



POWYS ALL AGE EATING DISORDER SERVICE OPERATIONAL POLICY

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The latest approved version of this document is online.
 If the review date has passed, please contact the Author for advice

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
 Bwrdd Iechyd Addysgu Powys yw new gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	23/07/2024

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ENGAGEMENT & CONSULTATION

Key Individuals /Groups Involved in Developing this Document

Role / Designation
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Karen James – EDSS Team Lead

Circulated to the following for Consultation

Date	Role / Designation
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11/11/2022	Kelle Rees – Team Lead, CMHT Adult MH (Llandrindod Wells)
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11/11/2022	Lisa Harding- Team Lead, CAMHS North Powys
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11/11/2022	Helen Jones – Team Lead, Adult MH (Welshpool)
06/12/2022	Clinical Policy Advisory Group

Evidence Base
<p>Please list any National Guidelines, Legislation or Health and Safety Care Standards relating to this subject area?</p> <p>Eating Disorders Framework for Wales, 2009 https://www.gov.wales/sites/default/files/publications/2019-04/report-on-a-review-of-the-eating-disorders-framework-for-wales.pdf</p> <p>NCCMH, 2015, Access and Waiting Time Standard for Children and Young People with an Eating Disorder, NHS England</p> <p>NICE Eating Disorders: recognition and treatment, 2017 https://www.nice.org.uk/guidance/ng69</p> <p>Quality Standards for Adult community Eating Disorders Services, RCPSYCH, 2019</p>

https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/eating-disorders-qed/qed-community-standards---third-edition.pdf?sfvrsn=e8b3aebc_4

RCPSYCH, Medical Emergencies in Eating Disorders: Guidance on Recognition and Management (MEED), 2022

<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233>

The Mental Health Measure Wales (MHM), 2010

<https://www.legislation.gov.uk/mwa/2010/7/contents>

Well-Being of Future Generations Wales, 2015

<https://www.gov.wales/well-being-future-generations-act-essentials-html#:~:text=The%20Well-being%20of%20Future%20Generations%20%28Wales%29%20Act%20is,prevent%20problems%20and%20take%20a%20more%20joined-up%20approach.>

Welsh Government Eating Disorders Service Review Wales, 2018

<https://www.gov.wales/eating-disorders-service-review-2018>

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differenia	Positive	Statement
Age				x	<p style="text-align: center;">Please remember policy documents are published to both the intranet and internet.</p> <p style="text-align: center;">The version on the internet must be translated to Welsh.</p>
Disability	x				
Gender reassignment	x				
Pregnancy and maternity	x				
Race	x				
Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				
Human Rights	x				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>NO</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>NO</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>Yes</p>					

- Powys-wide health staff training on identification of patients presenting with eating disorders and presenting risks
- Recruiting staff to the service

1 - Policy Statement / Introduction

This operational policy is for the Powys All Age Eating Disorder Specialist Service (EDSS) and will inform staff members with regard to service provision and care processes. It is also available to other services in the Powys Teaching Health Board (PTHB), partner agencies, stakeholders, service users and their families.

EDSS promotes the mental health and well-being of the population of Powys.

EDSS provides high quality, multi-disciplinary health services to patients referred ensuring effective assessment, treatment and therapeutic support for patients and their families.

EDSS provides advice, consultation, training and supervision to staff of PTHB, partner agencies and stakeholders as appropriate.

The team office is based at Monnow in Bronllys. Patients can be contacted and seen either by home visits, clinics from satellite locations within Powys, hospital or specialist unit clinical follow up, as well as via remote working, in line with PTHB working policies. Emergency hospital provision or inpatient admission are located outside of Powys.

2 - Objective / Aims

To implement standards of care, as agreed, and recommended in Eating Disorders Service Review (2018) and Eating Disorders Framework for Wales (2009), Welsh Government. Based on the following principles: Early Detection & Intervention; Inclusivity; Person-Centred; Relationship-Based; Recovery-Focused; and Trauma-Informed using a four-tiered model of care. This service will be available to an agreed age range for the population of Powys registered with local GPs.

Objectives

1. Provision of specialist support, advice, training, and supervision to statutory and non-statutory services within Powys, across the identified health tiers to ensure service aims are met.
2. Develop care pathways and protocols for referrals and treatment of people presenting with specified eating disorders.
3. Ensure early identification and intervention following agreed guidelines for patients referred to services with a specified eating disorder.
4. To set up a service steering group, involving key stakeholders, to collaboratively inform and agree service provision and developments to best meet the needs of the local population in line with local and national guidance.
5. Specialist service provision providing recommended evidence-based practice for an agreed group of service users.

3 - Definitions

ARFID	Avoidant Restrictive Food Intake Disorder – REMOVE THIS??
AWEDSIG	All Wales Eating Disorder Special Interest Group
CAMHS	Child and Adolescent Mental Health Service
CMHT	Community Mental Health Team
CYSUR	Child and Youth Safeguarding Unifying Region
EDOS	Eating Disorders Outreach Service
EDSS	Eating Disorders Specialist Service
GP	General Practitioner
HCSW	Healthcare Support Worker
MDT	Multi-Disciplinary Team
MEED	Medical Emergencies in Eating Disorders
MH	Mental Health
MHM	Mental Health (Wales) Measure 2010
NICE	National Institute of Clinical Excellence
PADR	Personal Appraisal and Development Review
PMH	Primary Mental Health
PTHB	Powys Teaching Health Board
RGN	Registered General Nurse
RMHN	Registered Mental Health Nurse
SCAMHS	Specialist Child and Adolescent Mental Health Service
RSW	Registered Social Worker
WARRN	Wales Applied Risk Research Network
WCCIS	Welsh Community Care Information System
WPAS	Welsh Patient Administration System

4 - Responsibilities

Eating Disorders Specialist Service (EDSS) comprises a multi-disciplinary team i.e., RGN, RMN, RSW, doctor, dietitian, psychologist, occupational therapist, HCSW and admin staff. The latter supports the service with clerical and administrative support within operational guidelines.

The Team Lead is responsible for the day-to-day running of the service, the delivery of the services provided, and delivery of effective clinical pathways. The Team Lead also has responsibility for ensuring effective waiting list management and for service auditing as required by PTHB and Welsh Government.

All staff work in conjunction with each other and additional services within PTHB as agreed.

Each team member is professionally responsible for the patients under their care, recognising the limits of their own competence and identifying training needs. This includes the responsibility to seek appropriate supervision both within the team and from within their care profession.

4.1 - Staff Group

EDSS consists of a select range of experienced and qualified staff who have specialist knowledge and expertise in eating disorder presentations, risk, and offering evidence-based treatments as per NICE Eating Disorders Guidelines, 2017. This staff for EDSS in Powys currently consists of:

- RGN
- RMHN
- RSW
- Family Therapist
- Administration staff
- HCSW

4.2 - Head of Department

Service Manager / Head for Children and Young People's Mental Health Services and Eating Disorders Specialist Services

4.3 - Other Staff (Role Title)

- PTHB Management and Safeguarding
- SCAMHS team leads and specialist practitioners
- CMHT leads and professionals
- PCMH leads and practitioners

5 - Service Delivery Model

This service currently follows a 'hub and spoke' delivery model with Eating Disorder Specialist Service being the centralised hub, local services referring and liaising with this hub as appropriate. The EDSS-hub advising, following up as identified agreed care pathways.

There are plans for the service to develop to a Single Point of Access (SPOA) with the team being able to offer care coordination under part 2 of the MH Measure upon successful recruitment of service staff.

Outreach clinics are offered from CAMHS, CMHTs, Bronllys Outpatients and other satellite bases within the county as agreed. There is also provision for home, hospital, and specialist unit visits and virtual follow up as appropriate in line with PTHB policies.

Advice

The EDSS team are available to offer specialist advice for eating disorders concerns to professionals, carers and patients, as appropriate.

Consultation

EDSS will offer second opinion assessments and / or case consultations to healthcare professionals as requested and if deemed appropriate.

To advise on case management for complex case presentations, i.e., patient disengaged from services, risk, diagnosis etc.

Liaison

Powys EDSS team to liaise with other eating disorders services within Wales to ensure Welsh Government directives for eating disorders services are followed. To maintain good working relationships with AWEDSIG and EDOS.

Direct Case Management

The EDSS team will provide interventions in line with the NICE Eating Disorders Guidelines 2017 as well as others where clinically indicated.

5.1 - Access

The Eating Disorder Specialist Service can be contacted by:

- Emailing All Age Eating Disorder Service Powys (Powys Teaching Health Board) AllAgeEatingDisorder.ServicePowys@wales.nhs.uk
- Call Bronllys office on 01874 712512 or CAMHS 01874 615662
- Staff availability: Mondays – Fridays 9am – 5pm
- Referral Pathway via referral form to the above email.
See **Appendix 1** for referral form.

This service does not currently accept urgent referrals. EDSS will work closely with other Powys Mental Health teams to support and manage these cases – see **Appendix 2** re EDSS care pathway.

Inclusion criteria for this service

- Meeting the diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, and other specified feeding or eating disorder.
- Registered with a Powys GP

Tier 2 ,3 and 4 referrals to be care-coordinated by Powys Mental Health Services, i.e., CAMHS / CMHT as appropriate.

5.2 - Assessments

On acceptance of a referral the team will offer follow up advice for all referrals urgently if required. CMHT / CAMHS urgent referrals will be offered a joint assessment with the relevant team within 7 days, routine referrals joint or EDSS assessments within 28 days.

This assessment will involve collaborative working with patients, GP and local mental health services, family and carers as appropriate.

Assessments maybe made at satellite clinics, patients' home, virtually, local hospitals as appropriate and agreed.

The aim is for the assessment to be multi-disciplinary, the outcome of which will be shared with the patient and referrer and entered onto the clinical database as a Part 1 assessment under The Mental Health (Wales) Measure (MHM).

The assessment will involve risk presentation and a WARRN risk assessment will be completed.

Assessments will involve physical health checks as consented to by the patient, as well as appropriate psychological questionnaires.

If a patient doesn't attend a scheduled assessment without explanation, a follow up call will be made, another appointment will be offered, and the referrer will be informed. The 'Was Not Brought' Policy will need to be invoked as appropriate (link below).

[SGP 047 Policy for Children and Vulnerable Adult, Adult at Risk Who Was Not Brought to Health Appointments.pdf](#)

5.3 - Coordinated Intensive Care

Patients presenting with complex and/or high risks needs will need to be jointly managed with both the EDSS, the appropriate community mental health CAMHS or CMHT. A joint care and treatment plan will need to be agreed as per Part 2 of Care and Treatment planning as specified under the Mental Health Measure (Wales).

5.4 - Hospital Admissions

For patients who need inpatient admission, **see Appendix 3.**

Tier 4 referrals, i.e., specialist eating disorder units will need to be coordinated with Eating Disorder Service involvement and appropriate community mental health teams.

5.5 - Transitions between CAMHS and Adult Services

Young people who are subject to Part 2 of the Mental Health (Wales) Measure and are reaching the age of 18 will be considered for transition to adult mental health under the Transition Policy.

NOTE: The Transition Policy is currently going through CPAG consultation.

<p>5.6 - Discharge Guidelines</p> <p>Discharge planning will be an integral part of care planning and will be agreed with patients, EDSS MDT and involved MHT as appropriate.</p> <p>MHM Part 3 to apply to all patients subject to Part 2 on MHM.</p>	<p>Auditing of eating disorder referrals</p>
<p>5.7 - Welsh Government Statutory Reporting</p> <p>EDSS will use WPAS as appropriate, and WCCIS to provide PTHB and WG reports as requested.</p>	<p>Auditing</p>
<p>5.8 - Clinical management and supervision</p> <p>Professionals to receive clinical supervision bi-monthly and line management supervision monthly within EDSS as agreed.</p>	<p>Auditing</p>

<p>Clinical staff will also source supervision within their own field.</p> <p>Specialist supervision is provided from EDOS, Aneurin Bevan Specialist Eating Disorders Service and as agreed with PTHB.</p> <p>EDSS lead supervision and management as agreed with the line manager.</p>	
<p>5.9 - Staff Appraisals</p> <p>All team staff, clinical and non-clinical, will need to complete an annual Performance Appraisal and Development Review (PADR) in line with PTHB policy.</p>	<p>Auditing patient responses questionnaires</p>
<p>5.10 - Staff Induction</p> <p>All EDSS staff are subject to local and national induction process as per PTHB policy.</p>	
<p>5.11 - Staff Training and Development</p> <p>As per mandatory and statutory requirements, PADR, and specialist service identified needs.</p>	
<p>5.12 - Safeguarding</p> <p>Powys is part of the Mid and West Wales Regional Safeguarding Board (CYSUR) follows their policies and procedure. EDSS staff must comply with PTHB safeguarding policies and procedures available on PTHB intranet.</p> <p>The Safeguarding Hub is available on 01686 252806 Monday to Friday 9am – 5pm. Out of hours 03456 027050</p> <p>Safeguarding supervision is provided on a quarterly basis – booked via PTHB intranet.</p>	
<p>5.13 - Confidentiality, Data Protection and Record Management</p> <p>All EDSS colleagues must adhere to the PTHB’s Data Protection and Confidentiality Policy which can be accessed via the PTHB intranet.</p> <p>Staff must observe their legal responsibilities in handling stored personal data and operate the Health Board’s information technology security policies.</p>	

5.14 – Concerns and Compliments

If a concern is raised, please advise your line manager accordingly and contact the PTHB Concerns Department, who log all concerns. A Datix Report is completed and the Mental Health Quality and Safety Team co-ordinate and support the services on a response under Putting Things Right. Further information can be found on the PTHB intranet page.

Any written compliments received are completed through Civica.

5.15 - Equality, Diversity, Human Rights

Please reference and adhere to the Equality, Diversity and Human Rights Policy for PTHB. Further information can be found on the PTHB intranet page.

6 – Monitoring, Compliance, Audit and Review

This policy will be reviewed every 3 years. However, it may be subject to changes in the interim if there are significant changes to practice or legislation.

Team Managers will monitor services to ensure they are compliant with this Operational Policy.

7 - References/Bibliography

American Psychiatric Association, 2013, The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, APA

Eating Disorders Framework for Wales, 2009

<https://www.gov.wales/sites/default/files/publications/2019-04/report-on-a-review-of-the-eating-disorders-framework-for-wales.pdf>

NCCMH, Access and Waiting Time Standard for Children and Young People with an Eating Disorder, 2015

<https://www.basw.co.uk/resources/access-and-waiting-time-standard-children-and-young-people-eating-disorder>

NICE Eating disorders: recognition and treatment, 2017

<https://www.nice.org.uk/guidance/ng69>

Quality Standards for Adult community Eating Disorders Services, RCPSYCH, 2019

https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/eating-disorders-qed/qed-community-standards---third-edition.pdf?sfvrsn=e8b3aebc_4

RCPSYCH, Medical Emergencies in Eating Disorders: Guidance on Recognition and Management (MEED), 2022

<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233>

The Mental Health (Wales) Measure (MHM), 2010

<https://www.legislation.gov.uk/mwa/2010/7/contents>

Well-Being of Future Generation Wales, 2015

<https://www.legislation.gov.uk/anaw/2015/2/2021-03-20#:~:text=An%20Act%20of%20the%20National%20Assembly%20for%20Wales,well-being%20in%20their%20area%3B%20and%20for%20connected%20purposes>

Welsh Government Eating Disorders Service Review Wales, 2018

<https://www.gov.wales/eating-disorders-service-review-2018>

Risk assessment as per *[Medical emergencies in eating disorders \(MEED\): Guidance on recognition and management \(CR233\)](https://www.rcpsych.ac.uk/CR233) ([rcpsych.ac.uk](https://www.rcpsych.ac.uk))

Presentation

8 Weight Information

Weight loss history over the last 3 months	
	Weight loss of ≥ 1 kg/week for 2 consecutive weeks in an undernourished patient.
	Weight loss of 500-999g/week for 2 consecutive weeks in an undernourished patient.
	Weight loss of < 500 g/week or fluctuating weight.
Fear of Weight Gain: Yes/No? –	
Current Weight for height (WFH)/BMI:	
Risk: Please tick one of the following – if able	
	WFH $< 70\%$ (aged under 18) BMI < 13 (aged over 18)
	WFH 70-80% (aged under 18) BMI 13-14.9 (aged over 18)
	WFH 80-85% (under 18) > 15 (over 18)

2. Food and Fluid Intake – Please tick as appropriate

Food – example of daily intake		Fluid – example of daily intake	
	Acute food refusal < 500 cals for 2 days or more when under nourished		Fluid refusal, severe dehydration(10%) reduced urine, output, dry mouth, postural BP drop, decreased skin turgor, sunken eyes, tachypnoea, tachycardia
	Severe food restriction $< 50\%$ of required intake		Severe fluid restriction, moderated dehydration (5-10%), symptoms as above
	Moderate restriction/binge eating		Minimal fluid restriction. No more than mild dehydration ($< 5\%$) may have a dry mouth or concerns about risk of dehydration.
Comments:			

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3. Physical Health – please tick as appropriate

Any reoccurring fainting? Yes/No? (Please circle)

Any irregular heart rate/palpitations? Yes/No – (Please circle)

Please tick below as appropriate:

	Unable to sit up from lying flat or get up from a squat at all or by using upper limbs to help.
	Unable to sit up or stand from a squat without noticeable difficulty.
	Able to sit up from lying flat and stand from a squat with no difficulty.
Recent Blood Results – abnormalities? Please state. Discuss concerns further with EDSS	
<p>Refeeding risk? See end of form for re risk identification</p>	
	Systolic: BP Adult < 90 associated with recurrent syncope and postural drop in systolic BP of > 20mmHg or increase in HR of over 30 bpm from sitting to standing. <18's B/P <84 (increase of 35bpm in < 16 years from sitting to standing)
	Systolic: BP Adult < 90 with occasional syncope and postural drop of > 15mmHg or increase in HR of over 30 bpm. < 18's 84-98mmHg (35 bpm in < 16 years)
	Normal B/P
	Temperature: < 35.5°C tympanic or 35°C axillary
	Temperature: < 36°C
	Temperature: > 36°C
	Pulse Rate Awake: < 40
	Pulse Rate: 40-50
	Pulse Rate: > 50

4. Eating disorder behaviours – please tick as appropriate

	High levels of uncontrolled exercise i.e. > 2 hours daily in the context of malnutrition.
	Moderate levels of uncontrolled exercise i.e. > 1 hour in the context of malnutrition
	Mild uncontrolled exercise < 1 hour daily

ED Behaviour			
Vomiting	Frequency	Washing out?	
Laxatives:	Name:	Quantity	Frequency
Bingeing:	Frequency		
Diet Pills:	Name:	Quantity	Frequency
Any other eating disorder behaviours?			

9 Mental Health Difficulties

Rate Mood 0-10 (10 being high) If rated low check for risks of suicidality/DSH

10 Any other relevant information?

--

PLEASE ATTACH ANY RECENT BLOOD RESULTS.

Signed: _____

Date: _____

Please follow up High Risk concerns as appropriate i.e. Contact GP, attend A&E, access healthcare as appropriate in an emergency if necessary.

Please note EDSS will screen Urgent referrals within the next working day. Please consider that patient may need acute medical care follow up whilst EDSS follow up is pending.

Routine referrals to be screened 7 days.

To discuss further, please contact EDSS – Monday – Friday 9am – 5pm.

Send referrals to – Specialist EDSS Single Point of Access

Email – AllAgeEatingDisorder.Service@wales.nhs.uk

Refeeding Risks Guidance on identification Over 18’s

High Risk		Extremely High Risk
One or more of the following	Two or more of the following	One or more of the following
BMI < 16	BMI < 18.5	BMI < 14
Weight loss > 15% within last 3-6 months	Weight loss > 10% within last 3-6 months	
Very little or no nutritional intake for > 10 days	Very little or no nutritional intake for > 5 days	Negligible intake for > 15 days
* Low potassium phosphate or magnesium prior to refeeding	* History of alcohol abuse or drugs including insulin, antacids or malabsorption	* The presences of any of these factors will increase the risk of refeeding syndrome further in this extremely

Under 18’s

One of the following

% medium BMI (WFH)	< 70% extremely high risk OR < 80% with ongoing weight loss
Food Restriction	< 500cals or no nutritional intake for 5 days or more.
Rate of weight loss (irrespective of (WFH)	Recent weight loss of 0.5-1kg/week or ≥ 15%: both within the last 3 months

Blood monitoring	Low electrolytes – potassium, phosphate or magnesium prior to refeeding.
------------------	--

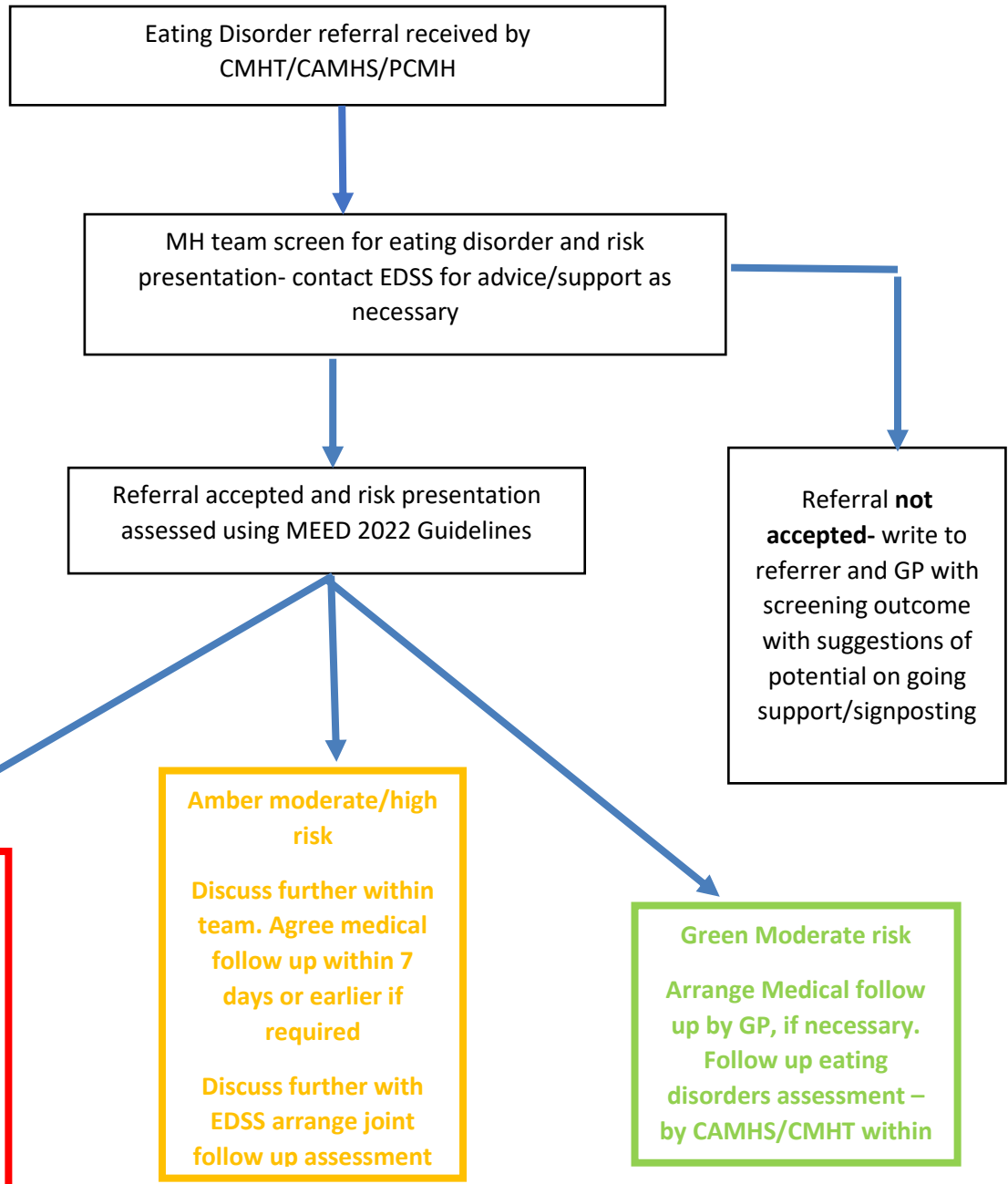
History of alcohol abuse, vomiting, laxative use, drugs including insulin, chemotherapy or antacids or malabsorption increase risks of refeeding syndrome further.

Factors associated with risk of refeeding syndrome MEED 2022

Clinical feature	High risk level	Management
Extremely low weight	m% BMI < 70% BMI < 13	Cautious refeeding
Prolonged low intake	Little or no intake for > 4 days	Cautious refeeding
Deranged baseline electrolytes	Low potassium, phosphorus, magnesium	Measure levels up to twice per day initially and supplement as needed
Low white blood cell count	< 3.8	Monitor
As risk for low thiamine. The precise requirement for thiamine is not known	Low thiamine and other vitamins	Pabrinex, oral thiamine and multivitamins

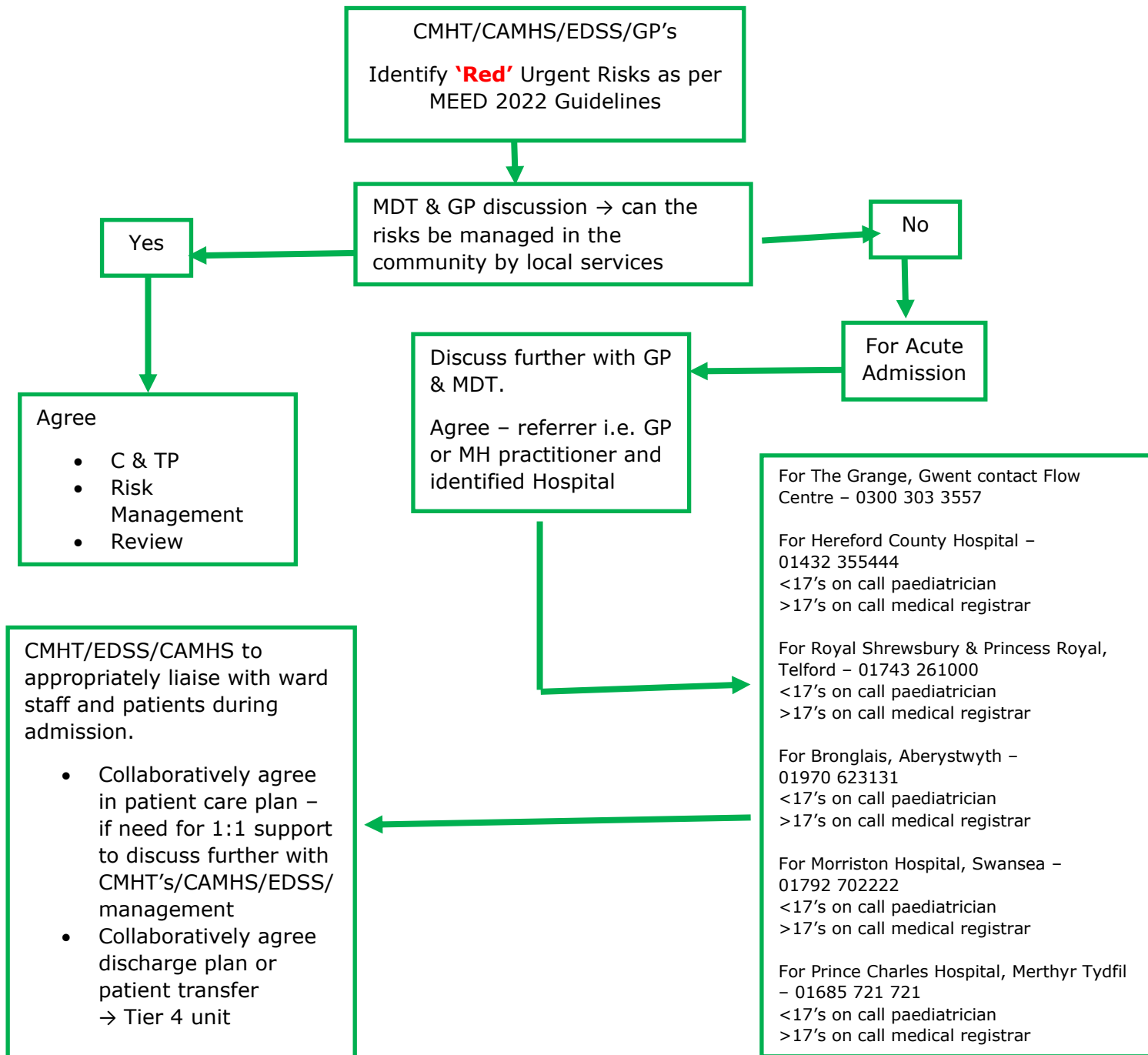
Appendix 2

Powys All Age Eating Disorders Referral Care Pathway

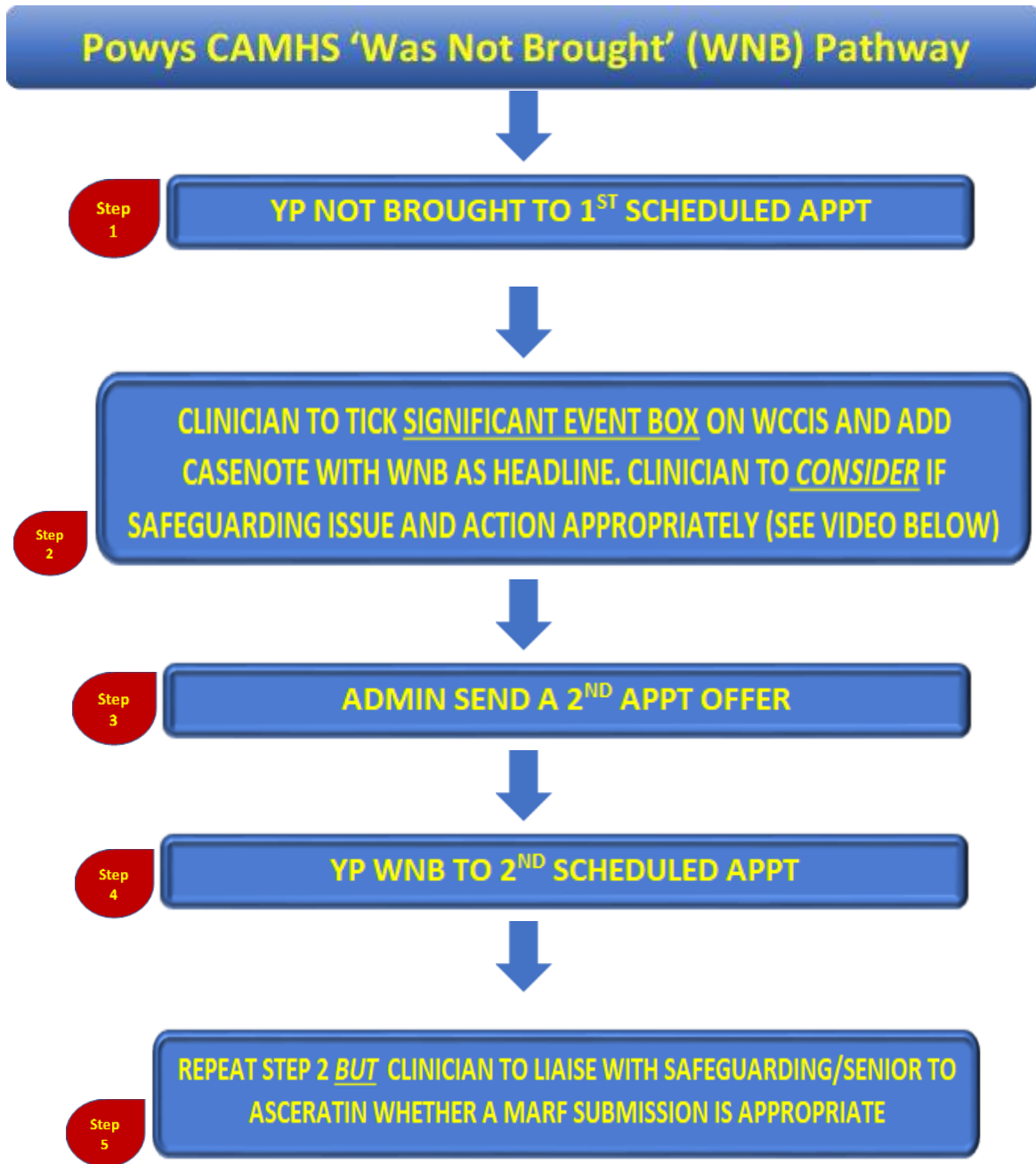


Appendix 3

Acute Hospital Admission Care Pathway For Acute Medical Risks in Patients Presenting With Potential/Diagnosed Eating Disorders



APPENDIX 4



FOR FULL INFORMATION/GUIDANCE
PLEASE ACCESS THE WNB POLICY VIA
LINK BELOW:
[SGP 047 Policy for Children and Adults who were not brought to health appts .pdf](#)

