

Name

Eating Disorder - Risk Assessment

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

Date _____

$$\% \text{ BMI} = \frac{\text{Actual BMI} \times 100}{\text{Median BMI (50}^{\text{th}} \text{ centile)}}$$

$$QTc = \frac{QT}{\sqrt{RR}}$$

Latest Blood Tests- 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	Normal / Abnormal	} Once since diagnosis	
Coeliac Screen	Negative / Positive		

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

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

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Biochemical abnormalities	<p>↓ PO₄ ↓ K ↓ Albumin ↓ Glc ↓ Na ↓ Ca</p> <input type="checkbox"/>	<p>↓ PO₄ ↓ K ↓ Na ↓ Ca</p> <input type="checkbox"/>		
Disordered eating behaviours	<p>Acute food refusal or estimated calorie intake 400–600 kcal per day</p> <input type="checkbox"/>	<p>Severe restriction (less than 50% of required intake), vomiting, purging with laxatives</p> <input type="checkbox"/>	<p>Moderate restriction, bingeing</p> <input type="checkbox"/>	
Engagement with management plan	<p>Violent when parents try to limit behaviour or encourage food/fluid intake, parental violence in relation to feeding (hitting, force feeding)</p> <input type="checkbox"/>	<p>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</p> <input type="checkbox"/>	<p>Some insight into eating problems, some motivation to tackle eating problems, ambivalent towards changes required to gain weight but not actively resisting</p> <input type="checkbox"/>	<p>Some insight into eating problems, motivated to tackle eating problems, ambivalence towards changes required to gain weight not apparent in behaviour</p> <input type="checkbox"/>
Activity and exercise	<p>High levels of uncontrolled exercise (>2 h/day)</p> <input type="checkbox"/>	<p>Moderate levels of uncontrolled (>1 h/day)</p> <input type="checkbox"/>	<p>Mild levels of uncontrolled (<1 h/day)</p> <input type="checkbox"/>	<p>No uncontrolled exercise</p> <input type="checkbox"/>
Self-harm and suicide	<p>Self-poisoning, suicidal ideas with moderate to high risk of completed suicide</p> <input type="checkbox"/>	<p>Cutting or similar behaviours, suicidal ideas with low risk of completed suicide</p> <input type="checkbox"/>		
Other mental health diagnoses		<p>Other major psychiatric co-diagnosis,</p> <input type="checkbox"/>		

Sit up from lying flat	Unable to sit up at all from lying flat <input type="checkbox"/>	Unable to sit up without using upper limbs <input type="checkbox"/>	Unable to sit up without noticeable difficulty <input type="checkbox"/>	Sits up from lying flat without any difficulty <input type="checkbox"/>
Stand up from squat	Unable to get up at all from squatting <input type="checkbox"/>	Unable to get up without using upper limbs <input type="checkbox"/>	Unable to get up without noticeable difficulty <input type="checkbox"/>	Stands up from squat without any difficulty <input type="checkbox"/>
Other	Confusion and delirium, acute pancreatitis, gastric or oesophageal rupture <input type="checkbox"/>	Mallory–Weiss tear, GOR or gastritis, pressure sores <input type="checkbox"/>	Poor attention and concentration <input type="checkbox"/>	<input type="checkbox"/>

Summary	Total ticks <input type="checkbox"/> out of 17	Total ticks <input type="checkbox"/> out of 17	Total ticks <input type="checkbox"/> out of 13	Total ticks <input type="checkbox"/> out of 12
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Any red boxes consider admission for further assessment
Any orange boxes needs discussion with paediatric consultant

Conclusions

Signature, name & grade