Bed rest

- Total bed rest was used in the past in hospital treatment of severe eating disorders.
- A recent clinical review concluded that in most cases enforced bed rest is unhelpful and should be avoided (MEED).
- Risks relating to enforced bed rest include psychological distress and physical complications such as pressure sores, infections, deep vein thrombosis, muscular atrophy, and increased bone absorption (MEED).

Day 1-3

- The young person should remain on bed rest/ limited activity with cardiac monitor and 4-hourly temperature, pulse, respiratory rate and blood pressure.
- The first 72 hours of admission are most crucial when assessing for refeeding syndrome.
- The first 72 hours are also crucial for enforcing the grave message (Maudsley) that their illness is life-threatening and needs to be medically managed in the first instance.
- Reminder: we know that medical concern can positively influence the trajectory of a young person's recovery from an eating disorder.

Day 4+

- If parameters are stable by day 3, aspects of this can be relaxed (as below) on a case-by-case basis following careful discussion with the SCAMHS Eating Disorder Team during a pre-arranged MDT.
- Day 4: bed rest post meals (1hr).
- Day 4: all other activities to be seated either in bed or on the chair.
- Day 4: 1 x daily 15mins escorted walk in the hospital garden or grounds.

Any changes to the bed rest management plan will be clearly documented in the red bedside eating disorder insert, in the nursing notes and handed over to the nurse in charge/ ward sisters.