REDC

Highest Standards of Care

Standards of Excellence of Medical Care for People with Eating Disorders

(Updated June 2022)

The following details medical care standards that reflect the kind of high-quality care expected from REDC members and recommended for all eating disorder programs. REDC expects its members to uphold these standards or have a plan in place to meet them expeditiously.

Guidelines for Residential Programs:

- Patient safety must be a critical driving principle of care delivery
- Onsite 24/7 nursing care is critical to the care and monitoring of patients at the residential level of care; REDC membership for programs offering residential requires onsite 24/7 nursing care
- Given the complexity and sometimes rapidly developing complications of eating disorders, residential programs should have 24/7 availability of medical and psychiatric providers who have expertise or specialized training in eating disorders care
- We strongly recommend that Residential Programs establish a working relationship with a local hospital and/or physicians who are trained to do an appropriate medical evaluation for patients with serious eating disorders
- For a patient with a BMI of 13 or below or 65% Ideal Body Weight (IBW)/Natural Body Weight (NBW), we strongly recommend admission to an appropriate medical hospital unit for medical stabilization prior to residential admission
- We recommend an EKG prior to or immediately upon admission

Guidelines for all programs: Certain other findings in patients with eating disorders strongly suggest the need for a medical hospital admission and evaluation. These include:

- Serum potassium level < 2.6 mg/dl
- Serum bicarbonate level ≥ 36 mg/dl
- Serum sodium level < 125 mg/dl
- Heart Rate < 40 (adults) or <45 (child and adolescent)
- EKG rhythm other than sinus or QTc > 490 msec (adults) or > 450 msec (adolescent females) or >440 msec (adolescent males)

These are recommendations; there is no substitute for medical judgment.

Notes:

Adolescents and Children: Adolescents and children have unique needs related to growth and development that must be taken into careful consideration in the medical care of this population.

Patients with Low Weight: Patients at a BMI lower than 13 who have been hospitalized in an appropriate medical unit prior to residential admission for a substantive amount of time, and whose EKG, labs and eating disorder medical condition have stabilized, might also be considered for direct admission to a residential program

Patients with Rapid Weight Loss: Patients who have had extensive rapid weight loss must be evaluated more carefully even when their current weight is not at the concerning percentages listed above.

Level of Care Definitions for Residential and Inpatient are as follows: (see more at www.redcconsortium.com/standards/)

- Residential Eating Disorder:
    - 24/7 intervention with medical, nutrition, therapy, and psychiatry treatment, with around the clock nursing care, therapeutic group meal and snack exposures, nutrition counseling and education, and recovery skill development
    - Individual, group, and family therapy, nutrition, medical and psychiatric assessment and monitoring
    - This level of care is for individuals who are medically stable enough to not need daily medical provider services
    - This level of care is for individuals who are psychiatrically stable enough to be treated outside a psychiatric inpatient locked unit
    - Length of stay typically ranges from 25-45 days
    - Individuals may step in to Residential from OP, IOP, or PHP or step down in to Residential from Inpatient or an acute medical or psychiatric admission
    - Upon successful discharge from Residential, individuals typically step into PHP, or possibly into FBT services, for adolescents, if appropriate
- Inpatient Eating Disorder:
    - 24/7 intensive multidisciplinary inpatient treatment, medical and weight stabilization specializing in eating disorders that includes daily psychiatric and medical stability and safety assessments
    - Inpatient care also provides 24/7 nursing care, daily medical and/or psychiatric visits by physician or qualified mid-level provider, therapeutic group meal and snack exposures, individual, group, and family therapy, nutrition counseling and education, and recovery skill development
    - Length of stay typically ranges from 7-30 days
    - Individuals may step into inpatient from OP, IOP, PHP, residential, or acute psychiatric or acute medical admission
    - Upon successful discharge from Inpatient, individuals typically step into Residential, PHP or possibly into FBT services, for adolescents, if appropriate
- Inpatient Stabilization– Psychiatric:
    - Hospitalization on non-ED specific inpatient psychiatric or behavioral health unit, typically on a mixed diagnosis unit and for a relatively short length of stay designed to address and stabilize acute suicidality or other acute psychiatric symptoms
    - Length of stay typically on patient need and available community resources
    - Upon successful discharge from Inpatient Stabilization – Psychiatric, individuals typically step into eating disorder Inpatient, Residential, PHP, or possibly into FBT adolescent services, if appropriate.

- Inpatient Stabilization - Medical:
    - Inpatient medical hospitalization on a medical hospital unit specializing in stabilizing individuals with eating disorders designed to stabilize the individual medically prior to an individual engaging in intensive, multidisciplinary team eating disorder at the next level of care. Immediate needs often include addressing cardiac compromise, electrolyte abnormalities, managing refeeding when individuals are at high risk for refeeding syndrome, and/or other medical complications resulting from the eating disorder, such as GI, cardiac, metabolic, or other system abnormalities.

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