

NURSING INFORMATION - TO BE PRINTED

Please familiarise yourself with the **YP's Care Plan** that should be printed off - it sets expectations for the child and their family and reminds the staff/families about no negotiations.

Bedrest- see the YP's care plan from FEDS- most will be on complete bed rest (the care plan indicates level of activity allowed)

Meal Time Support

It is anticipated that meal times can be a very difficult and highly distressing time for young people, families and staff. There is potential for Young People to be highly resistive to any dietary intake and YP will often exhibit high levels of animosity towards those around them, particularly those implementing the meal/treatment plan. This is a well-known and painful symptom of their illness and not a reflection of their character.

- **provide a firm but calm and kind, supportive approach to meal times.**
Determine with the YP: **their preferences for approach following completion of food e.g. acknowledgement/praise, or no response/acknowledgement.**
- A consistent approach from all of the care team, including staff and family members, emphasising the full expectation that the young person will complete the prescribed meal plan is essential. This is likely to be met with a high level of resistance but consistency in expectation can be very helpful in breaking down resistance associated with the illness.
- Staff and families need to present a united front to support the Young Person in the treatment of their illness, using each other's strengths and discussing any concerns away from the dinner table and outside of meal times.
- **All meals/ snacks need to be supported and supervised by a parent/guardian or member of staff.** Dietary intake needs to be recorded accurately at each meal/snack time (only record food which the supervising adult has observed actually being consumed). **A meal/snack is only considered to be complete if the entire content has been consumed** with no crumbs left on the plate.
- **The supporting family member/member of staff should gently remind the young person to use the toilet prior to the meal if needed as they will not be allowed to do so until 30 minutes after food/snacks. Cannot go to the toilet more than 2 hrly (this is to help resist the urge to purge or exercise).**
- **Young people have 30 minutes to complete main meals. Snacks are limited to 20 minutes.**
- Time is started from when the meal/snack is put in front of the young person and there is no negotiation around this. At the start of a meal/snack, if the young person hasn't started eating after a couple of minutes, gentle clear prompting/kind encouragement can help. If further prompting is needed, it needs to be firm but nurturing.
- **If a Young Person has not eaten their meal entirely in allocated time, the food should be removed and oral supplement replacement provided (See Meal plans incl. equivalents in supplement drinks) e.g. 50% eaten**

Paediatric Clinical Practice Guideline Eating disorders

- Fizzy/Carbonated drinks are not allowed as they can leach vital Calcium from Young People's bones when they are malnourished.
- Napkins and tissues should be avoided as they can be used to hide food and staff/family members should closely observe for food that may disappear up the sleeve, or into pockets or boots.
- The illness may drive normally very honest young people to act in deceptive ways, such as hiding/secreting food. This can be very distressing for the young person and their parents. It is important that a view is maintained that this is a behaviour associated with and driven by illness and not indicative of the character of the young person themselves.
- Some young people find praise for completing food an important acknowledgment of the painful experience they have just battled through, whereas other young people find any praise or acknowledgement very painful. **It is useful to have a conversation with the young person, calmly outside of a meal time, around which approach is most supportive/preferable to them. They initially may not know and it may be something that is re-visited and or changes over time.**
- The time prior to and following meals can be anxiety provoking for Young People and it can be supportive to engage them in restful distraction techniques e.g. colouring, watching a film, playing a board/card game. Promethazine might be prescribed for some patients.

Some examples of staff approaches that young people have told us they have found helpful during meal times are:

Prompting: *"You need to pick up your knife and fork and start to eat". "You've got 10 minutes left to finish your meal".*

Approaching food as medicine (Which it is!): *"I understand that this is very difficult for you but it is a part of your prescribed treatment plan, as with any other medicine young people would need to take if they were prescribed it in hospital".*

Taking responsibility for defying the illness away from the Young Person and holding a position that they have no choice: *"I know that you really don't want to eat this but as part of your treatment I am telling you that you need to eat this, you do not have a choice. I/your care team are telling you that you have to eat this".* Young people often explain that the drive of the illness is so strong that they feel they have no choice but to obey it. Therefore it can be helpful to remind the young person that eating is not a choice to be made by them and that they have no choice as the member of staff/family/doctor/care team is saying that they have to eat it.

Management of refusal of dietary intake, Compliance, Legislation

Step 1

The preferred option for refeeding is oral food/fluids. Offer oral food and fluids as prescribed in the meal plan and support and encourage the young person to complete it. Be aware that the young person is likely to be highly distressed and may require a high level of support during meal times.

Step 2

If the young person is unable to complete their oral diet or completely refuses, the equivalent in oral nutritional supplement drink should be offered and encouraged. e.g. Fortisip compact, Fortisip, Fresubin.

Step 3

If the young person is unable to consume food/fluids or complete the nutritional supplement drink orally, for a period of 24 hours, Naso-Gastric feeding should be considered.

Last resort - If the young person persistently refuses, is persistently unable to intake an adequate diet via nutritional supplements or is highly resistive or refuses NG feeding, consider compulsory treatment under the Mental Health Act, in Partnership with the Paediatric Mental Health Liaison Team (ext 2414, bleep 8913).

- Indications for referral to a Special Eating Disorder Bed (SEDB) include- unable to sustain sufficient calorie intake for physical health to be maintained. The responsibility a referral to a SEDB sits with FEDS.
- Non-compliance will involve utilization of the Mental Health Act (MHA). **This is generally a last resort. Decision for this should be led by FEDS/CAMHS. The PMHLT at RACH may help facilitate this via local AHMP.**

As in all other cases where the MHA is being considered, the least restrictive alternative should be used when providing compulsory treatment to a patient with a mental health disorder. AMHP will facilitate Section of patient under MHA requiring presence of CAMHS consultant and another clinician (might be Paediatrics).