

# Welcome to the Comprehensive Care Program

## Basics

- This is a 15 bed unit where we have a multidisciplinary team caring for adolescent and young adult patients.
- Most of our patients need medical stabilization due to complications of an eating disorder, including electrolytes abnormalities or vital sign instability. Some patients might have malnutrition causing medical instability unrelated to an eating disorder, perhaps due to cancer treatment or chronic abdominal pain.
- In addition, we sometimes take care of other patients that may benefit from a multidisciplinary approach, such as patients struggling with medication compliance in life-threatening situations such as uncontrolled diabetes or post organ transplant.

## Tips

- On your first day: Pick 2-3 patients to read about prior to multidisciplinary rounds. Go with the team to rounds at 9:30am.
- You will follow 2-3 patients each day on the unit. Prior to rounds: review vital signs, cardiac monitor data and lab results from the previous 24hrs. After rounds you will go talk with and examine your patients either with the attending or on your own.
- Use the back of this sheet to help you decipher unfamiliar jargon during rounds.

## To Do List

Try to check off at least 5 of these items during your time here on the unit:

- Present the medical updates for your patients during multidisciplinary rounds
- Perform a new patient admission history & physical (or assist in H&P if you are a medical student)
- Calculate a patient's "median body weight"
- Interview and examine a patient with restrictive eating
- Interview and examine a patient struggling with purging behaviors
- Interpret hormone lab results for a patient with amenorrhea
- Review a patient's vitamin D level results and management
- Sit in on a group therapy session
- Attend a family meeting
- Join our dietician while she meets with a patient or parents
- Explain refeeding syndrome in lay person terms
- Read at least 2 articles on eating disorders

## Guide to CCP Jargon\*

**An “A Code”:** A period of time when the patient is closely monitored by unit staff. A one hour monitoring period is routine after meals, but for patients who have a history of purging a two hour monitoring period is often instituted.

**Color coded menus:** Different calorie level meal plans are labeled by colors, starting off with the Red menu at 1400 calories/day and advancing through the rainbow by about 200 additional calories per level. Red, orange, yellow, green, blue, indigo, purple, black, brown, beige, white, silver. . .and beyond, if needed.

**Activity levels:** In order to help patients stabilize more quickly, we keep physical activity to a low level. Usually for the first 24-48 hours a patient will be on strict bedrest and then we will advance their activity as their vital signs improve.

1. Strict Medical Bedrest (SMBR): The patient remains in bed even for meals and snacks, connected to the cardiac monitor, except to use the bathroom.
2. Modified Strict Medical Bedrest (ModSMBR): A short shower is added and the patient may go out of their room by wheelchair to 3 meals and the following therapeutic group session each day, otherwise they remain on bedrest.
3. Wheelchair Bedrest (WCBR): Once overnight heart rates are at least in the 40s, patients can be off of the cardiac monitor and out of bed during the day, but need to use the wheelchair to move around in the halls. They can take a shower daily and meals and snacks are either with their family or in the dining room.
4. Standard Activity (SA): Once all vital signs meet discharge criteria, patients can walk in the halls instead of using a wheelchair and if their vital signs are stable for 24hrs on standard activity they can be discharged home (as long as they are >75% median body weight and have stable electrolytes).

### Discharge Criteria:

Heart rate >50bpm during the day, and >45bpm overnight

Blood pressure >90/45

Resolution of severe orthostatic changes (BP not dropping by >20 mmHg with standing, and HR not increasing by >20 bpm with standing)

Temperatures  $\geq 36.3$  °C

Weight >75%MBW

Normalization of electrolytes

### How to calculate a “median body weight”:

 (using ht in cm and wt in kg)

1. Find the 50%ile BMI (Median BMI) for the patient’s age on a growth chart
2. Median Body Weight (MBW)=  $\frac{(Ht^2 \times \text{Median BMI})}{10,000}$

\*Please note that some of these terms are specific to this program and are not used by other eating disorders programs (ex. A code, color labels for menus, activity levels).