

Eating Disorders Pre-Referral Guidelines

Overview of the Service

The Royal Children's Hospital Eating Disorders (RCH ED) Service provides management to patients with:

- Anorexia nervosa
- Atypical anorexia nervosa
- Avoidant restrictive food intake disorders in young people >12 years old
- Other restrictive eating disorders

The RCH ED Service is family focused, evidence-based multidisciplinary collaboration between the Department of Adolescent Medicine, RCH Mental Health and the RCH Department of Nutrition and Food Services.

The service has three main components:

- Multidisciplinary assessment
- Outpatient treatment
- Inpatient medical management

Pre-Referral Guidelines

Before you refer directly to our service

Public care model involves integrated medical care and mental health care. Regular appointments are often needed and sometimes admissions to hospital. This is why public care for those with an Eating Disorder is provided locally and *based on the mental health service that looks after the region where the patient lives*. Services are regionalised to 'catchment areas'. [The State Government mental health services website](#) provides contact details for Victoria's regionalised mental health services. Use this tool to find the public mental health service for the patient's residential area (search by suburb or postcode).

The RCH ED Service is specifically for adolescents and their families living in the North Western Metropolitan Region. Please note that referrals for patients living outside of this region will likely be redirected or rejected and referred to the appropriate local mental health service.

Referrals to the RCH Eating Disorder Service can be made via [the RCH Specialist Clinics](#) referral process and faxed to [\(03\) 9345 5034](#). When the referral is received by the Eating Disorders Service, the Clinical Nurse Consultant will contact the family to discuss the referral and ask some preliminary assessment questions. They can be contacted for pre-referral discussion if required on [\(03\) 9345 6533](#).

Information to include in the referral

Referral for the RCH Eating Disorder Service should include the following information:

- History:
 - **Weight profile: Current weight, pre-morbid weight (weight before the onset of the ED), percentage of weight loss, timing of weight loss** (weight loss >10% of body weight in 3-6 months is significant). Please note: patients without evidence of weight loss, or other significant physical health impacts, are likely to not require tertiary level eating disorder services.
 - Description of concerns and behaviours around eating. Such as:
 - Concern about weight, or fear of weight gain
 - Body image concerns, body checking
 - Dietary habits, including concern about calories or specific content of foods, skipping meals, meal size, restricted food variety or volume of intake
 - Associated behaviours with eating (e.g. eating slowly, eating in isolation, rituals around mealtimes)
 - Other weight control measures (e.g. excessive exercise, laxatives, purging)
 - Binge eating
 - Co-morbid mental health or neurodevelopmental conditions (e.g. autism, obsessive compulsive disorder, depression, self-harm, suicidal thoughts)
 - Onset of menarche and recent menstrual history (for birth-assigned females)
 - Care team in the community (e.g. paediatrician, dietician, psychologist)
- Examination:
 - **Postural heart rate and postural blood pressure (lying and standing recording)**

This guideline was created by the RCH Eating Disorder service, Department of Adolescent Medicine August 2025

- **Temperature**
- **Current weight, height and BMI**

- Investigations:
 - Blood tests - FBE, U&E, Ca, Mg, PO₄, LFTs, venous blood gas, glucose, ESR, thyroid function, coeliac screen, iron studies, B12, red cell folate and Vitamin D
 - 12-lead ECG

When to refer your patient to the local Emergency Department

Patients with the following features may be **medically unstable** and require an inpatient medical admission. We suggest you consider referring these patients to the local emergency department for further evaluation:

- **Resting HR \leq 50bpm**
- **Postural systolic drop \geq 20mmHg**
- **Hypoglycaemia BSL $<$ 4.0**
- **Significant electrolyte disturbance (K $<$ 3.0)**
- Hypothermia $<$ 35.5C
- Clinical dehydration
- No oral intake for $>$ 48 hours
- Arrhythmia or prolonged QTc $>$ 0.45s

Patients may be reviewed by the local paediatric or adolescent medicine team to determine whether they require admission, and to discuss appropriate follow up of the patient being discharged from the emergency department.

Multidisciplinary Assessment of Patients

A multidisciplinary team comprising a psychiatrist, paediatrician, mental health clinician, clinical nurse consultant and dietitian provide a comprehensive assessment of an adolescent referred for concerns about a possible eating disorder. All referred adolescents and their parents or carers participate in structured eating disorder focused consultations, as well as further questions about medical history, family history and mental health history, as part of this assessment. Written questionnaires are also conducted, which help to guide clinical care, track treatment outcomes and contribute to research. Following the assessment, the diagnosis and possible management options is communicated to the adolescent and family **and a report sent to the GP**. Not all young people seen at this assessment will receive ongoing medical or mental health care at The RCH ED Service. Some will be directed back to their GP, local services, or other community supports. A list of support options will be provided in these situations.

Outpatient Management

Outpatient management can include some of the following, if deemed appropriate following assessment and discussion with the family: Family based treatment (FBT), enhanced cognitive behavioural therapy (CBT-E), multi-family therapy (MFT), paediatric care, dietetics, mental health care.

Inpatient Management

Inpatient admission is not a routine part of treatment in the RCH ED Service, however inpatient admission may be required during outpatient treatment for patients who become medically unstable. On occasion, unwell patients may be admitted directly from the assessment clinic or via the Emergency Department. Where possible, patients will be admitted to the Kelpie Adolescent Inpatient Unit. Once safe for discharge home, the adolescent and their family will return to, or commence, outpatient management at RCH or other relevant ED service. Collaborative care with General Practitioners, including physical health reviews, is encouraged.

Resources

[Eating Disorders Victoria](#)
[The Butterfly Foundation](#)
[Feast-ed](#)
[Resource List](#)
[Printable FBT Information Sheet](#)