






# SPECIAL ED GUIDELINES FOR GENERAL PRACTITIONERS

Acute Presentation	Weekly Monitoring
	BLOOD PRESSURE & PULSE RATE- Lying and Standing
	TEMPERATURE
	URINALYSIS
	ECG
	BLOODS - FBC, ELFT, Magnesium, Phosphate
Special Precautions/ Warnings	
Alcohol Dangers	Risk of hypothermia + Increased susceptibility to effects Risk of bradycardia
Driving	Risk of hypoglycemia/ cardiac arrhythmia/ hypotension Impaired judgment/ reduced spatial awareness Medications
Exercising	Risk of sudden cardiac arrest Increased nutritional requirements
Iron Infusions	Risk of hypophosphatemia
Cholesterol Levels	An elevated cholesterol does not indicate need for cholesterol restriction or medication.
Blood Tests	"NORMAL" BLOOD RESULTS DO NOT PRECLUDE DIAGNOSIS OF ED.
Special Investigation	
In addition to routine monitoring, patients presenting with an eating disorder should be screened for the following: (as clinically indicated)	
<ul style="list-style-type: none"> <li>Coeliac disease (coeliac antibodies and IgA whilst consuming gluten) - (Coeliac gene testing may be indicated - especially if patient is on a GF diet and has FH coeliac disease).</li> <li>Vitamin D, Vitamin A*, Vitamin B12, folate</li> <li>Homocysteine* and Iron studies</li> <li>Zinc, Copper, Ceruloplasmin and Manganese</li> <li>Hormone levels (FSH, LH, Oestradiol, prolactin, DHEAS in females)</li> <li>Coagulation studies</li> <li>Thyroid function (TSH, T4 and T3 if amenorrhoea)</li> </ul>	
*Fasting test only if patient safely able to attend for fasting blood test.	