

EMERGENCY CARE FOR EATING DISORDERS

A GUIDE FOR FAMILIES ABOUT WHEN TO SEEK
HELP AND WHAT TO EXPECT IN THE
EMERGENCY DEPARTMENT

Written by

Anna Tanner, MD

and

Angela Guarda, MD

Edited by F.E.A.S.T.

Families Empowered and Supporting
Treatment of Eating Disorders



Emergency Care For Eating Disorders:
A Guide for Families About When To Seek Help and What To Expect In the
Emergency Department
Part Of The F.E.A.S.T. Family Guide Series

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This guide is intended as a resource for families and caregivers. It should not be used as a substitute for professional medical advice, diagnosis, or treatment. Always seek the guidance of qualified healthcare providers with any questions regarding your loved one's medical condition. F.E.A.S.T. assumes no responsibility for any outcome relating to the information contained in this guide.

ABOUT THIS GUIDE

This guide, written by Dr. Anna Tanner and Dr. Angela Guarda, helps caregivers navigate emergency medical care for a loved one with an eating disorder. It explains what to anticipate and what to ask, helping you advocate for your loved one with more clarity during a difficult moment.

With special thanks to Kristi Schmalz, F.E.A.S.T. volunteer.

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First Edition
Published by F.E.A.S.T.
26 F Congress Street
Suite# 117
Saratoga Springs NY 12866-4168



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1. WHEN TO GO TO THE EMERGENCY DEPARTMENT

If you are reading this guide, you may be trying to decide whether your loved one needs emergency medical care right now—or maybe preparing yourself in case that moment comes. If this sounds familiar, you're not alone; eating disorders are serious, brain-based illnesses that can produce medical and psychiatric emergencies that need an urgent evaluation.

Knowing the signs that warrant an emergency department visit, and what to do once you get there, can help you act with more clarity in a difficult moment.

The signs below indicate that your loved one may be experiencing a medical or psychiatric emergency, and should be evaluated right away. Take your loved one to the emergency department if they:

- Faint
- Have a seizure
- Appear unexpectedly confused or disoriented
- Vomit blood or experience uncontrolled vomiting
- Complain of chest pain or an irregular heart rate
- Experience severe, persistent abdominal pain
- Show uncontrolled self-harm or express a plan to harm themselves



2. WHAT TO BRING

Once you've decided that an emergency department visit is needed, a few minutes of preparation can make the visit go more smoothly for you and for the medical team. If you have time, gather the items below. If the situation is urgent, don't delay leaving.

What to bring:

- Your loved one's **insurance card** and a **photo ID**
- A current list of **medications**, including doses and the prescribing provider
- Contact information for your loved one's **treatment team**: primary care provider, therapist, dietitian, psychiatrist, and any other clinicians involved in their care
- A brief written **summary of their eating disorder history**, including diagnosis, treatment to date, and current behaviors of concern
- A phone charger, snacks and water, and something to read or do (emergency department visits often involve long waits)
- Any recent **lab results or medical records** if you have them readily available



3. WHAT TO SHARE WHEN YOU ARRIVE

When you arrive at the emergency department, you will be the person who knows your loved one best. The clinicians meeting them for the first time will rely on the information you can share to make good decisions quickly.

When you check in, let the staff know that your loved one has an eating disorder. This single piece of information shapes how the evaluation should proceed.

Be prepared to share:

- Current **eating disorder behaviors** and frequency, such as restriction, skipping meals, binge eating, vomiting, laxative use, or compulsive exercise. Specific examples are more useful than general descriptions.
- Current medical and psychiatric **symptoms**: what brought you in today, when it started, how it has progressed.
- Other relevant medical information: **medications** and doses, substance use history, co-occurring conditions, and allergies.
- Contact information for their treatment team. The emergency department physician may want to speak with them directly.



Editor's note: a practical tip about weigh-ins

Many caregivers have learned (sometimes the hard way) that the weigh-in can be one of the most distressing moments of an emergency department visit.

If you believe seeing or hearing their weight may cause your loved one distress, you can ask staff to **weigh them with their back to the scale** and to **record the weight without saying it aloud**.

Most emergency department staff will accommodate this request when asked. You do not need to justify it beyond saying that it is part of your loved one's eating disorder care.

4. WHAT TO EXPECT FROM THE EVALUATION

The emergency department evaluation exists to identify medical or psychiatric emergencies that may require immediate treatment or hospitalization. The team is not there to treat the eating disorder itself; that work continues with your outpatient team. Understanding what the evaluation is looking for can help you participate in it more confidently.

The evaluation typically includes:

- A medical history and physical exam
- Vital signs, including orthostatic measurements (taken in different positions)
- Blood tests for electrolytes, blood sugar, and kidney function
- An electrocardiogram (ECG) to check heart rhythm
- A psychiatric assessment, including evaluation for suicidality

The medical team uses this information to determine whether your loved one needs to be admitted to the hospital or can be safely discharged with a follow-up plan.



About the psychiatric assessment

Emergency department clinicians typically speak with the patient privately during the psychiatric assessment. This is standard practice and exists so the patient can answer honestly, including about things they may not want to say in front of family. You will usually have a chance to share your own observations separately. If you have urgent safety information — for example, recent suicidal statements or access to means of self-harm — ask to share it directly with the clinician before they meet alone with your loved one.

5. WHEN ADMISSION IS RECOMMENDED

The medical team will decide whether your loved one needs to be hospitalized or can be safely discharged. The criteria below come from the American Academy of Pediatrics (AAP), the Society of Adolescent Health and Medicine (SAHM), and the American Psychiatric Association (APA) — the leading professional organizations that guide eating disorder care. You can share these with the emergency department provider to help inform their evaluation.

Hospital admission is often recommended when any of the following are present:

- Electrolyte disturbance: low potassium (hypokalemia), low sodium (hyponatremia), or low phosphate (hypophosphatemia)
- ECG abnormalities, including a prolonged QTc (>450 ms)
- Physiologic instability:
 - Heart rate <50 beats per minute
 - Blood pressure <90/45 mmHg in children; <90/60 mmHg in adults
 - Orthostatic increase in pulse >40 beats per minute
 - Orthostatic decrease in systolic blood pressure >20 mmHg
- Temperature <96°F (35.6°C)
- Body weight <75% of median BMI for age and sex, or BMI <15 in an adult
- Blood glucose <60 mg/dL
- Acute medical complications of malnutrition: seizure, fainting (syncope), or cardiac failure
- Dehydration or kidney (renal) failure
- Serious self harm or suicidal intent/plan

If you believe your loved one meets any of these criteria and the emergency department team is **not** recommending admission, ask the physician to walk you through their reasoning. You can request that they speak with your loved one's outpatient team before making a discharge decision.

6. AFTER THE EMERGENCY DEPARTMENT VISIT

If your loved one does not meet criteria for acute medical or psychiatric admission, you will be discharged home with a plan to follow up with their treatment team.

Before you leave the emergency department:

- **Ask for copies of any laboratory tests** and studies that were done. These results need to be shared with your loved one's outpatient team. Many hospitals can email or print them, or provide a patient-portal link.
- **Confirm the follow-up plan.** When should your loved one be seen by their primary care provider, therapist, or psychiatrist? Are there any specific symptoms or red flags you should watch for in the next 24–48 hours?
- **Ask any questions you still have** about what was found, what was ruled out, and what the team thinks is going on.

The emergency department visit may also identify abnormalities related to your loved one's eating disorder that do not require immediate hospitalization. (For example, vital sign changes that have not crossed admission thresholds.) These findings often will not improve without continued treatment of the eating disorder itself, so any results should be shared with your loved one's outpatient team for ongoing monitoring.



7. FINAL THOUGHTS

An emergency department visit for an eating disorder is rarely something a caregiver prepares for, even when they have feared it might come. If you have just navigated one, give yourself credit for recognizing the signs, getting your loved one to care, and asking the right questions in a difficult moment.

Eating disorders are treatable, and recovery is possible. The emergency department is one stop on a longer path, not a destination.

You are not alone in this. F.E.A.S.T. exists to support caregivers through every stage of this journey, including the moments when the path is hardest to see.

The emergency department
is **one stop**
on a longer path,
not a destination.



FURTHER READING

The clinical guidance in this guide draws on the following published recommendations. Each is a useful resource for caregivers who want to read more, or to share with members of their loved one's medical team.

American Psychiatric Association. Practice Guideline for the Treatment of Patients with Eating Disorders, Fourth Edition. American Psychiatric Association, 2023.

<https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424865>

Society for Adolescent Health and Medicine. Medical Management of Restrictive Eating Disorders in Adolescents and Young Adults. *Journal of Adolescent Health*, 2022; 71: 648-654.

[https://www.jahonline.org/action/showPdf?pii=S1054-139X\(22\)00577-8](https://www.jahonline.org/action/showPdf?pii=S1054-139X(22)00577-8)

American Academy of Pediatrics. Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics*, 2021; 147(1): e2020040279.

<https://publications.aap.org/pediatrics/article/147/1/e2020040279/33504/>

Academy for Eating Disorders. Eating Disorders in the Emergency Department: A Guide for Healthcare Professionals, 2nd Edition. AED Report, 2020.

https://higherlogicdownload.s3.amazonaws.com/AEDWEB/27a3b69a-8aae-45b2-a04c-2a078d02145d/UploadedImages/Documents/AED_Emergency_Room_Guide_2nd_Edition_WEB.pdf

About The Authors



Dr. Anna B. Tanner is Anna B. Tanner, M.D. is an Associate Professor of Pediatrics at Emory University School of Medicine. A graduate of Williams College, she completed medical school and residency at Vanderbilt University and then remained at Vanderbilt on the Pediatrics faculty in the Division of Adolescent and Young Adult Medicine until moving to Georgia. Dr. Tanner has served on national and international committees for eating disorders education and advocacy, including the American Academy of Pediatrics Eating Disorder Workgroup. She has also co-chaired the Medical Care Standards Committee for the Academy for Eating Disorders (AED) and taught the Medical Core Course for the International Association of Eating Disorder Professionals (IAEDP). Dr. Tanner is a Fellow in the American Academy of Pediatrics (FAAP), a Fellow in the Academy for Eating Disorders (FAED), a Fellow in the Society for Adolescent Health and Medicine (FSAHM), and a Certified Eating Disorder Specialist Consultant (CEDS-C).



Dr. Angela Guarda is the Stephen and Jean Robinson Professor of Eating Disorders and Professor of Psychiatry and Behavioral Sciences at the Johns Hopkins School of Medicine. She has been the Director of the Eating Disorders Program at Johns Hopkins Hospital since 1997. Dr. Guarda attended Johns Hopkins University as an undergraduate, obtained her medical degree from the University of Maryland School of Medicine and completed residency in Psychiatry at Johns Hopkins including an externship in eating disorders at the Maudsley Hospital. She is an active clinician, educator and researcher and has published and presented extensively on eating disorders.



About F.E.A.S.T.

Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.) is an international organization of and for parents and caregivers to help loved ones affected by eating disorders.

Learn more at <https://feast-ed.org>



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