MEED checklist

Patient name label

NURSING GUIDANCE

Ideally admissions of MEED patients should be planned so that Dr H. Younger (or another GI Consultant in her absence), Eating Disorders team, Dietitian and nursing teams are prepared prior to admission. If they are admitted out with hours when these staff are not available then the Consultant looking after them would decide on initial care until Dr Younger and her team are available. These guidelines should be read in conjunction with the other MEED guidelines:

https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr233-medical-emergencies-in-eating-disorders-(meed)-guidance.pdf?sfvrsn=2d327483_52

Prior to admission

1. **Which room?**
   Where the patient is located in the ward should be considered prior to admission- this should be discussed with Dr Younger. Preferably a single room should be used but this may be dependent on whether there is difficulty getting one to one staffing. If a single room is not possible then they should be located in a cohort room where there is a nurse in attendance at all times so they can be observed.

2. **Staffing.**
   Staff who have had extra training in looking after MEED patients should ideally be allocated to look after these patients. Extra staffing will need to be arranged as normally these patients require one to one nursing. The Nurse Manager/Charge nurse for the hospital should be made aware of these patients so they know about the extra staffing needs. If the patient is to be on telemetry they should have a one to one nurse looking after them and they must be a Registered nurse.

3. **Telemetry** – the need for this may be known prior to admission if it is planned but if not staff still need to prepare incase required. Inform CCU and ensure telemetry is available. A mobile phone will be used for communication between ward 7C and CCU. There is a dedicated mobile phone for MEED patients in ward 7C's charge nurses' office. The staff nurse looking after the patient should carry the mobile phone and when the phone needs charged it should be charged beside the member of staff who has been allocated the one to one input with the patient.

On Admission

If it is an unplanned admission ensure Dr H Younger and the Specialist Gastroenterology Dietitian, and Highland Eating Disorder Service are informed when they are next available.

NEWS	On admission must be done 4 hourly minimum or as per NEWS, whichever is most frequent. GI Consultant will then decide when/if NEWS can be done less or more frequently.
BM's	On admission minimum 4 hrly. Dr H Younger will then decide when/if they need be done less or more frequently.
Weight	The Dietitian will take responsibility for weighing the patient. However, if the admission is out with hours a Staff Nurse should take the patients initial weight as per MUST protocol (wearing a hospital gown only). After this the weight should be done in the morning, after passing urine and wearing a hospital gown only. The Dietitian will clearly document the frequency and arrangements for when/how the patient is weighed within their initial assessment.
Tissue viability	Often need a repose mattress due to low BMI, skin should be inspected and Skin bundle commenced.
Mobility	This has to be decided by Dr H Younger but if out of hours then bed rest should be advocated, up to commode only until seen by Dr H. Younger.
Washing	This is to be decided by Dr H Younger. E.g. basin wash at bedside or up to shower etc but must be wheeled through. Out of hours if Dr Younger is not available they should have a supervised basin wash at bedside only.
Nutrition	Decisions regarding this will be made by the dietician and Consultant. If NG feeding is commenced then often this is all they are allowed orally as their nutrition is calculated very carefully. If they have a food plan made up by the Dietitian then this must be followed fully and no deviation from it unless authorized by Dietitian/Consultant. The use of nasal bridles in NG feeding should not be considered as standard practice, as they do not fit within Mental Health Acts principles of least restrictive practice. There are reported cases of bridles being pulled out by patients causing damage to the nasal septum. If a team is considering the use of this restrictive intervention, then it is vital that appropriate observations are in place, that it is utilised for the shortest possible time and that it forms part of a comprehensive treatment approach to facilitate recovery.
Observation	Patients should be supervised at all times even when going to toilet or washing/showering. They must also be observed for signs of exercise in a bid to burn calories e.g. swinging their legs if sat on bed/chair, walking around their bed. If they do not have one to one nursing then the most important times to observe them is during eating and 30-60 mins after and when going to the toilet.

Fluids Patients should be observed in case they are fluid loading i.e. drinking a lot of water in a bid to keep their weight up but not taking in calories or taking excessive amounts of caffeine. Ensure a fluid balance chart is kept – check with Consultant/Dietitian re: permitted total volume and fluid types.

Patient Name Label

MEED NURSING CHECKLIST

PRIOR TO ADMISSION

Dr H Younger, Eating disorders team and GI Dietitian should all be aware of admission but if they are not on duty they should be informed as soon as they are.

	Date completed	Comments	Signed
Room identified			
One to one staffing organised	Trained Untrained Not applicable		
CCU informed if for telemetry. (check telemetry is available)			
Ensure mobile phone charged and ready			
Repose mattress obtained			
Bins placed outside single room.			
GI Dietitian informed of admission			
Inform Eating Disorders Tel no 01463 253667			

Patient Name Label

ON ADMISSION

	Date	Revoked	Comments	Signed
Patient Voluntary?				
Subject to Mental Health Act? (State type)				

	Date	Comments	Signed
NEWS – (if NEWS score dictates to be done more frequently than 4 hrly then the NEWS protocol must be followed)		4hrly□ Other ……..	
BM		4hrly□ 4 x daily□ Other□	
Skin bundle/Waterlow completed			

Telemetry

Mobile phone allocated to trained nurse looking after patient			Signed
CCU informed of mobile tel no			

Weight
Specialist Gastroenterology Dietitian will take responsibility for weighing patient unless out of hours admission.

	Date Completed	Comments	Signed
Admission weight recorded			
Document which days to be weighed, when and by			

whom (Dietitian to decide on this)			
Description of clothes worn when weighed			

Visitors- decision regarding this made in consultation with Consultant

	Date	Comments	Signed
Document who is allowed to visit e.g. parents only etc			

Nutrition – after consultation with Consultant/ Specialist Gastroenterology Dietitian

	Date	Comments	Signed
NG feeding (pump must be checked hourly and rate/ volume recorded)			
IV fluids (must go via a pump and rate/volume recorded hrly)			
Eating plan by Dietitian or use of supplements			
Fluid chart + document permitted volume and type allowed (water jug not to be supplied)			
Food chart/supplement chart			
Other			

Mobility – (should be wheeled in a wheelchair if there is a need to transport patient)

	Date	Comments	Signed
Document mobility agreed e.g. total bedrest, up to toilet only but wheeled to toilet etc			

Hygiene

	Date	Comments	Signed
Document how patient			

is to be toileted (must be supervised at all times) e.g. commode only at bedside, wheeled to toilet etc			
Document how patient to wash e.g. basin wash at bedside, wheel through to shower etc.			

Clothes

	Date	Comments	Signed
Document what clothes patient allowed to wear e.g. hospital gown only, own nightclothes, own day clothes			

Environment/communications- discuss with Dr H Younger in case some of the following below do not need to be adhered to.

	Date	Comments	Signed
No rubbish bags at bedside (this must be done)			
Books, magazines and stationery limited by agreement with staff and / or permission for items to be regularly searched when required			
Own items sent home with NOK or stored safely by staff			
Visitors informed no food/sweeties, drink, medication, sharp items to be brought in to patient			
Information given for patient, carers, families			
Smoker status established – if current smoker, has care plan been agreed			

Document known behaviours that increase risk- (GI Consult / Eating Disorders staff/ Dietitian may also be able to help with this)

	Yes	No	Comments	
Purging or vomiting				
Chewing and spitting out				
Purging by use of laxatives				
Disposing of food				
Over drinking				
Falsifying weight				
Secret exercising				
Deliberate self harm				
High levels of emotion in family				
Excessive caffeine intake				
Tampering with infusion pumps				
Other (including social media or apps)				

DISCHARGE PLANNING

Eden Unit Referred ☐ Accepted ☐ Agreed date for transfer ☐

New Craigs Referred ☐ Accepted ☐ Agreed date for transfer ☐

Other, please state …….. Agreed date for transfer ☐

Home ☐ Agreed date of discharge ☐