**An all-age risk assessment framework based on Managing Emergencies in Eating Disorders (MEED)**

|  | **Red (high risk) – if scoring red in multiple domains – consider discussing on call paediatric gastro consultant (Adult Gastro if >16yo) and urgent CAMHS referral using CAMHS CED referral form (hyperlink)**  | **Amber (alert to high concern) – if largely amber we would recommend urgent CAMHS referral using CAMHS CED referral form (hyperlink)** | **Green (low risk) – make Routine CAMHS referral with using CAMHS CED referral form (hyperlink)** |
| --- | --- | --- | --- |
| **BMI and weight** | * Under 18 years: median BMI (weight for height) \*\*<70%
* Over 18: BMI <13

**\*\*(Hyperlink to excel spreadsheet on Remedy to calculate mBMI also known as weight for height WFH)** | * Under 18: median BMI 70–80%
* Over 18: BMI 13–14.9
 | * Under 18: median BMI >80%
* Over 18: BMI >15
 |
| **Weight loss**  | * Recent loss of weight of 1 kg or more/week for 2 consecutive weeks in an undernourished patient
 | * Recent loss of weight of 500– 999 g/week for 2 consecutive weeks in an undernourished patient
 | * Recent weight loss of

< 500 g/week or fluctuating weight  |
| **HR (awake)** | * < 40 bpm
 | * 40-50 bpm
 | * >50 bpm
 |
| **Cardiovascular health** | * Standing BP below 0.4th centile for age or less than 90 if 18+
* Recurrent syncope
* **Postural drop in BP of >20 mm Hg or increase in HR of over 30 bpm (35 bpm in <16 years)**
 | * Standing BP <0.4th centile or <90 if 18+
* Occasional syncope
* Postural drop in BP of >15 mm Hg or increase in HR of up to 30 bpm (35 bpm in <16 years
 | * Normal standing BP for age and gender with reference to centile charts
* Normal orthostatic cardiovascular changes
* Normal heart rhythm
 |
| **Assessment of hydration status** | * Fluid refusal
* Severe dehydration (10%): reduced urine output, dry mouth, postural BP drop (see above), decreased skin turgor, sunken eyes, tachypnoea, tachycardia
 | * Severe fluid restriction
* Moderate dehydration (5–10%): reduced urine output, dry mouth, postural BP drop (see above), normal skin turgor, some tachypnoea, some tachycardia, peripheral oedema
 | * Minimal fluid restriction
* No more than mild dehydration (<5%): may have dry mouth or concerns about risk of dehydration with negative fluid balance
 |
| **Temperature** | * <35.5°C tympanic or 35.0°C axillary
 | * <36oC
 | * >36oC
 |
| **Muscular weakness – SUSS Test, Part 1: sit up from lying flat**  | * Unable to sit up at all from lying flat or Unable to sit up without using upper limbs (score 0 or 1)
 | * Unable to sit up without noticeable difficulty (score 2)
 | * Sits up from lying flat without any difficulty (score 3)
 |
| **Muscular weakness – SUSS Test, Part 2: Stand up from squat**  | * Unable to get up at all from squatting or Unable to get up without using upper limbs (score 0 or 1)
 | * Unable to get up without noticeable difficulty (score 2)
 | * Stands up from squat without any difficulty (score 3)
 |
| **Other clinical state**  | * Life-threatening medical condition

e.g. acute confusion, diabetic ketoacidosis  | * Non-life-threatening physical compromise

e.g. haematemesis, pressure sores  | * Evidence of physical compromise

e.g. poor concentration, poor cognitive flexibility  |
| **ECG abnormalities** | * Under 18:

Females: QTc >460 msMales: QTc 400 ms * Over 18:

Females: QTc >450 ms Males: QTc 430 ms * and any other significant ECG abnormality
 | * Under 18:

Females: QTc >460 msMales: QTc 400 ms * Over 18:

Females: QTc >450 ms Males: QTc >430 ms * No other ECG abnormality
* Taking medication known to prolong QTc interval
 | * Under 18:

Females: QTc <460 msMales: QTc 400 ms * Over 18:

Females: QTc <450 ms Males: QTc <430 ms  |
| **Biochemical abnormalities** | * Hypophosphatamia
* Hypokalaemia (<2.5 mmol/L)

Hypoalbuminaemia * Hypoglycaemia (<3 mmol/L)
* Hyponatraemia
* Hypocalcaemia
* Transaminases >3x normal range
* In patients with diabetes mellitus: HbA1C >10% (86 mmol/mol)
 | - | - |
| **Haematology**  | * Low white cell count
* Haemoglobin <10 g/L
 | - | - |
| **Disordered eating behaviours** | * Acute food refusal or estimated calorie intake <500 kcal per day for 2 or more days
 | - | - |
| **Engagement with management plan** | * Adults: Physical struggles with staff or parents/carers over nutrition or reduction of exercise.
* Harm to self
 | * Poor insight or motivation. Resistance to weight gain. Staff or parents/carers unable to implement meal plan prescribed
 | * Some insight and motivation to tackle eating problems. May be ambivalent but not actively resisting
 |
| **Activity and exercise** | * High levels of uncontrolled exercise in the context of malnutrition (>2h/day)
 | * Moderate levels of uncontrolled exercise in the context of malnutrition (>1h/day)
 | * Mild levels of uncontrolled exercise in the contact of malnutrition (<1h/day)
 |
| **Purging behaviours**  | * Multiple daily episodes of vomiting and/or laxative abuse
 | * Regular (=>3x per week) vomiting and/or laxative abuse
 | - |
| **Self-harm and suicide**  | * Self-poisoning
* Suicidal ideas with moderate-high risk of completed suicide
 | * Cutting or similar behaviours, suicidal ideas with low risk of completed suicide
 | - |

1. You can view this Royal College of Psychiatrist’s **all age-guidance** in more detail here: [Medical emergencies in eating disorders (MEED): Guidance on recognition and management (CR233) (rcpsych.ac.uk)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcpsych.ac.uk%2Fimproving-care%2Fcampaigning-for-better-mental-health-policy%2Fcollege-reports%2F2022-college-reports%2Fcr233&data=05%7C01%7CSalimah.Lalji%40rcpsych.ac.uk%7Ceb91f6d4484d439a96ac08da38dce74b%7C75aac48a29ab4230adac69d3e7ed3e77%7C0%7C0%7C637884818660357985%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=EGC39HqfwPwMotzjNRmDytShHEhJjV24%2FkEyLKaV9OY%3D&reserved=0)
2. The summary sheet for GPS is available here: [college-report-cr233---annexe-1.pdf (rcpsych.ac.uk)](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr233---annexe-1.pdf?sfvrsn=1ba7e785_10) – page 7
3. The MEED quick Risk checklist (hyperlink)