

# **PLU Eating Disorder Policy**

## **Counseling, Health and Wellness Services**

The Pacific Lutheran University Counseling, Health and Wellness Services Health Center will provide screening and referral to students who have an eating disorder (ED), taking into consideration the severity of each case. The Counseling Center may be the ED student's first point of contact in accessing support and their role will focus on initial screening and referral to the Health Center for medical screening; and brief maintenance phase care based on recommendations from previous/current external providers. Consent to treat must be reviewed and signed in order to move forward with CHWS support (see last page).

This criteria was created to ensure that the student's needs fall within the CHWS Eating Disorder scope of practice. Our providers will use discretion when considering these standards and making recommendations for care. These are not absolute and their application requires the judgment of the CHWS provider in conjunction with/and the student's primary and/or ED provider. It is important for students and their families to be aware that our scope of practice does not include treatment, but is rather a supportive role, as follows:

### **Scope of Practice**

Patients who are considerably below their healthy body weight but who are highly motivated to adhere to treatment, and have cooperative families, and have brief symptom duration may benefit from treatment in outpatient settings. These patients must be carefully monitored and must be in the care of an off-campus ED provider. A more restrictive setting may be necessary if persistent progress is not evident within a few weeks. The degree of CHWS monitoring will be determined based on consultation and recommendations from the off campus provider who has primary responsibility for the student's ED case management. This may include at least weekly weight determinations done immediately after the patient empties their bladder, measurement of urine specific gravity, orthostatic vital signs, oral body temperature, and, in purging patients, electrolytes on a regular basis. Students who fail to comply with their provider's recommendations will be referred back to their primary/ED provider for ongoing care and evaluation.

CHWS providers will not continue support for students with the following symptoms:

#### Cardiac Effects

Arrhythmia

EKG- QT prolongation (470 milliseconds in postpubertal males, and 480 milliseconds in postpubertal females)

Heart rate <40 beats per minute

Systolic pressure <90 mm Hg

Orthostatic changes in pulse (increase >20 bpm upon standing) or blood pressure (decrease in systolic blood pressure of 20 mm Hg or a decrease in diastolic blood pressure of 10 mm Hg) within three minutes of standing when compared with blood pressure from the sitting or supine position.

### Electrolyte Changes

Glucose <60 mg/dl

Serum potassium concentration <3.0 mmol/L

Serum chloride concentration <88 mmol/L

### Physical Findings

Intractable vomiting, even if routine laboratory test results reveal no obvious abnormalities

Hematemesis

<85% Ideal Body Weight (IBW)\* or ongoing weight loss despite intensive management

Temperature <96 degrees

### Mental Health

Suicide risk

Refusal to eat or continued dysfunctional eating patterns

Needs supervision during and after all meals and in bathroom

Failure to respond to outpatient treatment

### Behavior

Unable to attend classes or progress academically

Continued laxative abuse, continued purging

Alcohol or drug use

Continued inappropriate exercise or physical activity

Failure to disclose information or providing misleading information to providers or campus partners

Failure to attend scheduled CHWS appointments on a regular basis

\* According to the Hamwi Formula, the ideal body weight for a five (5)-foot tall woman is 100 lbs with a five (5) lb increase for each inch above Five (5) feet. For example, the ideal body weight for a 5' 8" woman would be 100 lbs + 40 lbs=140 lbs. The ideal body weight for men, according to the Hamwi formula is calculated using the following formula: a five (5)-foot tall man's ideal body weight would be 106 lbs with a 6 lb increase for every inch. For example, the ideal body weight for a 5'11" male would be 106 lbs+66 lbs=172lbs.

*Practice Guideline for the Treatment of Patients with Eating Disorders - National Eating Disorders Association*

**CONSENT FOR TREATMENT**

I have read and understand the PLU Eating Disorder Policy. I understand that this support will occur only under the above stated circumstances. Further, I understand that to best support students engaging in maintenance phase support, or Health Center adjunct treatment services, PLU engages the Dean of Students and Student Care Network in an effort to facilitate shared holistic care. I agree to

- Sign an ROI for the Dean of Students that allows providers to share that I am in supportive care for an ED, and to provide additional information relevant to my support should I experience a decline in functioning or compliance with recommended care.
- Sign an ROI for the NCAA Athletics Training Room for varsity athletes.
- Sign an ROI for an emergency contact who may provide additional support should I need it.
- Sign an ROI for previous and current treatment providers.

I acknowledge and understand that if I engage in conduct that is unreasonably dangerous to self or others; unreasonably disruptive to the living/learning environment; or is unable to follow through with recommendations from campus professionals, this effectively constitutes a PLU Student Code of Conduct violation and I will be referred to the Dean of Students.

**I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.**

---

(Signature) (Printed Name) (Date)

**Signature of Parent/Guardian for Participants Who Are Minors:** I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS.

---

(Signature of Parent/Guardian) (Printed Name) (Date)

**Received by:**

---

(Signature of Institution Official) (Printed Name) (Date)

**Questions regarding this policy should be directed to the Director of the Health Center, [health@plu.edu](mailto:health@plu.edu).**

REVISED 10/2022