Low impending risk to life
Medical history and examination			
Weight loss	Recent loss of weight of ≥ 1 kg/week for 2 weeks (consecutive) in an undernourished patient ³⁴ Rapid weight loss at any weight, e.g. in obesity or ARFID	Recent loss of weight of 500–999g/week for 2 consecutive weeks in an undernourished patient ²⁶	Recent weight loss of <500g/week or fluctuating weight
BMI and weight	<ul style="list-style-type: none"> Under 18 years: m%BMI³⁵ <70% Over 18: BMI <13 	<ul style="list-style-type: none"> Under 18: m%BMI 70–80% Over 18: BMI 13–14.9 	<ul style="list-style-type: none"> Under 18: m%BMI >80%³⁶ Over 18: BMI >15
HR (awake)	<40	40–50	>50
Cardio-vascular health^{37 38}	Standing systolic BP below 0.4th centile for age or less than 90 if 18+, associated with recurrent syncope and postural drop in systolic BP of >20mmHg or increase in HR of over 30bpm (35bpm in <16 years)	Standing systolic BP <0.4th centile or <90 if 18+ associated with occasional syncope; postural drop in systolic BP of >15mmHg or increase in HR of up to 30bpm (35bpm in <16 years)	<ul style="list-style-type: none"> Normal standing systolic BP for age and gender with reference to centile charts Normal orthostatic cardiovascular changes Normal heart rhythm




³⁴ Patients losing weight at higher BMI should be assessed for other signs of medical instability and weight loss strategies to determine risk.

³⁵ Also known as weight for height percentage.

³⁶ Note these do not denote a healthy weight but rather a weight above which other parameters in this risk framework may better reflect risk.

³⁷ <https://pubmed.ncbi.nlm.nih.gov/24067349/>




³⁸ https://www.nhlbi.nih.gov/files/docs/guidelines/child_tbl.pdf

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Assessment of hydration status	<ul style="list-style-type: none"> • Fluid refusal • Severe dehydration (10%): reduced urine output, dry mouth, postural BP drop (see above), decreased skin turgor, sunken eyes, tachypnoea, tachycardia 	<ul style="list-style-type: none"> • Severe fluid restriction • Moderate dehydration (5–10%): reduced urine output, dry mouth, postural BP drop (see above), normal skin turgor, some tachypnoea, some tachycardia, peripheral oedema 	<ul style="list-style-type: none"> • Minimal fluid restriction • No more than mild dehydration (<5%): may have dry mouth or concerns about risk of dehydration with negative fluid balance
Temperature	<35.5°C tympanic or 35.0°C axillary	<36°C	>36°C
Muscular function³⁹: SUSS Test	Unable to sit up from lying flat, or to get up from squat at all or only by using upper limbs to help (Score 0 or 1)	Unable to sit up or stand from squat without noticeable difficulty (Score 2)	Able to sit up from lying flat and stand from squat with no difficulty (Score 3)
Muscular function: Hand grip strength⁴⁰	Male <30.5kg, Female <17.5kg (3rd percentile)	Male <38kg, Female <23kg (5th percentile)	Male >38kg, Female >23kg
Muscular function: MUAC⁴¹	<18cm (approx. BMI<13)	18–20cm (approx. BMI<15.5)	>20cm (approx. BMI >15.5)
Other clinical state	Life-threatening medical condition, e.g. severe haematemesis, acute confusion, severe cognitive slowing, diabetic ketoacidosis, upper gastrointestinal perforation, significant alcohol consumption	Non-life-threatening physical compromise, e.g. mild haematemesis, pressure sores	Evidence of physical compromise, e.g. poor cognitive flexibility, poor concentration




³⁹ No muscle function test has been researched in patients <18 years.

⁴⁰ <https://pubmed.ncbi.nlm.nih.gov/19129352/>

⁴¹ <https://pubmed.ncbi.nlm.nih.gov/12765671/>

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ECG abnormalities	<ul style="list-style-type: none"> • <18 years: QTc >460ms (female), 450ms (male) • 18+ years: QTc >450ms (females), 430ms (males) • And any other significant ECG abnormality 	<ul style="list-style-type: none"> • <18 years: QTc >460ms (female), 450ms (male) • 18+ years: QTc >450ms (females), >430ms (males). • And no other ECG anomaly • Taking medication known to prolong QTc interval 	<ul style="list-style-type: none"> • <18 years: QTc <460ms (female), 450ms (male) • 18+ years: QTc <450ms (females), <430ms (males)
Biochemical abnormalities⁴²	<ul style="list-style-type: none"> • Hypophosphataemia and falling phosphate • Hypokalaemia (<2.5mmol/L) • Hypoalbuminaemia • Hypoglycaemia (<3mmol/L) • Hyponatraemia • Hypocalcaemia • Transaminases >3x normal range • Inpatients with diabetes mellitus: HbA1C >10% (86mmol/mol) 		
Haematology	<ul style="list-style-type: none"> • Low white cell count • Haemoglobin <10g/L 		
Disordered eating behaviours	Acute food refusal or estimated calorie intake <500kcal/day for 2+ days		

⁴² <https://www.rcpch.ac.uk/sites/default/files/rcpch/HTWQ/Reference%20ranges%20Jan%2018.pdf>

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Engagement with management plan	<ul style="list-style-type: none"> Physical struggles with staff or parents/carers over nutrition or reduction of exercise Harm to self Poor insight or motivation Fear leading to resistance to weight gain Staff or parents/carers unable to implement meal plan prescribed 	<ul style="list-style-type: none"> Poor insight or motivation Resistance to weight gain Staff or parents/carers unable to implement meal plan prescribed Some insight and motivation to tackle eating problems Fear leading to some ambivalence but not actively resisting 	<ul style="list-style-type: none"> Some insight and motivation to tackle eating problems May be ambivalent but not actively resisting
Activity and exercise	High levels of dysfunctional exercise in the context of malnutrition (>2h/day)	Moderate levels of dysfunctional exercise in the context of malnutrition (>1h/day)	Mild levels of or no dysfunctional exercise in the context of malnutrition (<1h/day)
Purging behaviours	Multiple daily episodes of vomiting and/or laxative abuse	Regular (=>3x per week) vomiting and/or laxative abuse	
Self-harm and suicide	Self-poisoning, suicidal ideas with moderate to high risk of completed suicide	Cutting or similar behaviours, suicidal ideas with low risk of completed suicide	

Key: °C = degrees Celsius; ARFID = avoidant restrictive food intake disorder; BMI = body mass index; BP = blood pressure; bpm = beats per minute; cm = centimetre; ECG = electrocardiogram; g = grams; h = hour; HR = heart rate; kcal = kilocalories; kg = kilogram; L = litre; mmHg = millimetres of mercury; mmol = millimole; mol = mole; ms = millisecond; QTc = corrected QT interval; SUSS Test = Sit Up-Stand-Squat Test.