

Austin Health Adolescent & Child Eating Disorders Service (ACED) Clinic holds one session per week to discuss and plan the treatment of patients with Adolescent & Child Eating Disorders

Department of Health clinical urgency categories for Specialist Clinics

Urgent: Please be advised that admission for medical stabilisation via our emergency department may be indicated for patients presenting with:

- **Bradycardia <50bpm**
- **Hypotension <80/50**
- **Postural hypotension >20mmHg**
- **Postural tachycardia >30bpm**
- **Dehydration**
- **Hypothermia <35.50C**
- **QTc >450 msec**
- **Cardiac arrhythmia**
- **Significant electrolyte derangement**
- **Psychiatric admission may be indicated for self-harm / suicide risk**

Routine: Refer patients for whom the referring doctor suspects or has had concerns raised in relation to behaviours and physical symptoms associated with an eating disorder

Exclusions: Patients over the age of 18

Patients who do not live within the service catchment area (North Eastern Metropolitan region as well as Loddon and Northern Mallee regions)

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<p>The service aims to provide a rapid access to specialist treatment for eating disorders including Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder and Atypical Anorexia.</p> <p>This is a specialist referral centre for eating disorders in under 18 year olds for the North Eastern Metropolitan region as well as Loddon and Northern Mallee regions.</p>	<p>A comprehensive referral form will be provided upon receipt of referral letter which details all necessary investigations and physical parameters required in order to effectively triage the severity of the patient's condition.</p> <p>The referral details are complimented by a comprehensive telephone triage by the Paediatric Liaison Nurses with the patient's main carers and a</p>	<p>Investigations to include:</p> <ul style="list-style-type: none"> • Current weight • Height • Lying and Standing Pulse Rate • Lying and Standing Blood Pressure • Temperature • ECG • FBE • UEC • LFTs • Ca, Mg, PO4 • Random glucose • Iron studies • TFTs 	<p>Referrals will be triaged by the Paediatric Liaison Nurse within business hours and by the on-call paediatric registrar outside these hours, after which patients will be notified of an appointment.</p> <p>Where referral is triaged as 'urgent', patient will be contacted to arrange an appointment within</p>	<p>Upon acceptance, patients will be followed up by the service for approximately two years to provide continued specialist psychological therapy and active medical management. Family involvement in the ongoing care plan is essential for patient recovery.</p>	<p>The standard clinical pathway from diagnosis to discharge for an child or adolescent with an eating disorder is two years. During this time multiple medical reviews will be completed and continued psychological therapy will be provided.</p>

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<p>Referral is encouraged as the first stage of management in order to obtain a full risk assessment of the patient's current condition. While the triage process is being completed, weekly medical review by the referring doctor is requested to monitor any clinical deterioration with updates provided to the service.</p> <p>Significant deterioration may require Emergency Department attendance or contact with the Emergency Psychiatric service</p>	<p>risk assessment completed to determine the most appropriate treatment pathway for the patient.</p>	<p>Please include details of any previous treatment including treating team if known</p>	<p>30 days (DHHS Specialist Clinics Access Policy)</p>		
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