**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)** |
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| **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 ms  Males: QTc 400 ms   * Over 18:   Females: QTc >450 ms  Males: QTc 430 ms   * and any other significant ECG abnormality | * Under 18:   Females: QTc >460 ms  Males: 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 ms  Males: 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)