Eating Disorders Service
WCHN

Information for Patients and Families Admitted for Stabilisation

For more information

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WELCOME

We would like to welcome you to the Eating Disorders Program at the Women’s and Children’s Hospital.

As a patient or parent/guardian it is your responsibility to:

- Attend/support the inpatient Eating Disorders Program and Daily Activity Program
- Abide by visiting hour restrictions and inpatient guidelines
- Be contactable and attend family meetings

WHAT IS AN EATING DISORDER?

Eating disorders are serious psychiatric illnesses which have medical complications. Some young people with eating disorders require admission to hospital if they are medically unstable or if there are difficulties with the treatment at home. Eating disorders have the highest rate of death of all psychiatric illnesses either from suicide or medical complications.

Many young people worry about their weight and body image – these behaviours are very different to eating disorders. A young person with an eating disorder is tormented with out of control thinking that drives their behaviour to control their weight, food and appearance. These thoughts and behaviours become very abnormal and go beyond the average weight loss strategies. Eating disorders are very dangerous illnesses that require immediate psychological and medical treatment. More information regarding your/your child’s diagnosis will be provided to you during the admission.

AIMS OF HOSPITAL ADMISSION

Some patients with eating disorders will require admission to hospital. The aim for a hospital admission is to:

- Medically stabilise a young person
- Begin the process of weight restoration
- Obtain a full medical, psychiatric, nutritional and social assessment
- Develop a plan for treatment outside of hospital

STABILISATION PHASES

Stabilisation Phases specify the amount of activity and leave a patient is permitted. Progress through the stages is decided at Inpatient Review Meetings based on physical, psychological and behavioural health.

STABILISATION 1:

- Patients will participate in group eating – family are not permitted during meals/snacks
- Attendance at the Daily Activity Program is compulsory
- A wheelchair will be used for all transfers including attendance to the Daily Activity Program
- Patients must rest on bed between meals (unless attending the daily activity program)
- No bathroom privileges are permitted for 60 minutes post main meals and 30 minutes post snacks
- Patients will be supervised in the toilet, shower and bathroom due to medical instability
• Patients are to use a shower chair whilst showering
• Patients will be nursed in the bay. Curtains are to remain open in the patient’s room during the day and night
• No leave from the ward is permitted
• Immediate family to visit only, during visiting hours
• Patients will be connected to a monitor overnight to observe their heart rate. This will continue until the treatment team feels that it is safe to remove monitoring

STABILISATION 2:

• Patients will participate in group eating
• Attendance at the Daily Activity Program is compulsory
• Parents/Guardians can supervise one main meal and one snack on the ward
• Patients are to rest on their bed for 60 minutes after main meals and 30 minutes after snacks, unless at the Daily Activity Program
• No bathroom privileges are permitted during rest periods
• A shower chair is not required
• Patients can mobilise without a wheelchair
• Patients are permitted purposeful mobilisation only, e.g. walking to school. Patients must rest on their beds when not partaking in activities
• Patients can have leave from the ward with their Parents/Guardians for 30 minutes per day on weekdays and twice on weekends (60 minutes total) within the hospital. Patients must alert their nurse and sign in and out of the ward for every instance of leave
• Friends and family can visit during visiting hours
• Curtains are to remain open during the day

STABILISATION 3:

As per Stabilisation 2 PLUS:

• Parents/Guardians can supervise any patient meals/snacks on the ward
• Parents/Guardians can supervise one main meal and one snack per day off the ward – this food will be the same as what would be eaten on the ward
• Patients can have leave from the ward with their parents/guardian for 60 minutes per day within the hospital (in addition to meals off the ward). Patients must alert their nurse and sign in and out of the ward for every instance of leave

STABILISATION 4:

As per Stabilisation 3 PLUS:

• Parents/guardians can supervise any patient meals/snacks off the ward
• Patients can have leave from the ward or hospital with their Parents/Guardians as directed by the team. Patients must alert their nurse and sign in and out of the ward for every instance of leave

MEALS

Many children, adolescents and young adults struggle with food and eating. Patients are admitted to hospital because of inadequate nutritional intake, weight loss, poor growth and medical complications associated with malnutrition. A balanced and complete diet is provided with a range of meals and snacks provided in the set menus. Intake of food in hospital is important for beginning the process of recovery through appropriate weight gain. The
meals and snacks are specifically designed to meet nutritional needs and to help rebuild muscle mass and other lost body stores.

Patients are required to eat three main meals and three snacks each day. This includes foods that some patients may find quite challenging or that they have not eaten for some time. Exposure to a range of foods in hospital will assist patients in continuing the process of nutritional rehabilitation when they are discharged home. Throughout the admission patients will be supported and encouraged to complete all of the foods provided. Main meals are to be completed within thirty minutes and snacks eaten within twenty minutes.

- Patients are served a 7-day rotating menu for meals and snacks
- Diagnosed food allergies will need to be discussed with the doctor and dietitian so that substitutions can be arranged
- Families who follow a specific diet for religious reasons can be accommodated
- In cases of diagnosed lactose intolerance, the hospital can provide lactose free cow’s milk or soy milk. Soy yoghurt can be provided and cheese exchanged with other suitable foods
- Any concerns about the food or menu during the admission should be discussed with the dietitian. Meals are eaten in a group with nurse supervision
- Parents are encouraged to eat with their child when providing meal supervision
- Visitors are requested to not bring any food or drinks for patients, as careful monitoring of nutritional intake is essential
- Meal plans are set by the dietitian based on pre-admission intake, weight and physical health Meal plan A, B, C are graded accordingly

MEAL GUIDELINES

To minimise levels of distress and make meal times as supportive as possible, all patients must be aware of the following guidelines:

- Meals are to be eaten as provided, for example no pulling apart or mixing of food
- Meals are to be eaten and finished within the time limit
- Please do not comment on other people’s meals
- Please do not negotiate your meal plan with nursing staff. If you have concerns about your meal raise them with the dietitian outside of meal times
- Conversations about food and body image are distressing for some patients and should not be discussed during meal times
- Behaviour that disrupts meal times will be addressed
- All patients are to stay at the table until everyone is finished
- No mobile phones during meal times
- No napkins or tissues during meals

Note:

Any alterations to meal plans are made in consultation with the dietitian. Patients are weighed on Tuesdays and Fridays and in response to these weights, meal plans may be increased or additional supplements added.

ORAL SUPPLEMENTS & NASOGASTRIC FEEDING

Some patients feel anxious and overwhelmed with the food and drinks they are required to eat for weight gain in hospital. If patients are not finishing their meals within the specified time frame they will receive an oral supplement (Fortisip) for nutritional support.
Patients will have 10 minutes to complete this supplement after completion of meal times in the meal area

- A full fortisip supplement is given if less than half of each of the foods/drink items presented are eaten
- A half fortisip supplement is given if at least half of each of the foods/drink items presented are eaten, but not completed

If the patient is unable to drink the prescribed dose of supplement, a nasogastric tube will be inserted and the remainder given via the tube. If a tube is required, parents will be notified before inserting the tube. Nasogastric tubes can be removed once the patient is completing all meals and snacks for 24 hours.

New Patients, first admission have a grace period to give patients time to settle into the routine of the hospital. A grace period means that a patient is given a full day to be completing all meals and snacks before a nasogastric tube is inserted, but may be moved forward if a patient is too medically unstable.

POST MEAL REST

- Rest refers to no physical activity and includes no showering or toileting. Rest periods are supervised and can occur at the daily activity program or on the patient’s bed
- Patients must rest for 1 hour post main meals and 30 mins post snacks
- Rest is to commence immediately after meal or after nasogastric bolus has been given
- Patients may be confined to continual bed rest when they are deemed medically unstable by the treatment team

DAILY ACTIVITY PROGRAM

The daily activity program is a compulsory part of the inpatient program. The intention for eating disorders patients is to be engaged in activity similar to school and home and does not revolve around eating.

- Compulsory for all stabilisation phases
- If program coincides with rest period, the patient must be seated for the activity with no toileting
- No visitors are allowed to attend the daily activity program
- If a patient is in Year 12, allowances to the activity program can be made with discussion with the treatment team

A detailed description and plan of the activities is available at the back of this booklet.

VISITING

VISITNG HOURS, MONDAY – FRIDAY:

- First 48 hours of first admission: Immediate family only, 9am – 8:30pm
- Stabilisation 1: Immediate family only, 4pm – 8:30pm
- Stabilisation Phase 2 - 4: Friends and family, 4pm – 8:30pm
WEEKEND VISITING HOURS:

- Stabilisation Phase 1: Immediate family only, 9am – 8:30pm
- Stabilisation Phase 2 – 4: Friends and family, 9am – 8:30pm

VISITING RULES:

- Visitors are to report to a nurse prior to seeing patient
- Nurse will check if the patient wishes to see visitors prior to permitting visit
- Nurse will direct visitors to leave if there are too many or they are being disruptive
- Visits by current outpatient eating disorder patients is not permitted
- Parents are not permitted to stay overnight

EXCEPTIONS TO VISITING HOURS:

- Patient review meetings; parents may visit 1 hour before and after meetings, but are not to interfere with meal times or the daily activity program
- Parents are providing meal supervision
- Rural families
- Work commitments of parents unable to see their children during visiting hours, e.g. shift workers. Please discuss this with the treatment team
- Parents of children under 12 years of age may visit their child within normal hospital visiting hours at the treatment team’s discretion

INPATIENT REVIEW MEETINGS

Inpatient Review Meetings occur twice a week. The team will meet with each patient and their family to discuss the treatment plan of the young person. This is an opportunity to ask questions and discuss the progress with the team.

INPATIENT TREATMENT TEAM MEMBERS:

- Consultant for Eating Disorders
- Psychiatrist and/or Psychiatry Registrar
- Dietitian
- Senior Ward Nurse or Manager

MEETING TIMES:

- Tuesday, 10:30am – 12:30pm
- Friday, 1:00pm – 3:00pm

Please make sure at least one parent is available at the meeting time.

BATHROOM AND SHOWERING

- Patients must alert nursing staff when they require the bathroom
- One shower per day in the morning. Patients have 5 minutes to shower and 10 minutes total bathroom time
- Due to the seriousness of medical instability, patients in Stabilisation 1 will be supervised in the toilet and shower. Patients in all other stabilisation phases can shower and toilet unsupervised unless it is deemed by the team that further supervision is required
- Parents may provide bathroom supervision during visiting hours, unless otherwise specified by the treatment team
INVESTIGATIONS

Young people with eating disorders as an inpatient will have a number of investigations and will be monitored to check their medical stability and nutritional recovery. These include:

- Vital signs and observations
- Regular blood tests
- Bone age
- DEXA Scan

Sometimes the treatment of eating disorders requires the use of medications. If the treatment team recommends that the use of medication may be appropriate it will be discussed with the young person and parents/guardian.

WEIGHT MEASUREMENT

- Weight and height will be measured on arrival every admission
- Subsequent weight measurements are taken on Tuesday's and Friday's between 6am - 8am
- Patients must go to the toilet before being weighed
- Weight is measured with patient in a gown with one pair of underpants only
- No socks, bras or jewellery
- Patients will not be re-weighed the same day
- Spot weighs may occur at the discretion of the treating team

SUPERVISION AND SPECIALS

The treatment team may alter types of supervision or add a special for a patient on the care plan for various reasons. Additional supervision can include curtains being open at night and observation in the bathroom and toilet.

WHAT TO BRING

- Clothes: appropriate clothes for each day, warm jumpers, slippers and pyjamas
- Toiletries: shampoo, toothbrush, toothpaste, soap and deodorant
- Bedding: patients can bring their own quilt and pillow if they wish
- School work: books, assessments and materials they need
- Resting activities: magazines, books, iPods/music players, pens etc.

Please do not bring in anything of great value or large sums of money as the ward cannot be responsible for individual belongings.

‘Fit bit’ watches or other devices measuring input/output or activity are not permitted.

THANK YOU

If you have any questions, concerns or comments please speak to your nurse or a member of the Eating Disorders Team. We wish to make your stay with us as comfortable as possible.