

OUR LADY'S CHILDREN'S HOSPITAL  
NURSING CARE PLAN 36.



Eating disorder

Care of a child presenting with an eating disorder or imbalanced nutrition (less than body requirements)

|   |           |  |                                     |
|---|-----------|--|-------------------------------------|
| <b>Eating disorder Nursing Care Plan 36</b> |           | <b>Issue date: Nov 2016</b>  |                                     |
| <b>Problem:</b>                             |           | <b>Review date Nov 2019</b>  |                                     |
| <b>EATING DISORDER/IMBALANCED NUTRITION</b> |           | To provide help with nutritional rehabilitation, weight restoration, cessation of weight reduction behaviours, improvement in eating behaviours and improvement in psychological and emotional state.  |                                     |
| Commenced date, time & signature            | <b>No</b> | <b>NURSING INTERVENTION</b>  | Discontinued date, Time & signature |
|   | <b>1</b>  | <b>NUTRITION MANAGEMENT</b>  |                                     |
|   |           | <ul style="list-style-type: none"> <li>▪ Offer meals as per dietician's plan.</li> <li>▪ Administer Enteral feed as per dietician's plan</li> <li>▪ Note: All meals/snacks are pre-planned. They are non-negotiable at time of meal/snack.</li> <li>▪ Meals to be supervised by nursing staff <input type="checkbox"/> _____ or Parent/Carer <input type="checkbox"/> _____<br/><i>This is subject to change based on how this process works</i></li> <li>▪ 30-45 minutes rest period following meals. Patient to use toilet prior to meal if needed.</li> <li>▪ Accurately record all food offered, eaten &amp; refused on record sheets.</li> <li>▪ Record fluid intake on separate daily fluid balance sheet.</li> <li>▪ Observe patient's eating behaviours &amp; reaction to food &amp; mealtimes</li> </ul>  |                                     |
|   | <b>2</b>  | <b>WEIGHT MANAGEMENT</b>   |                                     |
|   |           | <ul style="list-style-type: none"> <li>▪ Record weight and height on admission.</li> <li>▪ Record weight: _____ weekly on _____</li> <li>▪ (no. of times) _____ (Specify days) _____</li> <li>▪ (*maintaining standard conditions i.e., on same scale (<i>sitting scales</i>), prior to Breakfast, patient in night attire, barefoot, empty bladder.)</li> <li>▪ Don't disclose weight at time of weigh in. This will be discussed during psychiatry reviews.</li> </ul>   |                                     |
|   | <b>3</b>  | <b>PHYSICAL ACTIVITY</b>   |                                     |
|   |           | <ul style="list-style-type: none"> <li>▪ Level of activity – Total bed rest <input type="checkbox"/></li> <li style="padding-left: 40px;">Reduced activity <input type="checkbox"/></li> <li style="padding-left: 40px;">Normal activity <input type="checkbox"/></li> </ul> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>Details:</b> (description of activities allowed as per medical/psychiatry teams)<br/>Date changes:</p> </div> <ul style="list-style-type: none"> <li>▪ Monitor activities. Observe for behaviours used to increase energy output or to lose weight<br/>Example: <ul style="list-style-type: none"> <li>▪ Be aware of frequency of trips to the toilet and time spent in toilet/shower where patient may be exercising or purging</li> <li>▪ *Exercising- pacing in room or on corridors, repeatedly in/out of bed, over-use of toilet facilities, long periods in toilet/shower</li> <li>▪ *Micro-exercising- constant small movements while lying in bed, sitting or standing (repeated flexing/extending muscles, kicking/tapping legs)</li> </ul> </li> </ul> |                                     |

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|----------------------------------|----|--|-------------------------------------|
| CONT'D                           | 4  | <b>MONITOR PHYSICAL STATUS</b>   |                                     |
|                                  |    | <ul style="list-style-type: none"> <li>▪ Medical investigations as per medical team</li> </ul> <p><b>Vital signs as prescribed</b> Details: .....</p> <p><b>Bloods required</b>      <input type="checkbox"/> Details:.....</p> <p><b>ECG required</b>            <input type="checkbox"/> Details: .....</p> <p><b>Other investigation</b>    <input type="checkbox"/> Details: .....</p> <ul style="list-style-type: none"> <li>▪ Monitor for effects of re-feeding syndrome (at early stages of admission or at times of significant increase in nutrition)</li> </ul> <p>*Note vulnerability to Hypotension, Hypoglycemia, Bradycardia, Low core temp, Electrolyte imbalances, Vitamin deficiency, Gastric discomfort.</p> |                                     |
|                                  | 5  | <b>MONITOR MENTAL STATE</b>  |                                     |
|                                  |    | <ul style="list-style-type: none"> <li>▪ Establish a therapeutic relationship with patient.</li> <li>▪ Observe &amp; record patient's mood &amp; behaviours.</li> <li>▪ Monitor &amp; record patient's sleep patterns.</li> <li>▪ Monitor interactions with staff, family and visitors.</li> <li>▪ Offer child the opportunity to verbalise his/her thoughts, feelings &amp; concerns re. increased dietary intake, weight gain, body image. Report to psychiatry team.</li> <li>▪ Offer patient encouragement around issues relating to his/her dietary intake in particular at meal times if patient is struggling to complete meals. (A firm but supportive approach by the nurse/carer is needed)</li> </ul>               |                                     |
|                                  | 6  | <b>ANY ADDITIONAL ASPECTS OF CARE</b>  |                                     |
|                                  |    | <ul style="list-style-type: none"> <li>▪ Above aspects of care must be explained on a daily basis to nurse's and HCA's providing special observations to patient especially if patient is not known to them.</li> <li>▪ (Please add as required)</li> </ul>  |                                     |