

You have been admitted to the hospital because your physician determined that it was medically necessary to hospitalize you to ensure your safety and restore your physical health. This protocol was developed to assure that your hospitalization achieves these goals. If you have any questions about this protocol, please discuss with your nurse or doctor. Your team will keep you up to date with your progress during your hospital stay. Medical stabilization includes getting adequate nutrition and obtaining labs to monitor electrolytes (salts) in the blood. This process generally takes about a week to ensure safety.

### **Patient Protocol**

#### Allowances and Reinforcement:

1. You will be admitted to a standard, private room with access to the usual comfort items and child life activities that are available to all patients. If there are safety concerns, there may need to be restrictions placed.
2. Personal mobile devices are not allowed
3. A behavioral plan will be considered if it is needed to support nutritional stabilization.
4. All activities will be stored and/or turned off (e.g. television, video games, crafts) before meals, snacks and at bedtime.

#### Wake Up/Dress Guidelines:

1. At the time of admission, you will be asked to dress in a hospital gown.
2. You need to wake up, get weighed and be dressed prior to breakfast.
3. Wearing personal clothing will be based on medical team determination.

#### Weight Guidelines:

1. You will need to be weighed daily before breakfast, after the first morning urination, in a hospital gown only. No other clothing (i.e. underwear, socks, slippers, or shoes) will be worn.
2. You will use the bathroom to urinate prior to being weighed.
3. You may not eat, drink, bathe, or brush your teeth before getting weighed.
4. You must stand on the scale with your back toward the weight.
5. You and your family will not be told your weight, BMI or caloric intake.

#### Labs:

1. Blood labs will be obtained every morning, typically for 6 days. This is to monitor for refeeding syndrome which can cause sudden, serious drops in blood electrolytes (salts) like potassium and phosphorus when patients begin to take in adequate nutrition after a period of malnutrition.
2. If levels are dropping, supplements will be given.

#### Meal Guidelines:

1. There will be 6 meal times per day, 3 meals and 3 snacks. Each day your meals will be advanced by step, as directed by your Registered Dietician (RD), who will create balanced meal plans that meet your nutritional needs. Water goals are also determined. All meals will be supervised by staff.
2. There will be no visitors and no activities allowed during mealtime, except for meal support from a family member or the Patient Care Assistant (PCA). The readiness of a family member to provide meal support will be determined by the psychiatry team after initial evaluation, observation and education with the family.



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3. Staff will check your tray for accuracy prior to each meal. No food substitutions are allowed.
4. You will have 30 minutes to complete each meal or snack. After that time, the tray will be removed from your room.
5. Approximate meal times are:
  - Breakfast = 8:00am – 8:30am
  - Snack = 10:00am – 10:30am
  - Lunch = 12:00pm – 12:30pm
  - Snack = 2:30pm – 3:00pm
  - Dinner = 5:00pm – 5:30pm
  - Snack = 8:30pm – 9:00pm
6. Staff will record food intake on a meal ticket.
7. No other food, beverages, cups, or dishes are allowed in your room, including the food/beverage of family members.
8. 100% compliance with daily nutrition (food & water) is expected.
9. If you are unable to eat/drink all of the food and liquids presented, you will have the opportunity to take in the missed nutrition from a meal at the next snack by drinking a nutrition supplement.
10. If you are unable to make up the nutrition from the liquid nutrition supplement, a feeding tube, also called a Nasogastric Tube (NGT) will be placed. The feeding tube will be placed at the end of each snack time if you do not consume the goal nutrition for that snack and the prior meal. The remainder of the nutrition will be provided with a nutrition supplement via feeding tube. The feeding tube will be taken out when it is completed. You will then have a “fresh start” to be able to eat and drink all of the next meal and snack.
11. If you are on bedrest, you will eat meals in bed and must lay/sit on blankets. Otherwise you must eat sitting in a chair without blankets.

#### Unit Environment:

1. On admission, you will be placed on constant observation during and for one hour after meals/snacks, and if/when you have a feeding tube. *This means there will be a staff member with you to provide safety and support, and to monitor for any disordered eating behaviors.*
2. Bathroom use is supervised by staff with door open when on constant observation.
3. You will not have access to the family kitchen.
4. Lights must remain on during the day and bedside curtains must be kept open, except when dressing.
5. Staff will measure urine and stool output after each bathroom use.
6. You will be placed on constant observation for 24 hours a day, if you meet any of the following risk criteria during hospitalization:
  - i. active suicidal ideation or safety risk behaviors that warrant constant observation
  - ii. concern for excessive exercise in treatment setting or home
  - iii. concern for water loading in treatment setting or home
  - iv. high fall risk
7. Inappropriate language or threatening behavior is not acceptable.
8. All medications brought from home must be given to your nurse upon admission.
9. We ask that families do not discuss meals, weight, or other eating-related topics, as these topics may increase anxiety. The treatment team will help guide your family as to appropriate discussions and meal support.

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Visitors:

1. Immediate family and clergy may visit at any time, except mealtime, unless otherwise ordered by the team.
2. Visits with friends and extended family members will be considered once medical stability is achieved and in accordance with current hospital visitation guidelines.

Activity:

1. All patients are admitted on activity restriction and will be advanced as nutrition and medical status improves.
  - a. Medical stability requirements for each activity level can be described by the medical team in the sequence per pathway.
  - b. You and your family will be updated daily regarding advancements in activity level and are encouraged to ask if you have questions.
2. You will be placed on a cardiac monitor upon admission. *This means stickers on your chest will measure your heart rate and breathing.* The duration of cardiac monitoring depends on your medical condition.
3. Vital signs (blood pressure, heart rate, breathing rate and temperature) will be taken at least every 4 hours, or more frequently, if your medical condition warrants.
4. Any transports for medical care off the unit must be via wheelchair or stretcher.

The Patient Handout was reviewed with me and I understand the recommended treatment plan

Date : \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_  
(for patients under 18 years)



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**Supplemental Eating Disorder Patient Handout for Patients 18 and Older:**

1. For your treatment plan to be successful, it is important for you to have the support and involvement from another person (such as a parent). We request that you sign a HIPAA release to authorize us to discuss your care with a parent or other trusted person.
2. We request that you sign release forms to allow the inpatient team to communicate with your outpatient providers (ie therapist, nutritionist, psychiatrist) and eating disorder programs (if applicable).
3. Your providers cannot safely care for you without your cooperation with the protocol and treatment plan. Failure to follow the protocol above may result in the inpatient team recommending discharge or transfer to another program.

Date : \_\_\_\_\_

Patient Signature: \_\_\_\_\_



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