

MEDICAL Management of Eating Disorders
Parent and Patient Information

CONE HEALTH PEDIATRICS
Updated February 2022

AT THIS POINT FOOD IS MEDICINE

MONITORING:

Labs: Daily at first and will change as ordered by physician

Vital signs: Blood pressure, heart rate, temperature

Cardiac Monitoring: daily, Pediatric Team will assess need for EKG's

Ins/Outs: Strict daily (nurse and nutrition) monitoring of everything that the patient eats and drinks, and all urination and bowel movements.

Toileting: Bedside Commode only until Pediatric Team orders a change.

Sitter: 24-hour Safety Precautions, 1 to 1 observation sitter

Weight: First thing in morning after first void, Patient in gown and underwear with back to scale. No feedback to patient about weight

BASICS:

Meals/snacks: hospital trays are the only food/drink in the room. No one else, (visitors, nurses, or parents) may bring in any food/liquid/condiments/spices. Sitter may have unlabeled covered drink in room. Parents may share meal when Pediatric Team orders a change. Pediatric Psychology can provide guidance to family.

Clothing: Patient may wear shirt/shorts/pants with no pockets/no hoodies (except when weighed).

Bathing: Bed baths until Pediatric Team orders a change.

Personal electronics: Patient may use their cell phone and/or computer unless otherwise indicated by parent.

Family/Team meeting: care team and family will meet within first few days and during course of hospitalization as needed

Daily Routine

Weight: On admit, Mondays, Thursdays and at discharge unless changed by Pediatric Team

Rounds: Daily, usually before 1 pm

Meals: 30 minutes

Snacks: 20 minutes

Nutrition to determine meals/snacks with patient

Meals/snacks to be eaten sitting on the chair or side of bed.

No food, drinks, condiments, spices other than those determined by Pediatric Team at ANY TIME.

If meal not completed in 30 minutes (snack in 20 minutes), liquid supplement provided

20 minutes to drink liquid supplement under direct supervision of sitter.

If liquid supplement not completed in 20 minutes, nurse to place NG tube

Patient and sitter only, no visitors, no family until Pediatric Team orders a change.

May watch TV, read, personal electronics or other coping activities during the meal. It is the patient's responsibility to complete the meal in 30 minutes whether or not they choose a form of distraction.

Rest Period: Bed rest for 60 minutes after each meal and 30 minutes after each snack. Bed Rest activities may include TV, movies, reading, talking, listening to music, personal electronics, or visitors. No bathroom/shower use during this time (bedside commode is OK)

Activities: Recreation therapy can provide activities in room including TV/movies, reading, Hospital iPad, yellow play station cart, writing, drawing, crafts, word puzzles, jigsaw puzzles, personal electronics, visitors. Access to the playroom, halls, off unit areas only after Pediatric Team orders a change.

Suggestions for Sharing a meal with your child

Completing all necessary nutrition is a vital part of your child's hospitalization for the medical management of disordered eating. Since meals and eating can be very challenging for the patient and the parents, here are some recommendations for sharing a meal with your child:

Provide positive encouragement to your child during meals:

- For example, if your child stops eating during the meal encourage him/her to "take another bite". Offer praise for your child's effort in completing the meal.
- A compassionate approach is recommended. Be both firm and supportive.

Limit comments related to your child's eating, calories consumed, or portion sizes.

- For example, avoid remarking on how small or large the food portion looks
- If eating with your child, make sure your meal is well-balanced and appropriately portioned.

The 60-minute REST period after meals may be difficult for your child. The following suggestions may help your child feel better.

- Engage your child in a distracting activity that can be done while in the bed
- Engage your child in conversation unrelated to eating
- Provide praise and encouragement for your child's effort in completing a meal

Your child may want to know the number of calories that he/she is consuming. Focusing on calories or weight can cause distress in your child and may hinder progress in recovery.

- Remind your child that he/she is receiving all the nutrition needed to be healthy.
- Encourage your child to focus on improving health rather than on a number.

Limit negotiations or arguments with your child during meals. The following phrases may be helpful to redirect the conversation and return your child's focus to the meal.

- "I know this is hard for you, and I'm proud of you for trying your best"
- "Remember that food is your medicine right now and it's necessary for your health"
- "What is on the tray is exactly what your body needs to be healthy"

If you feel upset during a meal, consider taking a break for yourself before returning calmly to your child's meal.

Resource Guide for Families with Eating Disorders

Basic Chalk talk; overview Eating Disorders:

<https://www.youtube.com/channel/UC0M5B06U-R2ZUd0Cyxggog>

Family based treatment of Eating Disorders:

<https://www.eatingdisordertherapy.ca/everything-you-need-to-know-about-family-based-treatment-fbt/>

Family Recommended Information:

https://youtu.be/-812wMW_WPw

<https://youtu.be/pPSLdUUITWE>

<https://keltyeatingdisorders.ca>

Other resources:

<https://www.eatingdisorderhope.com/blog/medical-stabilization-ed-treatment>

<https://www.nationaleatingdisorders.org/toolkit/parent-toolkit/level-care-guidelines-patients>

<https://www.eatingdisorderhope.com/blog/eating-disorder-levels-care-determining-treatment>