

MARSIPAN checklist

for Really Sick Patients with Anorexia Nervosa

Assessing

Does the patient have anorexia nervosa?

- Yes
- Not sure and psychiatric review requested

Are there significant risk factors?

- BMI <13 (adults) or <70% median BMI for age (under 18)?
- Recent loss of ≥ 1 kg for two consecutive weeks?
- Little or no nutrition for >5 days?
- Acute food refusal or <500kcal/day for >2 days in under 18s?
- Pulse <40?
- BP low with postural dizziness?
- Core temperature <35°C?
- Na <130mmol/L?
- K <3.0mmol/L?
- Raised transaminase?
- Glucose <3mmol/L?
- Raised urea or creatinine?
- ECG: e.g. bradycardia? QTc >450ms?

Is the patient consenting to treatment?

- Yes
- No and assessment for compulsory detention requested

Refeeding

Is intensive medical care needed?

- Yes
- No and regular risk monitoring in place

Increased risk of refeeding syndrome?

- Low initial electrolytes
- Low BMI (<13 or mBMI <70%)
- Significant comorbidities (e.g. infection, cardiac failure, alcoholism, uncontrolled diabetes)
- Start at 5–10kcal/kg/day
- Monitor electrolytes twice daily and build up calories swiftly: avoid underfeeding

Lower risk of refeeding syndrome?

- Start at 15–20kcal/kg/day and build up swiftly
- Avoid underfeeding syndrome

Give all adults oral thiamine and Pabrinex[®]

Monitor

- Electrolytes (especially P, K)
- ECG
- Vital signs
- BMI

Managing

Are medical and psychiatric staff collaborating in care?

- Yes
- No and psychiatric consultation awaited

Are nurses trained in managing medical and psychiatric problems?

- Yes
- No and appropriately skilled staff requested/training in place

Are there behaviours that increase risk?

- Purging behaviours
- Falsifying weight
- Disposing of feed
- Exercising
- Self-harm, suicidality
- Family distress/anxiety
- Safeguarding concerns
- Mobilise psychiatric team to advise on management