

Call: 536-HOPE (4673)

Criteria Recommendations for Admittance for Adult Eating Disorder Patients

Inpatient Hospitalization

CARDIAC FUNCTIONS

- Heart rate: > 40 BPM. Change from sitting to standing <40 BPM
- Systolic BP: > 80, Diastolic BP: > 60. Blood pressure drop from sitting to standing should be < 20 mm Hg.
- Temperature: 34.5C
- EKG: QTc <450 with no arrhythmia other than sinus arrhythmia or sinus bradycardia
- EKG within 2 weeks. Vital signs within 1 week

LAB RESULTS

Below are LOWER THRESHOLD for patients to be accepted. Lab values should not be significantly HIGHER than the normal range. Labs within 30 days.

- Potassium: (K+): > 3.2. Please contact MD for 3.2-3.5. (may request outpatient PCP/hospital to replace prior to admit)
- Phosphorous: > 2.9
- Sodium (Na+): >135
- Magnesium (Mg++): >0.7
- Glucose: >50
- WBC: >2

BODY MASS INDEX

- Body Mass Index (BMI): >15 OR Weight >70% Ideal Body Weight (IBW). IBW > 65%
- BMI >14 accepted based on medical stability and motivation of patient for treatment.

Laxative Abusers: no more than 10 pills/day use and not primary compensatory behavior.

Will accept patient referrals with primary purging through emesis and/or exercise.

OTHER

None of the following concurrent illnesses:

- Type I Diabetes Mellitus
- PKU
- Multiple Metabolic Disorders
- Documented food insensitivities
- Active substance disorder with potential need for detox
- Other comorbid medical illness that would prevent enteral feeding
- Illicit use of diuretics.

ANY REFERRED PATIENT CLOSE TO MEETING THE ABOVE CRITERIA WILL BE SUBJECT TO PHYSICIAN FINAL REVIEW.

FOR NON-HOSPITALIZED/SELF REFERRALS WITHOUT LABS, CASE MUST BE REVIEWED BY MEDICAL DIRECTOR/DESIGNEE.

*If referred patient is medically compromised, they can be referred to a medical hospital for evaluation and treatment, and then reassessed for Inpatient admission at Lindner Center of HOPE upon successful discharge.

Partial Hospitalization Program (PHP-Mindful Transitions)/Williams House Program

CARDIAC FUNCTIONS

- Heart rate: >50 BPM (beats per minute).
- Systolic BP: >90 Diastolic BP: >60. Blood pressure drop from sitting to standing should be <10 mm Hg.
- EKG: QTc <450 with no arrhythmia other than sinus arrhythmia or sinus bradycardia
- EKG within 2 weeks. Vital signs within 1 week.

LAB RESULTS

Labs within 30 days.

- Potassium (K+): Please contact MD for 3.2-3.5. (may request outpatient PCP/hospital to replace prior to admit)
- Phosphorous: >2.9
- Sodium (Na+): >135
- Magnesium (Mg++): >0.7
- Glucose: >50
- WBC: >2

BODY MASS INDEX

- Ideal Body Weight (IBW): > 85% or Body Mass Index (BMI) > 17.
- IBW > 75% or BMI > 16 accepted based on medical stability and motivation of patient for treatment.
- Willingness/motivation to work with nutritionist on meal plan.

OTHER

- Substance abuse cannot be primary issue
- No known refeeding risk
- Patient should be regularly consuming a minimum of 800 calories per day.

ANY REFERRED PATIENT CLOSE TO MEETING THE ABOVE CRITERIA WILL BE SUBJECT TO PHYSICIAN FINAL REVIEW.

*If referred patient is medically compromised, they can be referred to a medical hospital for evaluation and treatment, and then reassessed for PHP admission at Lindner Center of HOPE upon successful discharge.

Adult Residential

CARDIAC FUNCTIONS

- Heart rate: > 50 BPM (beats per minute).
- Systolic BP: > 90, Diastolic BP > 60. Blood pressure drop from sitting to standing should be < 20 mm Hg.
- EKG: QTc <470 with no arrhythmia other than sinus arrhythmia or sinus bradycardia
- EKG within 2 weeks. Vital signs within 1 week.

LAB RESULTS

Labs within 30 days.

- Glucose > 55
- Potassium (K+): No less than 3.5
- Phosphorous: > 2.9
- Sodium (Na+): >135
- Magnesium (Mg++): >0.7
- WBC: >2

BODY MASS INDEX

- Body Mass Index (BMI): >17 or WEIGHT >85% Ideal Body Weight (IBW).
- BMI > 16.5 or IBW >80% accepted based on medical stability and motivation of patient for treatment.

Patient will be consuming a minimum of 1000 calories per day prior to admission, though this will be at the discretion of the admitting physician based on all criteria above.

Laxative Abusers: <5 pills/day use and not primary compensatory behavior
Will accept patient referrals with primary purging through emesis and/or exercise

Medical stability, motivation for eating disorder treatment, and history of compliance will be a main factor in accepting admission for eating disorder specific care.

OTHER

None of the following concurrent illnesses:

- Type I Diabetes Mellitus
- PKU
- Multiple Metabolic Disorders
- Documented food insensitivities
- Active substance disorder with potential need for detox
- No known refeeding risk

ANY REFERRED PATIENT CLOSE TO MEETING THE ABOVE CRITERIA SHOULD BE SENT TO ATTENDING PHYSICIAN FOR FINAL REVIEW.

*If referred patient is medically compromised, they can be referred to a medical hospital for evaluation and treatment, and then reassessed for Sibcy House or Inpatient admission at Lindner Center of HOPE upon successful discharge.