



Anorexia Nervosa within the Inpatient Paediatric setting: **Protocol for Medical / Nursing management (including dietetic guidelines)**

Royal United Hospital, Bath
Great Western Hospital, Swindon
Salisbury District Hospital, Salisbury

INFORMATION FOR YOUNG PEOPLE AND THEIR FAMILIES / CARERS

(ADMISSION PROCESS AND CARE PLAN)

You have been admitted to the paediatric ward for treatment due to medical concerns relating to your anorexia nervosa. The paediatric ward team, paediatric dietitian and TEDS (the CAMHS eating disorder service) have worked together to develop a plan for your care. This plan is aimed at stabilising your medical condition. An important part of your treatment with us will involve ensuring that you have adequate daily amounts of food and drink.

We understand that this can be a very distressing time both for yourself and your family / carers. We are aware that you may not be happy about coming into hospital. We believe that it is best if you are fully informed of your treatment plan on admission: the nature of your illness means that you may feel a strong need to resist treatment.

The following plan may appear very strict and rigid: the aim of this is to reduce any confusion and to ensure that you, your family, and the ward staff are all very clear about what will happen during your admission.

CARE MANAGEMENT PLAN

- 1) There will be two food choices or dislikes (specific food, not food groups) allowed during your admission. Staff will not enter into any discussion or negotiation regarding this. The only exception to this is where there is an identified medical reason for a particular food not to be given.
- 2) All food choices will be decided by the staff team based on the dietetic plan devised to ensure weight gain. Staff will not enter into any negotiation regarding food choices: the staff are aware that because of your anorexia you will wish to reduce food choices wherever possible.
- 3) The expected rate of weight gain is 800g/week. The aim is to gradually increase your weight to within the normal range for your age and height.
- 4) On the morning after your admission you will be weighed. In the following weeks you will be weighed twice weekly before breakfast in your nightwear (without your dressing gown) an hour post wee. Staff will show you your weight chart after each weighing. Although this may be upsetting it is also important to show you that your weight is not getting out of control now that you are eating more.
- 5) It is helpful to think about the eating plan you are being expected to follow as being your prescribed medicine or treatment. The staff need to adhere strictly to the prescribed meal plan because your low weight is having such a serious impact on your physical health.
- 6) All meals and snacks will be supervised by staff. The following time limits will be followed:

- 30 minutes per main meal
- 20 minutes per snack

At the end of these times any leftover food will be removed and if the meal has not been completely eaten you will be given an ONS (See Appendix 5).

Staff do understand that eating can be an extremely distressing experience for a young person with anorexia. In our experience we have found the best approach to be supportive, but very firm in our expectation that you will eat all of the food given to you. The aim of this approach is to get control over the fear you have about eating.

- 7) You will be expected to go to the toilet prior to your meal or snack and to not visit the toilet or bathroom for at least 1 hour after meals. This is to help you resist the urge to exercise or do other things that may place you in danger given the worries about your physical health.
- 8) It is likely in the weeks leading up to your admission that your parents / carers have been extremely worried about you. You may also have shown high levels of distress and anger at mealtimes: your parents / carers may have found themselves backing down for fear of making you worse. Therefore, while you are on the ward, parents / carers are asked to visit during the evening or between the main mealtimes of the day. If they visit during mealtime / snack time, then they will be asked to leave the ward until the meal / snack has been completed.
- 9) You have been admitted to a medical ward because of serious concerns about your physical state. Consequently, you will be on bed rest (resting on a bed or in a chair and using a wheelchair to visit the toilet / bathroom). This is non-negotiable. Minimal physical activity (e.g. walking short distances around the ward) will be planned into your treatment once your physical state is improving and you are co-operating with the prescribed meal plan.
- 10) Your medical team will discuss which tests are necessary and how often (these will include heart traces (ECGs), blood pressure checks, temperature checks, blood tests and physical examinations. These tests and checks are essential because when people are at very low weights, there is a much higher risk of sudden death due to heart / circulation problems.
- 11) During your admission, there will be weekly review meetings including your paediatric team (usually a nurse and a doctor), dietitian, CAMHS eating disorder team member, yourself and your parents / carers. This is to ensure everyone is aware of the plan and that your care is consistent. Any changes to your care plan will be made at these review meetings. No changes will be made between meetings by individual staff members, unless there is an urgent medical reason to do so.

It is understandable that the above plan may seem unreasonable to you; staff are there to support you with this. The aim of this plan is to ensure you recover and can be discharged as soon as possible.

Prior to discharge, the ward staff will consult with the service which referred you to ensure there are plans in place to support your recovery from anorexia nervosa after you leave the ward.

A copy of this plan has been given to your parents / carers so they are fully aware of your treatment.