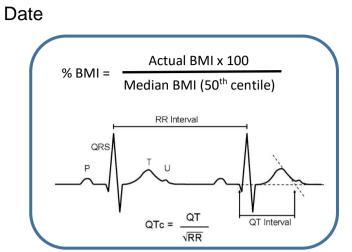


Eating Disorder - Risk Assessment

Name

Weight		kg
Height		m
BMI		kg/m²
%BMI		
Heart Rate		bpm
Sitting BP	/	
Standing BP	/	
QTc		ms
Temp		°C



Latest Blood Test	t s- Date		
Hb	g/dl	CK	mmol/l
WCC		Total Ca ²⁺	mmol/l
Neut		Alb	mmol/l
Platelets		PO ₄	mmol/l
Na	mmol/l	Alk Phos	mmol/l
K	mmol/l	Mg	mmol/l
Urea	mmol/l	Bilirubin	mmol/l
Creat	μmol/l	ALP	mmol/l
Glucose	mmol/l		
TFT Coeliac Screen	Normal / Abnorm Negative / Positi	> Once since diagnosis	

	Red high risk	Amber alert to high concern	Green moderate risk	Blue low risk
BMI and Weight	%BMI <70	%BMI 70–80%	%BMI 80–85%	%BMI >85%
	Recent loss of weight of 1 kg or more/week for 2 weeks	Recent loss of weight of 500– 999 g/week for 2 weeks	Recent weight loss of up to 500 g/week for 2 weeks	No weight loss over past 2 weeks

Heart	HR<40 bpm	HR 40–50 bpm	HR 50– 60 bpm	HR >60 bpm
		Sitting BP: systolic or diastolic <0.4th centile	Sitting BP: systolic or diastolic < 2nd centile	Sitting BP: systolic or diastolic >2nd centile
	Recurrent syncope or fall in systolic blood pressure of 20 mmHg or increase in heart rate of >30 bpm	Occasional syncope or fall in systolic blood pressure of 15 mmHg or more, or diastolic blood pressure fall of 10 mmHg or more within 3 min standing, or increase in heart rate of up to 30 bpm	Pre-syncopal symptoms but normal orthostatic cardiovascular changes	Normal orthostatic cardiovascular changes
	Irregular heart rhythm (does not include sinus arrhythmia)			Normal heart rhythm
ECG	QTc>460 ms (girls) or 400 ms (boys) with evidence of arrhythmia	QTc>460 ms (girls) or 400 ms (boys)	QTc<460 ms (girls) or 400 ms (boys) and taking medication known to prolong QTc interval, family history of prolonged QTc or sensorineural deafness	QTc<460 ms (girls) or 400 ms (boys)
Hydration status	Fluid refusal 10% dehydration	Severe fluid restriction 5–10% dehydration	Fluid restriction <5% dehydration	Not clinically dehydrated
Temperature	35.0°C axillary	<36°C		



Eating Disorder - Risk Assessment

Name		
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Biochemical abnormalities	 PO₄ K Albumin Glc Na Ca 	PO₄ K Na Ca		
Disordered eating behaviours	Acute food refusal or estimated calorie intake 400–600 kcal per day	Severe restriction (less than 50% of required intake), vomiting, purging with laxatives	Moderate restriction, bingeing	
Engagement with management plan	Violent when parents try to limit behaviour or encourage food/fluid intake, parental violence in relation to feeding (hitting, force feeding)	Poor insight into eating problems, lacks motivation to tackle eating problems, resistance to changes required to gain weight, parents unable to implement meal plan advice given by healthcare providers	Some insight into eating problems, some motivation to tackle eating problems, ambivalent towards changes required to gain weight but not actively resisting	Some insight into eating problems, motivated to tackle eating problems, ambivalence towards changes required to gain weight not apparent in behaviour
Activity and exercise	High levels of uncontrolled exercise (>2 h/day)	Moderate levels of uncontrolled (>1 h/day)	Mild levels of uncontrolled (<1 h/day)	No uncontrolled exercise
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		
Other mental health diagnoses		Other major psychiatric co-diagnosis,		

Sit up from lying flat	Unable to sit up at all from lying flat	Unable to sit up without using upper limbs	Unable to sit up without noticeable difficulty	Sits up from lying flat without any difficulty
Stand up	Unable to get up	Unable to get up	Unable to get up	Stands up from
from squat	at all from	without using	without	squat without
	squatting	upper limbs	noticeable	any difficulty
			difficulty	
Other	Confusion and delirium, acute pancreatitis, gastric or oesophageal rupture	Mallory–Weiss tear, GOR or gastritis, pressure sores	Poor attention and concentration	
Summary	Total ticks out of 17	Total ticks out of 17	Total ticks out of 13	Total ticks out of 12

Any red boxes consider admission for further assessment
Any orange boxes needs discussion with paediatric consultant

Conclusions

Signature, name & grade