

Worksheet 6.5: Going to A&E in an emergency – including medical risk assessment

It is common for GPs and care teams to advise carers to take their loved ones to the Accident & Emergency Unit if they are worried that medical risk is unacceptably high. Carers know their loved ones better than anyone else and are therefore best placed to observe a sudden deterioration in health. All too often, however, carers will arrive at A&E only to be told that this is not the right place for their loved one and that they should be accessing specialist treatment as soon as possible. A little preparation and visualisation can make trips to A&E more useful. Read *SBC*, Chapter 3 for further guidance.

As a group discuss these questions:

- a) When should carers step in and take Edi to A&E, or call an ambulance?

- b) Think up some useful phrases to calmly inform Edi you are going to step in and take control.

- c) What information might be useful to give to the A&E team?

- d) What should carers ask for?

- e) What if the A&E team want to send Edi home and the carers believe s/he is too fragile?

- f) What if Edi is saying 'I don't want help' and the A&E team are saying they can only give her/him help if s/he wants it?

- g) In carers' experience, what level of mental health expertise might be available in local A&E departments?

The emergency dash to A&E is incredibly frightening and you can be easily disempowered by your own high anxiety and fear. Visualising the why, when, how, what to expect, how to respond and what to ask for can help you to get the most out of the visit. Knowing that A&E can make sure Edi is out of physical danger, while they cannot fix Edi is useful information. A&E can be a useful starting point to empower carers to access specialist eating disorder services for their loved one, especially if the carers are armed with the right sort of questions to ask. A&E staff are an important part of the herd of elephants in a medical emergency.

Key message

Assessing medical risk is a very subjective and difficult task for carers to undertake. Doctors in GP surgeries and A&E departments who are unused to working with eating disorders may also struggle to appreciate the seriousness of the presenting symptoms. An important resource is the IOP Guide to Medical Risk in Eating Disorders (www.thenewmaudsleyapproach.co.uk/media/Medical_risk.pdf). A good tip is to download this guide and take it with you, highlighting the specific issues they are concerned about. For example, the guideline states:

Features in history that indicate medical risk are:

- Excess exercise with low weight
- Blood in vomit
- Inadequate fluid intake in combination with poor eating
- Rapid weight loss
- Factors that disrupt ritualised eating (journey/holiday/exam).

In addition, any signs of suicidal ideation should be recorded and reported.

The following advice is given to carers participating in a research study being conducted by the team at the Maudsley:

Risks and eating disorders – advice for support persons

If the person participating in the trial shows any signs of relapse contact their GP or a member of their clinical team immediately. If the medical risk is severe please go to A&E or call 999.

You should phone your GP or get emergency help if the TRIANGLE participant:

- Becomes breathless on lying flat
- Develops a very fast heart rate
- Has a seizure
- Becomes sleepy or twitchy
- Her/his hands twist into a spasm = These can indicate a serious salt imbalance.

Other symptoms that you might notice at home and may indicate a medical emergency:

- Disordered thinking and not making any reasonable sense (a person who is mal-nourished may appear to have psychotic symptoms such as disordered thinking, delusions or hallucinations)

- Disorientation: not knowing what day it is, where they are or who they are
- Throwing up several times a day
- Fainting or dizzy spells
- Blue hands, feet, lips, nose
- Puffiness around eyes in the morning and/or swollen ankles in the afternoon
- Collapsing or being too weak to walk
- Difficulty walking upstairs, brushing hair or raising arms for any length of time
- Painful muscle spasms
- Chest pain or difficulty breathing
- Blood in their bowel movements, urine or vomit
- An irregular heartbeat or very low heartbeat
- Cold or clammy skin indicating a low body temperature of 35 degrees.