



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Programmatic Policy and Procedure

Section	Psychiatric Health Facility (PHF)	Effective:	10/01/1997
Sub-section	Nursing	Version:	2.0
Policy	<u>Eating Disorders Admission of Patients with Eating Disorders</u>	Last Revised:	DRAFT
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	Eating Disorders rev. 5/01/2006		
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To provide guidance to staff at the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF") about the treatment of patients with Eating Disorder diagnoses.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. Eating Disorders – a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning (e.g. anorexia nervosa, bulimia nervosa, and binge-eating disorder).

3. POLICY

- 3.1. The PHF shall not admit or treat patients with the primary diagnosis of an eating disorder. The Psychiatric Health Facility cannot treat patients' diagnoses of eating disorders. Section 1254.5(b), of the California State Health and Safety code reads: "the inpatient treatment of eating disorders shall be provided only in state hospitals, which may be general, acute care hospitals as defined in subsection (a) of Section 1250, acute psychiatric hospitals defined in subsection (b) Section 1250, or any other licensed health facility designated by the State Department of Health Services". The statute goes on to diagnose eating disorders as anorexia nervosa and bulimia as defined by the DSM IV-R. Violations of this provision is a misdemeanor.

- 3.2. Individuals in other types of crisis related to an included psychiatric diagnosis who also are diagnosed with an Eating Disorder may be considered for admission provided that the Eating Disorder is sufficiently in control that the individual can be successfully cared for within the resources and scope of the PHF. Individuals with these diagnoses may not be admitted to PHF for treatment. However, an individual with an eating disorder diagnosis, who manifests another primary DSM-IV-R diagnosis that warrants acute non-hospital inpatient admission for treatment, may be admitted for treatment of the primary disorder until the acuity of the presenting psychiatric symptoms no longer requires an inpatient level of care, or the patient's requirements for medical care or procedures are greater than an outpatient level of care (e.g., nasal-gastric feeding, careful monitoring of intake and output, hyperalimentation requirements, severe electrolyte imbalances, cardiovascular complications, etc.). Patients with such illnesses may be admitted to a PHF if:
- 1) they have another mental disorder requiring acute inpatient admission such as but not limited to; major depression;
 - 2) they do not have special physical needs for treatment because of their eating disorder, i.e., no physical needs greater than an outpatient level; and
 - 3) the purpose of the admission is clearly not to treat the eating disorder.

ASSISTANCE

Clinical Director

Healthcare Program Coordinator

REFERENCE

Diagnostic and Statistical Manual of Mental Disorders, 5th edition

California Health and Safety Code
Sections 1250, 1250.2, and 1254.5

California Code of Regulations
Title 22, Sections 71900 and 71901

RELATED POLICIES

Admissions Criteria and Conditions

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
<u>DRAFT</u>	<u>2.0</u>	<ul style="list-style-type: none"> • <u>Added Purpose</u> • <u>Added definition</u> • <u>Deleted quote from California Health and Safety Code</u> • <u>Added related policies</u>

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).