

Royal College of Psychiatry, Royal College of Physicians, Royal College of Pathologists approve the following Guidelines See Ellern Mede website:
<https://ellernmede.org/wp-content/uploads/2019/11/junior-marsipan-cr168-1.pdf>

	Red (high Risk) Admit if one or more present	Amber (high concern) Discuss, Admit if non adherence to meal plan	Green (moderate risk)	Blue (low risk)
BMI and weight	%age/ BMI <70% (< 0.4th BMI centile) Recent weight loss of less than or equal to 1 Kg per week, for two consecutive weeks.	%age/ BMI <70-80% (2nd - 0.4th BMI centile) Recent weight loss of 500 - 999g per week, for two consecutive weeks.	%age/ BMI 80-85% (9th - 2nd BMI centile) Recent weight loss up to 500g/week for 2 consecutive.	%age BMI > 85% (>9th BMI centile) No weight loss over past 2 weeks
Heart Rate/BP	Heart rate (awake) < 40 bpm	Heart rate (awake) 40-50 bpm Systolic: 84-96mm Hg / Diastolic: 35-40mm Hg	Heart rate (awake) 50 - 60bpm Systolic: 88-105mm Hg / Diastolic: 35-40mm Hg	Heart rate (awake) >60bpm Normal Lying/sitting BP
Syncope/orthostatic changes	History recurrent syncope Marked orthostatic changes: BP Drop of less than or equal to 20 mm Hg (systolic Increase in heart rate of greater than 30 bpm	Occasional syncope Moderate orthostatic cardiovascular changes BP Drop of less than or equal to 15mm Hg Increase in heart rate of less than or equal to 30 bpm	Pre-syncopal symptoms but normal orthostatic cardiovascular changes Cool peripheries: prolonged peripheral capillary refill time (normal central capillary refill time)	Normal orthostatic cardiovascular changes
Heart Rhythm	Irregular heart rhythm (does not include sinus arrhythmia)			Normal Heart rhythm
ECG abnormalities	All < 15yrs: QTc > 460ms OR > 15yrs QTc > 460 ms (girls) or 450ms (boys) with evidence of bradyarrhythmia or tachyarrhythmia (excludes sinus bradycardia and sinus arrhythmia) ECG evidence of biochemical abnormality		QTc < 460 ms (girls) or 450 ms (boys) and taking medication known to prolong QTc interval, FHx of prolonged QTc or Sensorineural deafness.	QTc < 460 ms (girls) or 450 ms (boys)
Hydration status	Total Fluid refusal Severe dehydration (10%): reduced urine output, dry mouth	Severe fluid restriction Moderate dehydration (5-10%): reduced urine output	Fluid restriction Mild dehydration (<5%) may have dry mouth or not	Not clinically dehydrated

	decreased skin turgor, sunken eyes, tachypnea, tachycardia	dry mouth, normal skin turgor, some tachypnea, some Tachycardia, peripheral oedema.	clinically dehydrated but with concerns about risk of dehydration with negative fluid balance.	
Temperature	<35.5 C tympanic or 35.0 C axillary	<36 C		
Biochemical abnormalities	Phosp < 0.5 (Admit to HDU if with signs of refeeding syndrome) K+ >3, Na+ <130, Calcium < 1.8, Mg2+ <0.6, Alb>16g/l	Phosp 0.5-0.7, K+ 3-3.5, Glucose < 2.6, Na+ < 135, Calcium 1.8 -2.05, Mg2+ 0.6-0.8		
Disordered eating behaviours	Acute Food refusal or estimated calorie intake 400-600kcal per day >5 days	Intake 400-600Kcal per day 3-5 days, Severe restriction (less than 50% of required intake), vomiting, purging with laxatives	Moderate restriction, bingeing	
Engagement with management plan	Violent when parents try to limit behaviour or encourage food/fluid intake, parental violence in relation to feeding (hitting, force feeding)	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.	Some insight into eating problems, some motivation to tackle eating problems, ambivalent towards changes required to gain weight but not actively resisting.	Some insight into eating problems, motivated to tackle eating problems, ambivalence towards changes required to gain weight not apparent in behaviour.
Activity and exercise	High levels of uncontrolled exercise in the context of malnutrition (<2h/day).	Moderate levels of uncontrolled exercise in the context of malnutrition (>1h/day)	Mild levels of uncontrolled exercise in the context of malnutrition (<1h/day)	No uncontrolled exercise
Self-harm and suicide	Self-poisoning, suicidal ideas with moderate to high risk of completed suicide. Overdose at presentation.	Cutting or similar behaviours, suicidal ideas with low risk of completed suicide		
Other mental health diagnoses		Other major psychiatric co-diagnosis, e.g. OCD, psychosis		
Sit up from lying flat	Unable to sit up at all from lying flat (score 0)	Unable to sit up without using upper limbs (score 1)	Unable to sit up without noticeable difficulty (score 2)	Sits up from lying flat without any difficulty (score 3)
Stand up from squat	Unable to get up at all from squatting (score 0)	Unable to get up without using upper limbs (score 1)	Unable to get up without noticeable difficulty (score 2)	Stands up from squat without any difficulty (score 3)
Other-Medical complications	Confusion and delirium, acute pancreatitis, gastric or oesophageal rupture, seizure, cardiac failure.	Mallory-Weiss tear, gastro-oesophageal reflux or gastritis, pressure sores	Poor attention and concentration	