



Managing mealtimes

SCAMHS Eating Disorder Team

Before the meal: the nurses role

- During shift handover, find out what time snacks and meals are so that you can schedule this into your shift. Be consistent about mealtimes as the patient may be unlikely to remind staff.
- Check the **red bedside folder** and check the meal plan for that day:
 - Ensure that the young person is completing the correct meal plan (i.e., 'Day 1 – 1200kcal/day') allocated for that day.
 - ***It is just as important not to underfeed the patient as it is to not overfeed the patient in the early days of refeeding.***
- Plan ahead: ensure that specified meals and snacks are available (consider contacting the canteen in the morning to ask for prescribed eating disorder snacks to be requested for the ward).
- Staff should assess appropriate seating arrangements before each meal and snack.
- Stick to the meal plan; do not add any extras and be strict and consistent about portion sizes.
- Do not offer choices unless they are suggested in the meal plan.
- Ensure that the patient uses the toilet before the meal begins.
- Limit drinks (be cautious of eating disorder behaviours such as water loading).
- Consider distraction/ relaxation activities for before and after the meal.
- **Consider who is going to supervise the young person afterwards. Is there a healthcare assistant, nurse, parent or SCAMHS Eating Disorder staff member allocated to supervise for 1 hour post meals?**



Potassium (K):

Essential for contraction of muscles (including the heart) therefore \uparrow or \downarrow K can be dangerous.

\downarrow K is often seen in young people who have been vomiting.

Fruit, fruit juice and some vegetables are high in K.

Phosphate:

You need a high phosphate intake whilst you slowly increase the amount you are eating. During a period of starvation, the body breaks down muscle and fat for fuel. Once food is available again there are extra demands on certain nutrients including phosphate. To meet this extra demand it is important to have phosphate rich foods in the diet. If phosphate levels drop too low it can cause serious complications including cardiac problems therefore it is very important in the early stages of a young person again that this high milk meal plan is closely followed. Milk and dairy foods (yoghurts/ custard, cheese) are high in phosphate. These are found in large amounts in your meal plan.

Calcium:

Calcium helps to protect and strengthen bones and teeth. Young people have high requirements for calcium and vitamin D as they are rapidly growing. Often young people who have had weight loss are sent for a bone scan to check for this damage.

Why is it the prescribed meal plan so important?

After a period of poor dietary intake or restriction, the body needs lots of nutrients but these are the most important.

Fluid:

The body is made up of cells, every cell in your body needs water to work properly. So being well hydrated is important. However, having too much water (water loading) can be very serious and will affect your salt balance. Around 8 glasses of fluid per day is enough for general activity. If you are more active or if the weather is warmer, this may be increased a little.

Eating in a timely manner

In the early stages there should be **NO** negotiation away from what's been recommended in the meal plan. The following timings for completion of meals and snacks are recommended by SCAMHS Eating Disorder Team and will be consistent amongst eating disorder clinicians:

- 30 minutes for a meal (breakfast, light meal, or hot meal)
- 15 minutes for a dessert
- 15 minutes for a snack

If a meal or snack is not completed within the time limit, an equivalent amount of a supplement drink will be offered to replace this.

Supervising nursing staff must check that the supplement drink container or glass is empty afterwards.

If this is refused, there may be the possibility of nasogastric feeding; however, this will need to be discussed as part of care planning with the wider multidisciplinary team.



What is the young person's experience of the meal?

Mealtimes can be the most difficult time of the day for a person with an eating disorder. Anxiety, agitation, and strong feelings of guilt after eating may result in attempts to avoid the meal.

Behaviours you might witness:

- Agitation/ aggression
- Quiet/ withdrawn
- Clearing or organising their things
- Distracting/ delaying/ avoiding
- Increase in exercise or activity

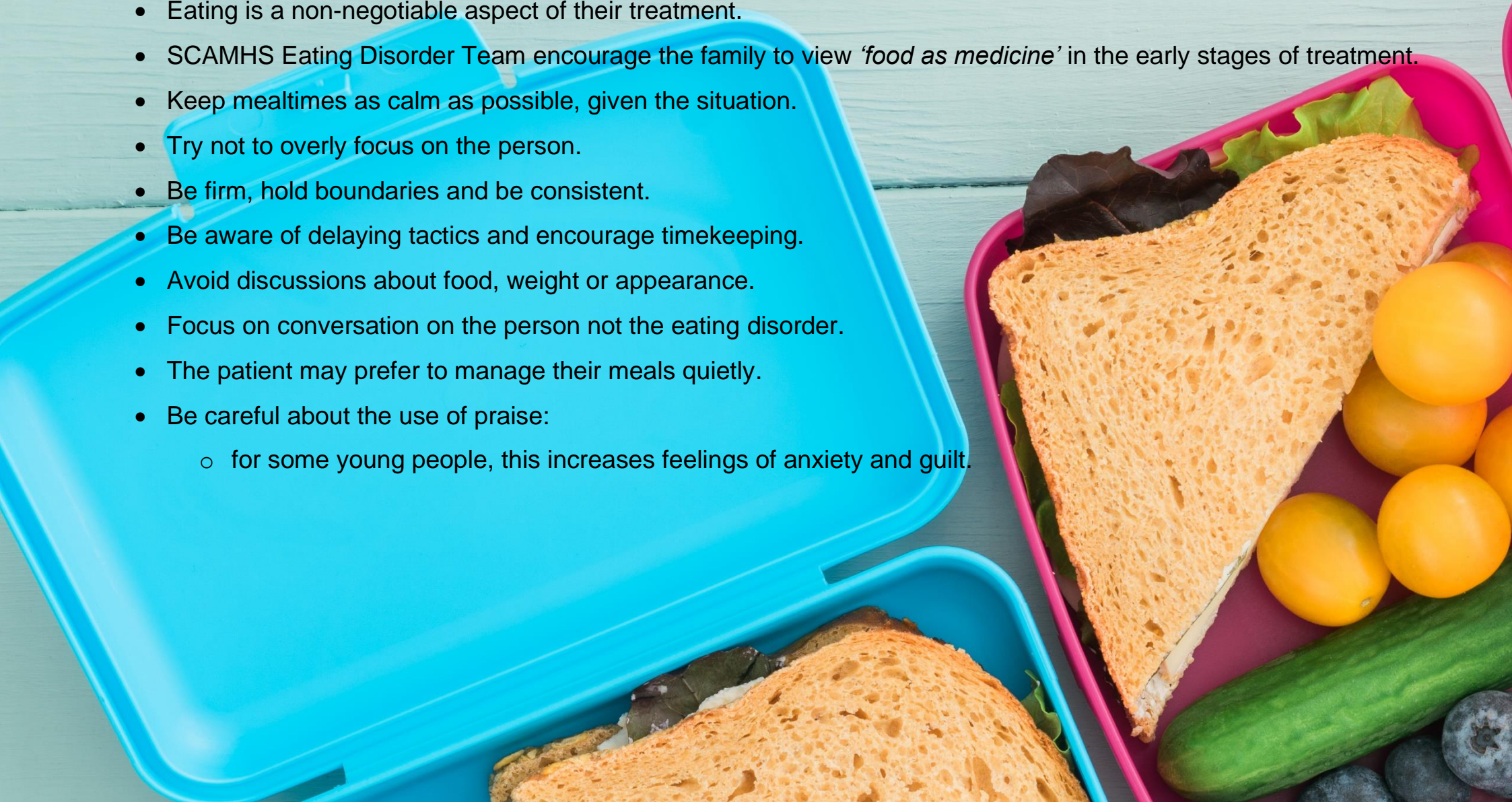
Young people might want to attempt to make changes to the food (opting for low calorie or low-fat options). They might say that portion sizes are 'too big'. They might want to eat alone or report that they're feeling unwell.

Young people may experience self-harm or suicidal thinking before, during or after a meal. They may experience perceived threat and guilt associated with eating.

During meals, irrational thoughts about food may be present and so it is encouraged that meals take place with the family to offer support and distraction from some of these intrusive thoughts while eating.

During the meal

- It is absolutely expected that the patient will **complete** their meal plan.
- Eating is a non-negotiable aspect of their treatment.
- SCAMHS Eating Disorder Team encourage the family to view '*food as medicine*' in the early stages of treatment.
- Keep mealtimes as calm as possible, given the situation.
- Try not to overly focus on the person.
- Be firm, hold boundaries and be consistent.
- Be aware of delaying tactics and encourage timekeeping.
- Avoid discussions about food, weight or appearance.
- Focus on conversation on the person not the eating disorder.
- The patient may prefer to manage their meals quietly.
- Be careful about the use of praise:
 - for some young people, this increases feelings of anxiety and guilt.



During the meal

- Be vigilant during the meal or snack about any unfinished food e.g.:
 - potato not scraped from the inside of the jacket potato;
 - yogurt left around edges of the pot;
 - one gulp of milk left;
 - 'crumbing' of food resulting in large pieces of biscuit or bread left on the plate.
- Be vigilant for food concealment/secretly disposing of food items:
 - dropping food on the floor;
 - Rubbing butter or oil in hair/clothing/ on the bedsheets.
- If there are concerns that the young person is not completing their meal or snack, then staff should intervene and to offer support and set additional boundaries. For example, if there are concerns relating to food concealment, staff should ask the person to roll back their sleeves and keep their hands above the table.

Significant recovery work takes place during meals. This includes exposure to fear foods, and the unlearning of conditioned eating disorder behaviours (such as restriction, slow eating, deconstructing food, cutting food into tiny pieces, taking tiny pieces etc.). This will be addressed throughout treatment.



After the meal

- **DISTRACTION! DISTRACTION! DISTRACTION!**
- Remove the plate/bowl/tray immediately, once you are satisfied that the meal has been completed fully.
- Ensure that the young person is not alone for 1 hour after the meal has finished.
- Prevent bathroom visits for 1 hour after the meal/snack has finished.
- The young person should be encouraged to relax and remain seated. Standing is not acceptable.
- Have a pre-planned seated distraction activity immediately after the meal, e.g., board games, electronic games, mindfulness colouring, music, crafting.
- Making use of the specialist play nurses on the ward to engage the young person in meaningful activity.

Common behaviours you might see after the meal:

- High expressed emotion
- Agitation/ anger (verbal or physical)
- Low mood
- Guilt and shame
- Blame
- Stomach pain or nausea
- Micro-exercising (leg shaking)



After the meal: nursing documentation

It is very important that clear documentation of the meal is completed in the **All Wales Food Record Chart** in the young person's bedside red folder, with special attention paid to the 'portion served' column. This is important for dietetic review in planning changes and increases in meal plans in response to weight changes.

Meal/Snack	Foods/nutritional supplements/ nourishing drinks offered/special diets e.g. pureed	AMOUNT TAKEN Must be reported to and countersigned by registered nurse (RN) twice daily			
		Portion served (S,M,L)	Amount Eaten (None, 1/4, 1/2, 3/4, All)	Signed	Counter-signed by RN
Breakfast					
Cereal	Weetabix	2 x biscuits	All	A. Smith RN	
Milk/sugar	Whole milk	150mls	All	A. Smith RN	
Cooked item					
Bread/toast	White toast	1 x medium piece	All	A. Smith RN	
Spread					
Drinks	Orange juice	85mls	All	A. Smith RN	
Mid-morning					
Snacks	Digestive biscuits	3 x biscuits	All	A. Jones	A. Smith RN
Drinks					
Lunch					
Soup					
Main item	Ham sandwich	Pre-made	All	A. Smith RN	
Potato/rice					
Vegetables					
Pudding	Strawberry yoghurt	125g	All	A. Smith RN	
Drinks					