RISK ASSESSMENT FRAMEWORK FOR YOUNG PEOPLE WITH EATING DISORDERS

	RED (High risk)	AMBER (Alert to high concern)	GREEN (Moderate risk)	BLUE (Low risk)
Body mass	Percentage Median BMI (see section A1 for calculation of %BMI) <70% [Approximates to below 0.4th BMI centile]	Percentage Median BMI 70-80% [Approximates to between 2nd and 0.4th BMI centile]	Percentage Median BMI 80-85% [Approximates to between 9th and 2nd BMI centile]	Percentage Median BMI >85% [Approximates to above 9th BMI centile]
	Recent loss of weight of 1kg or more/week for two consecutive weeks	Recent loss of weight of 500g-999g/week for two consecutive weeks	Recent weight loss of up to 500g/week for two consecutive weeks	No weight loss over past two weeks
Cardiovascular Health	Heart rate (awake) <40 bpm[1]	Heart rate (awake) 40-50bpm	Heart rate (awake) 50-60bpm	Heart rate (awake) >60bpm
		Sitting Blood Pressure Systolic <0.4th centile (84-98mmHg depending on age and sex[2]) Diastolic <0.4th centile (35 -40 mmHg depending on age and sex1)	Sitting Blood Pressure Systolic <2nd centile (88 - 105mmHg depending on age and sex1) Diastolic <2nd centile (40 - 45mmHg depending on age and sex1)	Normal sitting blood pressure for age and sex with reference to centile charts1
	History of Recurrent Syncope Marked orthostatic changes (fall in systolic blood pressure of 20mmHg or more, or below 0.4th-2nd centiles for age, or increase in heart rate > 30bpm)	Moderate orthostatic cardiovascular changes (fall in systolic blood pressure of 15mmHg or more, or diastolic blood pressure fall of 10mmHg or more within 3 mins standing, or increase in heart rate up to 30bpm) Occasional syncope	Pre-syncopal symptoms but normal orthostatic cardiovascular changes	Normal orthostatic cardiovascular changes

	Irregular heart rhythm (does not include sinus arrhythmia)			Normal heart rhythm
			Cool peripheries. Prolonged peripheral capillary refill time (normal central capillary refill time	
ECG abnormalities	QTc > 460 ms (girls) or 40ms (boys) with evidence of bradyarrhythmia or tachyarrhythmia (excludes sinus bradycardia and sinus arrhythmia) ECG evidence of biochemical abnormality	QTc >460ms (girls) or 40 ms (boys)	QTc < 460ms (girls) or 40ms (boys) and taking medication known to prolong QTc interval, family history of prolonged QTc or sensorineural deafness	QTc < 460ms (girls) or 440 ms (boys)
Hydration Status	Fluid refusal Severe dehydration (10%): Reduced urine output Dry mouth Decreased skin turgor, sunken eyes Tachypnoea Tachycardia[3]	Severe fluid restriction Moderate dehydration (5-10%): Reduced urine output Dry mouth Normal skin turgor Some tachypnoea Some tachycardia3	Fluid restriction Mild <5%: May have dry mouth Or not clinically dehydrated but with concerns about risk of dehydration with negative fluid balance.	Not clinically dehydrated
		Peripheral oedema		
Temperature	<35.5oC (tympanic) or 35.0oC axillary	<36 oC		
Biochemical Abnormalities	Hypophosphataemia Hypokalaemia Hypoalbuminaemia Hypoglycaemia Hyponatraemia Hypocalcaemia	Hypophosphataemia Hypokalaemia Hyponatraemia Hypocalcaemia		

Disordered eating behaviours	Acute food refusal or estimated calorie intake 400-600kcal per day	Severe restriction (less than 50% of required intake). Vomiting. Purging with laxatives	Moderate restriction. Bingeing	
Engagement with management plan	Violent when parents try to limit behaviour or encourage food/fluid intake Parental violence in relation to feeding (hitting, force feeding)	Poor insight into eating problems, lacks motivation to tackle eating problems, resistance to changes required to gain weight. Parents unable to implement meal plan advice given by health care providers	Some insight into eating problems, some motivation to tackle eating problems, ambivalent towards changes required to gain weight but not actively resisting	Some insight into eating problems, motivated to tackle eating problems, ambivalence towards changes required to gain weight not apparent in behaviour
Activity and exercise	High levels of uncontrolled exercise in the context of malnutrition (>2hrs per day)	Moderate levels of uncontrolled exercise in the context of malnutrition (>1 hr per day)	Mild levels of uncontrolled exercise in the context of malnutrition (<1 hr per day)	No uncontrolled exercise
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		
Other mental health diagnosis		Other major psychiatric co-diagnosis eg OCD, psychosis, depression		
Muscular weakness SUSS Test	Stand up from squat: Unable to get up at all from squatting (score 0)	Stand up from squat: Unable to get up without using upper limbs (score 1)	Unable to get up without noticeable difficulty (score 2)	Stands up from squat without any difficulty (score 3)
	Sit up: Unable to sit up at all from lying flat (score 0)	Sit up: Unable to sit up from lying flat without using upper limbs (score 1)	Unable to sit up from lying flat without noticeable difficulty (score 2)	Sits up from lying flat without any difficulty (score 3)

Other	Confusion and delirium Acute Pancreatitis Gastric or oesophageal rupture.	Mallory Weiss Tear Gastro-oesophageal reflux or gastritis. Pressure sores.	Poor attention and concentration	

[1] Patients with inappropriately high HR for degree of underweight are at even higher risk (see hypovolaemia). HR may also be increased purposefully through use of excess caffeine in coffee or other drinks.

[2] Jackson L et al. Blood pressures centiles for Great Britain. Arch Dis Child 2007;92:298-303

[3]Or inappropriate normal HR in underweight YP