**Eating disorder care plan for Paddington and Disney wards – eating disorder refeeding admissions**

**Patient name: NHS number:**

**Goal of this admission**

* To monitor physical health and to monitor for refeeding syndrome
* To stabilize physical health and completion of re-feeding meal plan in line with MEED guidelines (Royal College of Psychiatry, 2022).
* For CEDS to complete assessment of needs in preparation for discharge home to community treatment.

**Paediatric interventions**

1. Consider over night heart rate monitoring for patients with an awake heart rate of less than 50bpm.
2. **PEWS** every 4 hours or more frequently if clinically indicated.
3. **Prescribe** the following for all patients **for 10 days**:
	1. Tab Thiamine 100 mg BD
	2. Cap. Multivitamin (Forceval).
4. Paediatric team to **monitor refeeding biochemistry** (high risk patients need twice daily bloods) and provide additional mineral supplementation as needed – please see MEED guidelines for further advice and support to the Paediatric medical team.
5. All patients should be on **bed rest and mobilise using a wheelchair**. If a patient is requesting to go out of the ward e.g., to the shop or hospital grounds this should be at the discretion of the consultant of the week who is able to make the decision based on physical health observations.

**Working together**

* CEDS staff attending the ward daily (Monday to Friday) to review the patient and discuss with the nursing team and concerns they may have or observations they have made while the patient has been on the ward.
* Day 4 of admission – multi-professional meeting
	+ NGH consultant of the week
	+ CEDS Psychiatry
	+ Named nurse from CEDS or CEDS hospital liaison nurse

**CEDS support to NGH:**

* Daily reviews (Monday – Friday) by the nursing team on the ward and provide meal support.
* Dietetic review as required
* Attend day 4 planning meeting or weekly planning meetings if a patient requires a longer admission
* Discharge plan for when day 6 of meal plan is completed (see appendix for meal plans).

**Nursing considerations:**

**Bed allocation:**

If there are more than one eating disorder patient on the ward they should be in separate bay’s if possible.

**Pressure area care:**

Observe for signs of discoloration/evidence of skin breakdown daily. Nurse on a pressure mattress if bed rest necessary or pressure sores detected. Skin may be dry, cracked, and broken areas slow to heal. If pressure sores are apparent, referral to a tissue viability nurse is mandatory.

**Weighing and measuring patients**

The patient’s need to be weighed ONLY TWICE A WEEK and weight chart kept away from the patient e.g. in notes trolley or in the nursing station. As many patients will be distressed at finding out their weight and seeing potential weight gain.

Staff to be aware that patients may try to add weight to their clothes / water load (by trying to consume excessive amounts of fluid prior to weighing) and patients are to be weighed in their underwear by a same sex member of staff. No footwear to be worn. Explain the procedure to the young person on admission so they understand what will be expected. Do not make comments about the weight on the scales. Stay neutral with your opinion. General support and distraction is more useful as many patients with Anorexia will be very anxious at this time.

Every patients’ height to be recorded on admission; ensure they are standing straight and not slouched as this can affect BMI / Expected body weight for age and height.

**1:1 supervision**

Registered Mental Health Nurses (RMN’s) or Health Care assistants (HCA’s) can helpful if a patient is at risk of self-harming, suicidal, exercising on the ward or if parents/carers are not able to attend the ward to monitor their child.

However, they are not always necessary for all patients if there are no identified risks, and their parents or carers are willing and able to support their child or young person on the ward.

IF a 1:1 is needed, this needs to be reviewed every 24 hours.

Please ensure that anyone doing a 1:1 duty has access to, and has read, this care plan at the start of their shift.

**Baths and showers**

Baths and showers present a particular risk, as hot water hitting the skin can cause ‘vasodilation’ which causes the blood pressure to suddenly drop leading to fainting. The strategies below can help reduce the risk of this happening.

* **Patient should be seated where possible when bathing or showering.** Patient should be supported by a staff member when she is getting up from the seated position due to the risk of blood pressure drop.
* When Patient is bathing or showering, **the door should remain unlocked,** and staff should be made aware of where they are. This will allow quicker access should there be a problem
* The **temperature of the water should be ‘cool to warm’** not hot, as this can trigger the body to dilate veins close to the skin, resulting in a sudden drop in blood pressure. This can lead to fainting and injury.

**Use of the toilet**

Use of the toilet can present similar risks of blood pressure drops due to the changes in the body as it expels waste (actual volume etc.).

* Patient should make it known to ward staff that she intends to use the toilet.
* **The toilet door should be left unlocked** to aid access should the patient need assistance.
* The patient should be **accompanied** to the toilet in case they need assistance.
* Remember, patients should use **a wheelchair to mobilise to the toilet.**

**Keeping warm:**

When the body is in starvation, the core body temperature can lower to conserve energy. It’s important to keep the **patient in a warm room with warm clothes**. Avoid the use of hot water bottles next to the skin. This can cause vasodilation and move the blood flow away from vital organs diverting it to the surface of the skin. Also, the skin can be less sensitive to heat resulting in burns.

The body can also become less sensitive to cold, so if you see the patient underdressed for the temperature; encourage them to put on extra layers e.g., a dressing gown or jumper.

**Meal support on the ward:**

All meals need to be observed by either a dedicated health care professional, or parent/carer (as they will be caring for their young person at home), and each item eaten or drank documented on the food record charts. This will aid the dietetic assessment and medical management of refeeding syndrome.

Mealtimes are to be protected and neither external visitors nor doctors (doing ward rounds) should disturb patient

The following principles are helpful for most young people and families:

* Consistent mealtimes on the ward and 30mins for a main meal with 15mins for a snack
* Do not discuss calories, nutrition or healthy eating as this tends to increase distress
* Acknowledge that mealtimes are difficult but ask what would be helpful – usually distraction techniques can be used before, during or after the meal/snack

Be supportive and directive. Do not ask the young person if they want it - tell them when it is ready. A young person with Anorexia Nervosa will not relate to “wanting to eat“. Be clear it is a necessity and an expectation that they do and be clear with boundaries before meal commences i.e., food to be completed within 30minutes and any food or fluid hidden / dropped will be replaced.

Ask the young person what will help and what does not help in relation to coping with mealtimes - record this as part of the nursing care plan so that staff give a consistent approach. It will help them to feel heard and to be able to feel involved in their care planning.

It may be helpful to have something planned to do once the meal is completed, like a manicure, a game, reading or watching a film/television. This may help with difficult feelings after eating and be useful as a form of distraction.

Encouragement: Be supportive and directive. Use phrases such as:

* ‘You need to make a start’
* ‘Keep going’
* ‘You need to complete this’
* ‘l can see how hard this is for you, but you need to keep going’
* ‘I will keep chatting, but you need to focus on eating’
* Time reminders are useful i.e., ‘you have x minutes left to finish this meal / snack’

Meals need to be eaten within 30 minutes and snacks within 15 minutes.

If meals are not eaten within this time frame the equivalent number of calories should be offered as a sip feed such as Ensure Compact (2.4kcal/ml) – the patient will have 10 minutes to drink this.

If they are unable to comply with this, CEDS should be called to discuss what additional support can be offered.

If a patient’s life is at risk secondary to their level of malnutrition NGT feeding under physical restraint (and the mental health act) should be carefully considered – jointly with the consultant of the week and CEDS.

**Supporting those with confirmed or suspected neurodivergence:**

The following questions should be considered to help support the creation of an ideal eating environment for the young person and reduce their anxiety:

*1) Do they prefer to eat in silence?*

*2) Do they like you to talk to them? Encourage their eating?*

*3) Do they prefer to watch their favourite TV show, use a tablet device, or listen to music?*

*4) Does it help to wear noise cancelling headphones?*

*5) Does it help to eat alongside reading, puzzles or other distractions such as tablets and radio?*

*6) Does it help when the person with them models eating (eats the same food with them)? Or do they prefer to be the only one eating?*

*7) Do they prefer it when someone sits next to them or in front of them?*

*8) Does their chair have to face the door? Or a specific direction?*

*9) Can other people touch/prepare their food? Such as others removing lids from food pots.*

Consider options such as how the food can be presented with a routine appearance, how it can be made more acceptable (e.g., using specific branded products / kept separate on the plate) and the type of crockery and cutlery used.

The following checklist can be used to support the re-feeding meal plan. It should be completed with the patient and their family and is intended to support their experience and provide guidance to the ward staff:

|  |  |
| --- | --- |
| **Reasonable adjustment**  | Tick if ‘Yes’  |
| I would like to bring in and use my own plate / bowl / cutlery/ straw from home  |
| I would like my milk served separately from my cereal portion  |
| I would like my beans served separately from my toast  |
| I would like my butter served separately from my bread/toast so I can add this myself  |
| I would like my sandwich filling to be served separately  |
| I would like my fruit cut-up rather than served whole  |
| I would like any ‘hot food’ to be served cold  |
| I would like drinks to be served cold from the fridge  |
| I would like my jacket potato and filling to be served separately  |
| I would like my baked beans to be a specific brand – please specify  |
| I would like my biscuits to be a specific brand – please specify |
| I would like my cereal to be a specific brand – please specify |
| I would like my bread to be a specific brand – please specify |
| Where a meal has 2 items, I would like these to be served separately rather than put in front of me at the same time. This may mean I have lots of ‘eating episodes’ but this helps me to avoid feeling too full and reduces my anxiety  |
| Where possible, I would like my parent to oversee bringing me my specified meals and snacks so that they can give me these at more consistent/precise times each day  |
| Where possible, within health and safety restrictions, I would like to request that my own preferred foods, are brought onto the wards  |
| I would like to request that all my foods remain separate and don’t touch one another  |
| I would like to request a milk alternative e.g. soya/almond/oat/rice/pea/coconut/other - please specify:  |

**Management of psychiatric risk**

* Low level – verbal de-escalation
* Medium level – gentle hands-on redirection as per XXX training
* High level – security needed, consider rapid tranquilisation (NGH has a policy for this, and the Paediatric doctors are responsible for prescribing and monitoring this as per the policy)

PLEASE NOTE

* The clinical staff at The Brambles are NOT restraint trained
* NHFT is not able to send restraint teams to NGH
* Under common law, paediatric staff can act to protect a patient if they are endangering their life or the safety of others

**Discharge planning:**

Patients will be safe to be discharged home to the community team when the following have been met:

* Day 4 meeting has taken place
* Patients should have a resting heart rate >50bpm overnight
* Managing and completing day 6 of the refeeding meal plan
* PEWS = 0 for the past 24 hours
* Follow up is booked with CEDS for physical health monitoring and therapeutic interventions

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| **Day 1** |
| **Breakfast**  | **Replacement Peadisure Compact (ml)** | **Calories** |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or Frosties | 60  | 150 |
| 200ml semi-skimmed milk | 40  | 100 |
| Drink of water or squash |  |  |
| **AM snack** |  |  |
| 200ml semi-skimmed milk | 40 | 100 |
| Drink of water or squash |  |  |
| **Lunch**  |  |  |
| Sandwich from menu (cheese, ham, egg mayo or chicken mayo)* cheese or ham toastie is appropriate
* can offer a chocolate spread sandwich too
 | 125 | 300 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| Drink of water or squash |  |  |
| **PM snack** |  |  |
| 200ml semi-skimmed milk  | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening meal**  |  |  |
| 1 portion of ward meal: * Sausage, mash, and beans
* Pasta bolognaise / Quorn bolognaise
* Cheesy pasta
* Cottage pie and vegetables
* Roast chicken dinner
 | 70 | 400 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening Snack** |  |  |
| 200ml semi-skimmed milk or 1 slice toast with spread | 40 | 100 |
|  | 605 ml | 1,450 |
| This is a treatment plan; ALL the food or supplement replacement must be eaten.Time frame for food to be consumed; 15 minutes for snacks and 30 minutes for meals.After meal remain seated or stay in bed for 30 minutes (snack) and 60 minutes (meals).Record all food and fluids consumed, and note any food not eaten. |

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| **Day 2** |
| **Breakfast**  | **Replacement Peadisure Compact (ml)** | **Calories** |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or Frosties | 60  | 150 |
| 200ml semi-skimmed milk | 40  | 100 |
| Drink of water or squash |  |  |
| **AM snack** |  |  |
| 2 digestives or 3 rich tea biscuits | 65 | 150 |
| 200ml semi-skimmed milk | 40 | 100 |
| Drink of water or squash |  |  |
| **Lunch**  |  |  |
| Sandwich from menu (cheese, ham, egg mayo or chicken mayo)* cheese or ham toastie is appropriate
* can offer a chocolate spread sandwich too
 | 125 | 300 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| Drink of water or squash |  |  |
| **PM snack** |  |  |
| 200ml semi-skimmed milk  | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening meal**  |  |  |
| 1 portion of ward meal: * Sausage, mash, and beans
* Pasta bolognaise / Quorn bolognaise
* Cheesy pasta
* Cottage pie and vegetables
* Roast chicken dinner
 | 70 | 400 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening Snack** |  |  |
| 200ml semi-skimmed milk or 1 slice toast with spread | 40 | 100 |
|  | 665 ml | 1,600 |
| This is a treatment plan; ALL the food or supplement replacement must be eaten.Time frame for food to be consumed; 15 minutes for snacks and 30 minutes for meals.After meal remain seated or stay in bed for 30 minutes (snack) and 60 minutes (meals).Record all food and fluids consumed, and note any food not eaten. |

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| **Day 3** |
| **Breakfast**  | **Replacement Peadisure Compact (ml)** | **Calories** |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or Frosties | 60  | 150 |
| 200ml semi-skimmed milk | 40  | 100 |
| Drink of water or squash |  |  |
| **AM snack** |  |  |
| 2 digestives or 3 rich tea biscuits | 65 | 150 |
| 200ml semi-skimmed milk | 40 | 100 |
| Drink of water or squash |  |  |
| **Lunch**  |  |  |
| Sandwich from menu (cheese, ham, egg mayo or chicken mayo)* cheese or ham toastie is appropriate
* can offer a chocolate spread sandwich too
 | 125 | 300 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| 1 x pot of orange juice AND glass of water  | 20 | 50 |
| **PM snack** |  |  |
| 200ml semi-skimmed milk  | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening meal**  |  |  |
| 1 portion of ward meal: * Sausage, mash, and beans
* Pasta bolognaise / Quorn bolognaise
* Cheesy pasta
* Cottage pie and vegetables
* Roast chicken dinner
 | 70 | 400 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening Snack** |  |  |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or FrostiesOR portion of cheese and crackers (from main menu) | 60  | 150 |
| 200ml semi-skimmed milk | 40 | 100 |
|  | 750 ml | 1,800 |
| This is a treatment plan; ALL the food or supplement replacement must be eaten.Time frame for food to be consumed; 15 minutes for snacks and 30 minutes for meals.After meal remain seated or stay in bed for 30 minutes (snack) and 60 minutes (meals).Record all food and fluids consumed, and note any food not eaten. |
| **Day 4** |
| **Breakfast**  | **Replacement Peadisure Compact (ml)** | **Calories** |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or Frosties | 60  | 150 |
| 200ml semi-skimmed milk | 40  | 100 |
| Drink of water or squash |  |  |
| **AM snack** |  |  |
| 2 digestives or 3 rich tea biscuits | 65 | 150 |
| 200ml semi-skimmed milk | 40 | 100 |
| Drink of water or squash |  |  |
| **Lunch**  |  |  |
| Sandwich from menu (cheese, ham, egg mayo or chicken mayo)* cheese or ham toastie is appropriate
* can offer a chocolate spread sandwich too
 | 125 | 300 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| 1 x pot of orange juice AND glass of water  | 20 | 50 |
| **PM snack** |  |  |
| 2 digestives or 3 rich tea biscuits | 65 | 150 |
| 200ml semi-skimmed milk  | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening meal**  |  |  |
| 1 1 portion of ward meal: * Sausage, mash, and beans
* Pasta bolognaise / Quorn bolognaise
* Cheesy pasta
* Cottage pie and vegetables
* Roast chicken dinner
 | 70 | 400 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| 1 x pot of orange juice AND glass of water  | 20 | 50 |
| **Evening Snack** |  |  |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or FrostiesOR portion of cheese and crackers (from main menu) | 60  | 150 |
| 200ml semi-skimmed milk  | 40 | 100 |
|  | 835 ml | 2,000 |
| This is a treatment plan; ALL the food or supplement replacement must be eaten.Time frame for food to be consumed; 15 minutes for snacks and 30 minutes for meals.After meal remain seated or stay in bed for 30 minutes (snack) and 60 minutes (meals).Record all food and fluids consumed, and note any food not eaten. |

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| **Day 5** |
| **Breakfast**  | **Replacement Peadisure Compact (ml)** | **Calories** |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or Frosties | 60  | 150 |
| 200ml semi-skimmed milk | 40  | 100 |
| I x slice toast with spread/jam | 40 | 100 |
| Drink of water or squash |  |  |
| **AM snack** |  |  |
| 2 digestives or 3 rich tea biscuits | 65 | 150 |
| 200ml semi-skimmed milk | 40 | 100 |
| Drink of water or squash |  |  |
| **Lunch**  |  |  |
| Sandwich from menu (cheese, ham, egg mayo or chicken mayo)* cheese or ham toastie is appropriate
* can offer a chocolate spread sandwich too
 | 125 | 300 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| **2** x pot of orange juice AND glass of water  | 40 | 100 |
| **PM snack** |  |  |
| 2 digestives or 3 rich tea biscuits | 65 | 150 |
| 200ml semi-skimmed milk  | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening meal**  |  |  |
| 1 portion of ward meal: * Sausage, mash, and beans
* Pasta bolognaise / Quorn bolognaise
* Cheesy pasta
* Cottage pie and vegetables
* Roast chicken dinner
 | 70 | 400 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| **2** x pot of orange juice AND glass of water  | 40 | 100 |
| **Evening Snack** |  |  |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or FrostiesOR portion of cheese and crackers (from main menu) | 60  | 150 |
| 200ml semi-skimmed milk  | 40 | 100 |
|  | 920 ml | 2,200 |
| This is a treatment plan; ALL the food or supplement replacement must be eaten.Time frame for food to be consumed; 15 minutes for snacks and 30 minutes for meals.After meal remain seated or stay in bed for 30 minutes (snack) and 60 minutes (meals).Record all food and fluids consumed, and note any food not eaten. |
| **Day 6** |
| **Breakfast**  | **Replacement Peadisure Compact (ml)** | **Calories** |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or Frosties | 60  | 150 |
| 200ml semi-skimmed milk | 40  | 100 |
| **2** x slice toast with spread/jam | 80 | 200 |
| Drink of water or squash |  |  |
| **AM snack** |  |  |
| 2 digestives or 3 rich tea biscuits | 65 | 150 |
| 200ml semi-skimmed milk | 40 | 100 |
| Drink of water or squash |  |  |
| **Lunch**  |  |  |
| Sandwich from menu (cheese, ham, egg mayo or chicken mayo)* cheese or ham toastie is appropriate
* can offer a chocolate spread sandwich too
 | 125 | 300 |
| 1 pot yogurt / rice pudding / custard / alpro pudding | 40 | 100 |
| **2** x pot of orange juice AND glass of water  | 40 | 100 |
| **PM snack** |  |  |
| 2 digestives or 3 rich tea biscuits | 65 | 150 |
| 200ml semi-skimmed milk  | 40 | 100 |
| Drink of water or squash |  |  |
| **Evening meal**  |  |  |
| 1 portion of ward meal: * Sausage, mash, and beans
* Pasta bolognaise / Quorn bolognaise
* Cheesy pasta
* Cottage pie and vegetables
* Roast chicken dinner
 | 70 | 400 |
| 1 pot yogurt / rice pudding / custard / alpro pudding  | 40 | 100 |
| **2** x pot of orange juice AND glass of water  | 40 | 100 |
| **Evening Snack** |  |  |
| **2** weetabix / **6 ½** spoons of ready brek / **1** Alpen sachet / **1 ½** boxes cornflakes, rice crispies or frostiesOR portion of cheese and crackers (from main menu) | 60  | 150 |
| 200ml semi-skimmed milk  | 40 | 100 |
| **1** x slice toast with spread/jam | 40 | 100 |
|  | 1,000 ml | 2,400 |
| This is a treatment plan; ALL the food or supplement replacement must be eaten.Time frame for food to be consumed; 15 minutes for snacks and 30 minutes for meals.After meal remain seated or stay in bed for 30 minutes (snack) and 60 minutes (meals).Record all food and fluids consumed, and note any food not eaten. |