

American Psychiatric Association Guidelines

	Level 1: Outpatient	Level 2: Intensive Outpatient	Level 3: Partial Hospitalization (Full-Day Outpatient Care)^a	Level 4: Residential Treatment Center	Level 5: Inpatient Hospitalization
1) Medical Status	Medically stable to the extent that more extensive medical monitoring, as defined in levels 4 and 5, is not required.			Medically stable to the extent that intravenous fluids, nasogastric tube feedings, or multiple daily laboratory tests are not needed	Adults: Heart Rate < 40 bpm _____ BP < 90/60 mmHg _____ Glucose < 60mg/dl _____ Potassium < 3mEq/L _____ Electrolyte imbalance _____ Temp < 97.0 F _____ Dehydration _____ Hepatic, renal, or cardiovascular organ compromise requiring acute treatment; _____ Poorly controlled diabetes _____ Children and Adolescents: Heart rate near 40 bpm _____ Orthostatic blood pressure changes (>20 bpm increase in heart rate or >10 mmHg to 20 mmHg drop) _____ _____ Blood pressure < 80/50 mmHg _____ Hypokalemia ^b , hypophosphatemia, or hypomagnesaemia _____ _____
Current Patient Level (Check One):	1	2	3	4	5
NOTES:					

^aThis level of care is most effective if administered for at least 8 hours/day, 5 days/week; less intensive care is demonstrably less effective.

^bIf the patient is dehydrated, whole-body potassium values may be low even if the serum potassium value is in the normal range; determine concurrent urine specific gravity to assess for dehydration.

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Person Completing:

Date:

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2) Suicidality	If suicidality is present, inpatient monitoring and treatment may be needed depending on the estimated level of risk				Specific plan with high lethality or intent; admission may also be indicated in patient with suicidal ideas or after a suicide attempt or aborted attempt, depending on the presence or absence of other factors modulating suicide risk.

Current Patient Level (Check One):	1	2	3	4	5
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3) Weight as percentage of healthy body weight ^c see notes re: weight	Generally >85%	Generally >80%	Generally >80%	Generally <85%	Generally <85%; acute weight decline with food refusal even if not <85% of healthy body weight
Current Patient Level (Check One):	1	2	3	4	5

NOTES:

^cAlthough this table lists percentages of expected healthy body weight in relation to suggested levels of care, these are only approximations and do not correspond to percentages based on standardized values for the population as a whole. For any given individual, differences in body build, body composition, and other physiological variables may result in considerable differences as to what constitutes a healthy body weight in relation to “norms.” For example, for some patients, a healthy body weight may be 110% of the standardized value for the population, whereas for other individuals it may be 98%. Each individual’s physiological differences must be assessed and appreciated. For children, also consider the rate of weight loss. *Finally, weight level per se should never be used as the sole criterion for discharge from inpatient care.* Many patients require inpatient admission at higher weights and should not be automatically discharged just because they achieved a certain weight level unless all other factors are appropriately considered.

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5) Co-occurring disorders (substance use, depression, anxiety)	Presence of comorbid condition may influence choice level of care				Any existing psychiatric disorder that would require hospitalization

Current Patient Level (Check One): **1** **2** **3** **4** **5**

NOTES:

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6) Structure needed for eating/gaining weight	Self Sufficient	Self Sufficient	Needs some structure to gain weight	Needs supervision at all meals or will restrict eating	Needs supervision during and after all meals or nasogastric/special feeding modality

Current Patient Level (Check One): **1** **2** **3** **4** **5**

NOTES:

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7) Ability to control compulsive exercising	Can manage compulsive exercising through self-control	Some degree of external structure beyond self-control required to prevent patient from compulsive exercising; rarely a sole indication for increasing the level of care			
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8) Purging behavior (laxatives and diuretics)	Can greatly reduce the incidents of purging in an unstructured setting; no significant medical complications, such as electrocardiographic or other abnormalities, suggesting the need for hospitalization			Can ask for and use support from others or use cognitive and behavioral skills to inhibit purging	Needs supervision during and after all meals and in bathrooms; unable to control multiple daily episodes of purging that are severe, persistent, and disabling, despite appropriate trials of outpatient care, even if routine laboratory test results reveal no obvious metabolic abnormalities.

Current Patient Level (Check One): **1** **2** **3** **4** **5**

NOTES:

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9) Environmental stress	Others able to provide adequate emotional and practical support and structure		Others able to provide at least limited support and structure	Severe family conflict or problems or absence of family so patient is unable to receive structured treatment in home; patient lives alone without adequate support system	
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10) Geographic availability of treatment program	Patient lives near treatment setting			Treatment program is too distant for patient to participate from home	
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NOTES:					

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