

Eating Disorder Patient Handout

You have been admitted to the hospital because your physician determined that it was medically necessary to hospitalize you to ensure your safety and restore your physical health. This protocol was developed to assure that your hospitalization achieves these goals. If you have any questions about this protocol, please discuss with your nurse or doctor. Your team will keep you up to date with your progress during your hospital stay.

Patient Protocol

Wake Up/Dress Guidelines:

1. At the time of admission, you will be asked to dress in a hospital gown.
2. You need to wake up, get weighed and be dressed prior to breakfast.
3. Clothing per medical team determination.

Weight Guidelines:

1. You will need to be weighed daily before breakfast, after the first morning urination, in a hospital gown only. No other clothing (i.e. underwear, socks, slippers, or shoes) will be worn.
2. You will use the bathroom to urinate prior to being weighed.
3. No jewelry is to be worn.
4. You may not eat, drink, bathe, or brush your teeth before getting weighed.
5. You must stand on the scale with your back toward the weight.
6. Neither you nor your family will be told your actual weight, but you can be told the general trend of up, down, or the same.

Meal Guidelines:

1. There will be 6 mini-meals per day. Each day, if you are 100% compliant, your meals will be advanced through a system, as directed by your Registered Dietician (RD), who will be in charge of creating balanced meal plans that meet your nutritional and caloric needs. All meals will be supervised by staff.
 - a. Food meal plans will be provided starting on the first full day on the protocol. If you are admitted in the evening hours or overnight, you will be provided crackers and liquid nutrition supplement such as Ensure for that meal time until the following morning. If you are admitted in the morning or mid-day, it will be determined by the medical team if you can start with food meals immediately.
2. There will be no visitors and no activities allowed during mealtime, except for meal support from a family member or the Patient Care Assistant (PCA). The readiness of a family member to provide meal support will be determined by the psychiatry team after initial evaluation, observation and education with the family.
3. Staff will check your tray for accuracy prior to each meal. No food substitutions are allowed.
4. You will have 30 minutes to complete each mini-meal. After that time, the tray will be removed from your room.
5. Approximate meal times are:
 - Breakfast = 8:00am – 8:30am
 - Snack = 10:00am – 10:30am
 - Lunch = 12:00pm – 12:30pm
 - Snack = 2:30pm – 3:00pm
 - Dinner = 5:00pm – 5:30pm
 - Snack = 8:30pm – 9:00pm

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6. Staff will record food intake on a meal ticket.
7. No food, beverages, cups, or dishes are allowed in your room, including the food/beverage of family members.
8. Meal plans are advanced based on compliance and will begin at breakfast the next morning.
9. 100% compliance with daily nutrition (food & water) is expected.
10. If you are unable to meet 100% compliance, you will have the opportunity to take in the missed nutrition from a meal at the next snack by drinking a nutrition supplement.
11. If you are unable to make up the nutrition from the liquid nutrition supplement, a feeding tube, called a Nasogastric Tube (NGT) will be considered. An NGT will be placed at the end of each snack time if you do not consume the goal nutrition for that snack and the prior meal. The remainder of the nutrition will be provided with a nutrition supplement via the NGT. The NGT will be taken out when it is completed. You will then have a “fresh start” to be able to achieve 100% compliance with the next meal and snack.
12. You will make your bed in preparation for each meal. If you are on activity level 1 you will eat meals in bed and must lay/sit on blankets. For activity level 2 and higher, you must eat sitting in a chair without blankets.

Unit Environment:

1. The family kitchen is off limits.
2. Lights must remain on during the day.
3. Bedside curtains must be kept open, except when dressing.
4. There is no bathroom use for 1 hour after the end of meals or for 2 hours after the end of meals if there is a history of purging.
5. Bathroom use is supervised by staff with door cracked open when on 1:1 observation.
6. Staff will measure urinary and stool output after each bathroom use.
7. You will be placed on 1:1 observation on admission. *This means there will be a staff member with you to provide safety and support, and to monitor for any disordered eating behaviors.*
 - a. Patients without purging behaviors will be admitted with 1:1 observation during meals and for 1 hour after nutrition is completed if no exclusion criteria are present
 - b. Patients with purging behaviors will be admitted with 1:1 observation during meals and for 2 hours after nutrition is completed if no exclusion criteria are present
 - c. Patients will have continuous 1:1 observation during any time an NG or NJ tube is present.
 - d. Patients will be placed on continuous 1:1 observation for 24 hours a day, if they meet any of the following exclusion criteria at any point during hospitalization. Exclusion criteria include:
 - i. active suicidal ideation or self-harm behaviors
 - ii. concern for excessive exercise in treatment setting or home
 - iii. concern for waterloading in treatment setting or home
 - iv. high fall risk
8. Inappropriate language or threatening behavior is not acceptable.
9. All medications brought from home must be given to your nurse upon admission.
10. We ask that families do not discuss meals, weight, or other eating-related topics, as these topics may raise anxiety. The treatment team will help guide the family as to appropriate discussions and meal support.

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Visiting:

1. Immediate family and clergy may visit at any time, except mealtime, unless otherwise ordered by the team.
2. Visits with friends and extended family members will be considered once medical stability is achieved and in accordance with current hospital visitation guidelines.

Activity:

1. All patients are admitted on bedrest.
2. You will be placed on a cardiac monitor upon admission. *This means stickers on your chest will measure your heart rate and breathing.* The duration of cardiac monitoring depends on your medical condition.
3. Vital signs (blood pressure, heart rate, breathing rate and temperature) will be taken at least every 4 hours, or more frequently, if your medical condition warrants.
4. Any transports for medical care off the unit must be via wheelchair or stretcher.
5. Activity level will be advanced as the medical status improves.
 - a. All patients are admitted on Activity 1 (bed rest) and activity is progressed as nutritional status stabilizes and will be identified by level 1, 2, and 3 with increasing ability to leave the room in a wheelchair and move about the room out of bed.
 - b. Medical stability requirements for each activity level can be described by the medical team in the sequence per protocol.
 - c. The patient and family will be updated daily regarding advancements in activity level.
 - d. If the family and/or patient need clarification of a privilege or activity level, they are encouraged to check with the medical team, nurse, or PCA.

Reinforcement:

1. All safe patients will be admitted to a standard room with access to usual comfort items and child life activities that are available to all patients
2. No personal mobile devices
3. A behavioral plan will be considered if it is needed to support nutritional stabilization
4. All activities will be stored and/or turned off (e.g. television, video games, crafts) before meals and at bedtime.

Date Reviewed with Patient: _____

Patient Signature: _____
(signature indicates patient received a copy of this handout)

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Eating Disorder Patient Handout for Patients 18 and Older:

1. For your treatment plan to be successful, it is important for you to have the support and involvement from another person (such as a parent). We request that you sign a HIPAA release to authorize us to discuss your care with a parent or other trusted person.
2. We request that you sign release forms to allow the inpatient team to communicate with your outpatient providers (ie therapist, nutritionist, psychiatrist) and eating disorder programs (if applicable).
3. Your providers cannot safely care for you without your cooperation with the protocol and treatment plan. Failure to follow the protocol above may result in the inpatient team recommending discharge or transfer to another program.

Date Reviewed with Patient: _____

Patient Signature: _____
(*indicates agreement to Patient Protocol*)