

Assessment of Young Person with a Suspected Eating Disorder

Young person with disordered thoughts
around body image/eating/exercise

SCOFF questionnaire **

<2

≥2

Support Resources

- 13y+: Refer to Beezee Bodies with form below and stipulate 'Teens clinic':
<https://beezeebodies.com/refer-a-client/>
- NHS Be Body Positive Resources:
<https://bebodypositive.org.uk/>
- Comprehensive resources around body image for CYP and parents:
[Body Image PIL](#)

Key points to prompt further urgent assessment and onward referral:

- Weight concern: W4H <80%
- Restriction: rate of weight loss and daily intake:
 - >500g/wk for 2 consecutive weeks in low weight
 - <1000kcal/day
- Purging: *always pathological*

Perform Baseline Monitoring

- Weight; height; W4H – calculate through Marsipan app (register on www.marsipan.org.uk and then download app)
- Rate of weight loss
- Sitting/standing pulse and BP
- Temp
- BM
- Blood tests:
FBC/ESR/U/Es/CK/LFTs/TFTs/Ca/PO4/Mg/Glucose

**SCOFF Screening Questions:

Note not designed for children so do not rely on it.

- Do you make yourself Sick because you feel uncomfortably full?
- Do you worry you have lost Control over how much you eat?
- Have you recently lost more than One stone in a 3 month period?
- Do you believe yourself to be Fat when others say you are too thin?
- Would you say that Food dominates your life?

Risk assessment *See overleaf*

Physical health risk
Mental health risk (*self-harm/suicide*)

High risk: 1 red or several amber flags

Medium to high risk: 2 or more amber flags

Low risk: no red or amber flags

A/E for BTs and ECG

Urgent BTs and ECG: consider A/E

Organise BTs and ECG

See overleaf for corrective action as necessary

Low risk: refer to [First Steps ED](#)
GP contact for any patient concerns
niamh@firststepsed.co.uk

URGENT referral to CAMHs Eating Disorder Team

- Via SPA stating risk level
 - Telephone call to team 01923 633396
- Advise no school and no exercise until seen by team
Give PIL with initial feeding advice and resources [Eating Disorder PIL](#)

ROUTINE referral to CAMHs Eating Disorder Team

- Via SPA stating risk level
- Give PIL with initial feeding advice and resources
[Eating Disorder PIL](#)

CAMHs Eating Disorder Team contact details: 01923 633396; Team email: Hpfcamhs.eatingdisorders@nhs.net

BASELINE RISK ASSESSMENT (based on MEED guidance)

	RED	AMBER	GREEN
Weight			
<18yr: Median% BMI (W4H)	<70%	70-80%	>80%
≥18yr: BMI	<13	13-14.9	>15
Recent weight loss	≥ 1kg/week for 2 weeks in undernourished patient	500-999g/week for 2 weeks in undernourished patient	< 500g/week or fluctuating weight
Cardiovascular health			
Heart rate (awake)	<40bpm	40-50bpm	>50bpm
Standing BP	<0.4 centile for age <90 systolic if 18+yr with recurrent syncope and	<0.4 centile for age (84-98/35-40) <90 systolic if 18+yr with occasional syncope or	Normal standing BP for age and gender and normal heart rhythm and
Drop in BP on standing	>20 mmHg	>15/10 mmHg	Normal orthostatic changes
Rise in pulse on standing	>30bpm (>35 in <16yrs) or	Up to 30bpm (35 in <16yr) or	
Blood sugar (BM)			
Blood sugar (BM)	<3mmol/l	<4mmol/l	>4mmol/l
Temp	<35.5 tympanic; 35.0 axillary	<36	>36
Hydration Status			
Urine output; dry mouth; postural changes; skin turgor; sunken eyes; P; RR	Fluid refusal Severe dehydration 10%	Severe fluid restriction Moderate dehydration 5-10%	Minimal fluid restriction Mild dehydration only <5%
Muscular weakness			
SUSS Test Part 1: Sit up from lying flat	Unable to sit up from lying flat (0) or without using hands (1)	Unable to sit up without noticeable difficulty (2)	Sits up from lying flat without any difficulty (3)
SUSS Test Part 2: Stand up from squat	Unable to get up from squatting (0) or without using hands (1)	Unable to get up without noticeable difficulty (2)	Stands up from squat flat without any difficulty (3)
Investigations			
ECG: females (F); males (M)	<18yrs QTc >460ms F; >400ms M 18+yrs QTc >450ms F; >430ms M and any other ECG abnormality	<18yr: QTc >460ms F; >400ms M >18yrs: QTc >450ms F; >430ms M No other ECG abnormality Meds that prolong QTc	<18yr: QTc <460ms F; <400ms M >18yrs: QTc <450ms F; <430ms M
Biochemistry Blood Tests	Hypokalaemia <2.5mmol/l	<3.5mmol/l	>3.5mmol/l
	Hyponatraemia <130mmol/l	<135mmol/l	>135mmol/l
	Raised urea or creatinine		
	Hypophosphataemia <1mmol/l (adolescents) <0.8mmol/l (adults)		
	Hypocalcaemia		
	Transaminases x 3 ULN		
	Hypoalbuminaemia <32 In Diabetes HbA1C >10%	<35	>35
Haematology Blood Tests	Low White Cell Count <2.0	< 4.0	>4
	Haemoglobin <10g/l	<11g/l	>11g/l
Disordered eating behaviours			
Restriction	Acute food refusal or calorie <500kcal for 2 or more days	Severe restriction <50% required intake (<1000kcal)	Moderate restriction
Purging behaviours	Multiple daily episodes	3 x week	
Exercise in malnutrition	>2h/day uncontrolled exercise	>1h/day uncontrolled exercise	<1h/day
Engagement	Physical resistance	Poor insight and some resistance	Some insight and motivation
Self-harm and suicide	High risk suicidal thoughts or behaviours	Low risk suicidal thoughts and behaviours	

