WELCOME TO EATING DISORDERS CLINIC

Who do we see?
- We provide medical care for children/teens and young adults with eating disorders

Care Team?
- Beth Cotter is the dietician who works closely with us in clinic
- Amy Valentine is our program’s social worker
- Almost every patient is also working with a therapist, either within our LPCH Child and Adolescent Psychiatry Eating Disorders Program, or in the community

Clinic flow?
- New patients:
  o We see one or two new patients per clinic session
  o The new patient and their parents are seen by our psychiatric team at LPCH from 9-11 am and come to us for their medical (noon-2pm) and nutrition evaluation (2-3pm).
  o They will typically come with some referral information to review and the psychiatric team calls us with a summary from their morning evaluation
  o An MA or nurse checks in the patient, which includes obtaining a urine sample, checking weight and height, measuring orthostatic vital signs, and getting an EKG
  o We do a full H&P, check lab tests as indicated and discuss our recommendations for management with the patient and parents
- Patients presenting for follow-up visits:
  o These are 30 minute visits
  o Patients check in at the front desk and give a urine sample before changing into a gown to have their weight and then orthostatic vital signs measured
  o The patient is marked as checked in on the board and is ready when the provider's name turns blue on the board (wear a tracker device so we know when you are in a patient's room

Medical student responsibilities?
- Start off by seeing a few patients along with one of the attending physicians, so you learn how these clinic visits work.
- You will likely have a chance to go in on your own to collect history and do a focused physical exam (limit yourself to about 10 minutes). Ask your attending for some background information before heading in to see a patient.
- You can write a medical student note in EPIC, the attending will write the official EPIC note.
- If you are coming into clinic on your first day after 1pm, you may have to read this and just jump in. We love having you in clinic, but it gets busy so we’ll have to teach as we go.

Resident responsibilities?
- You will participate in new patient evaluations and follow up visits.
- Get some background from the attending before heading in to see a patient.
- Collect history and conduct a targeted physical exam within about 10 minutes (for follow up visits), then find the appropriate attending in the work room to staff the visit with.
- There are EPIC templates for new patient visits (LPCH AMB EAT DIS NEW PATIENT NOTE) and follow up visits (LPCH AMB EAT DIS F/U PATIENT NOTE or forward and update a previous note). There is also a separate template for the confidential history, where we should document the HEADDS assessment (LPCH HEADDS ASSESSMENT).
- You may be asked to help with care team communication by updating primary physicians, therapists and community dieticians by phone.

Admission Criteria: HR<50, BP<90/45, OS changes: HR incr by >20, BP drop >20, T<36.3, electrolyte abnormalities
TEST YOUR KNOWLEDGE

(hint: you are not supposed to know all this yet, but try to figure out the answers during your time with us in clinic)

1. What are some clinical signs of starvation?

2. What are the medical dangers of starvation?

3. What are 3 forms of purging?

4. What are some of the medical dangers of self-induced vomiting?

5. Fill in the blanks with “low” or “high”:
   
   When secondary amenorrhea results from malnutrition, we expect the LH level to be ____ , the FSH level to be ____ , and the estradiol level to be ____ .

6. What is the triad in Female Athlete Triad?