MARSIPAN checklist

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

for Really Sick Patients with Anorexia Nervosa

Assessing Refeeding **Managing** Is intensive medical care needed? Are medical and psychiatric staff Does the patient have anorexia collaborating in care? nervosa? □ Yes ☐ Yes □ Yes ☐ No and regular risk monitoring in place □ Not sure and psychiatric review requested □ No and psychiatric consultation awaited Increased risk of refeeding Are there significant risk factors? syndrome? Are nurses trained in managing ☐ BMI <13 (adults) or <70% median BMI for age □ Low initial electrolytes medical and psychiatric problems? (under 18)? ☐ Low BMI (<13 or mBMI <70%) ☐ Recent loss of ≥1 kg for two consecutive □ Yes ☐ Significant comorbidities (e.g. infection, weeks? ☐ No and appropriately skilled staff cardiac failure, alcoholism, uncontrolled ☐ Little or no nutrition for >5 days? requested/training in place diabetes) ☐ Acute food refusal or <500 kcal/day for >2 days → Start at 5–10 kcal/kg/day in under 18s? → Monitor electrolytes twice daily and build up Are there behaviours that increase ☐ Pulse <40? calories swiftly: avoid underfeeding risk? ☐ BP low with postural dizziness? Lower risk of refeeding syndrome? □ Purging behaviours ☐ Core temperature <35°C? → Start at 15–20 kcal/kg/day and build up ☐ Falsifying weight \square Na <130 mmol/L? swiftly □ Disposing of feed \square K < 3.0 mmol/l? → Avoid underfeeding syndrome □ Exercisina ☐ Raised transaminase? ☐ Self-harm, suicidality Give all adults oral thiamine and ☐ Glucose <3 mmol/L? ☐ Family distress/anxiety Pabrinex[®] ☐ Raised urea or creatinine? □ Safeguarding concerns ☐ ECG: e.g. bradycardia? QTc >450 ms? **Monitor** → Mobilise psychiatric team to advise on → Electrolytes (especially P, K) Is the patient consenting to treatment? management → ECG □ Yes → Vital signs ☐ No and assessment for compulsory detention → BMI requested

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