Appendix 3. Medical Behavioral Bed (MBB) Phase

**Eating Disorder – Refeeding v1.0 Medical Behavioral Bed (MBB)**

**Inclusion Criteria**
- 5-18 years, if < 18, call ADO Med and Psych wrt consent issues that may preclude admission
- Concern for eating disorder
- Medically unstable (see Admit Criteria)
- ≥18 years with refusal to consent to refeeding
- Other diagnosis resulting in severe malnutrition that is NOT an eating disorder* (e.g., cystic fibrosis, inflammatory bowel disease)

**Exclusion Criteria**
- ≥18 years with refusal to consent to refeeding
- Other diagnosis resulting in severe malnutrition that is NOT an eating disorder* (e.g., cystic fibrosis, inflammatory bowel disease)

**Eating Disorders Include:**
- Anorexia nervosa
- Avoidant restrictive food intake disorder
- Eating disorder unspecified
- Bulimia nervosa

**Transfer from Medical Floor Management**
- Page Psychiatry C&L Team to coordinate timing with PBMU & arrange review of roadmap with patient and family (no hours)
- Discontinue Eating Disorder-Refeeding Medical Stabilization phase and initiate Eating Disorder-Refeeding Med Behavior Bed or PBMU orders according to Ad Ad. Entering PBMU/Unit Orders for Med Unit to PBMU Transfer
  - Medical team continues to be primary team, same consultant teams (ADO, Psych, Nutrition), same interdisciplinary meetings
  - Check PBMU daily schedule for best time to round outside of meals and snacks
  - PBMU RN # Change RN 7-2495 Behavior RN 7-0036 UC 7-2055 Intake 7-2195

**Admit to Medical-Behavioral Bed (MBB) Management**
- Admit
  - Medical team
  - Initiate Med Behavior Bed or PBMU Eating Disorder orders
  - Provide family with Refeeding Nutrition Refeeding (PBMU) Vitals
  - Vitals q 4 hours
  - Cardiorespiratory monitoring per GOC. Eating Disorders and Refeeding
- Activity and Nursing
  - Per patient recovery level, see GOC. Eating Disorders and Refeeding
- Refeeding
  - Continue calorie level from medical admission
  - If new patient, initiate refeeding protocol at 1200 kcal per day until assessed by Dietitian
  - Correct electrolytes at same time/prior to refeeding
  - Proceed with NG tube placement with FIRST in complete meal, snack, or water AND incomplete oral supplement
- Labs
  - On admit check electrolytes/BUN/creatinine/Phos/Mg/Ca/ALT/CBC/TSH/UA/urine preg / EKG (if not already done)
  - Check electrolytes, Ca, Mg, Phos daily for refeeding day 1-5 than Mon/Thurs

**Refeeding day #1 = 24 hours after completion of 100% prescribed nutrition**

Consults (to facilitate consistent messaging)
- Consult Adolescent Medicine, Dietitian, Psychiatry C&L within 24 hours (if not already done)
- Interdisciplinary team meeting with family Monday or Thursday
- Orientation to PBMU
- Provide family with info about Meal Support Classes
- Total length of hospital stay to be determined by interdisciplinary team. Average length of stay 2-3 weeks for safe refeeding.

**Criteria for Admit to PBMU Eating Disorder Program**
- Insurance pre-authorization (often takes days)
- Less than 80% treatment goal weight
- Severity of disorder/nutrition makes outpatient success unlikely
- Unable to complete meals and snacks without oral supplement
- Relevance on feeding tube
- Failure of outpatient management
- Patient/family request and consent to 3-6 weeks length of stay

**Discharge Criteria**
- Resolution of physiologic instability (daytime HR >50 (required) and nighttime HR >45 (recommended), EKG changes, symptomatic orthostasis
  - All electrolyte abnormalities corrected (no longer on supplements)
  - Low risk for refeeding syndrome (highest risk in first 2 weeks of refeeding)
  - Eating all prescribed nutrition in the form of solid food (recommended)
  - Complete education and care coordination

**Discharge Instructions**
- Follow-up in 1 week with Adolescent Medicine Provider (or PCP weekly until available)
- Follow-up in 2 weeks with Dietitian (prefer eating disorder or adolescent expertise)

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*Refueling day #1 = 24 hours after completion of 100% prescribed nutrition*