

Paediatric Eating Disorder admissions- Cork University Hospital: WEEKLY MDT CARE PLAN

(Ref: J MARSIPAN guidelines 2012, MARSIPAN CHECKLIST, 2015, SAHM 2015)

Date of meeting:

Patient name:	Date Admitted:	
D.O.B:	MRN:	BMI % on admission:
Clinicians present (face to face/ phone):		
Clinical Status this week:		
Weight Gain / loss this week:	Abnormal Bloods:	
Current BMI %:	Risk Behaviours:	
ECG/ Circulatory:	Additional updates: (e.g. mental health, family etc)	
Other J MARSIPAN risk factors (amber/ red):		
Recommended care plan for the week ahead:		
Meal Plan/ nutritional:		
Bed Rest/ activity level:		
Fluids/ Fluid balance:		
Specialing/ supervision needs:		
Psychiatry/ mental health:		
Investigations (Bloods, ECG etc):		
Other:		
Feedback to family by (who?):		
Next week's meeting (date and time):		
Signed (clinician recording decisions):		

*Copy to medical file and to CAMHS file