

## Children and Young People ARFID Severity Index and Severity Matrix Tool

### Severity Index Triage Tool

Mild	Mild-Moderate	Moderate-Severe	Severe (meets all or any)
<p>1 area of impairment (Score 1) which is low-risk / well managed / shows low deterioration</p> <p>Remains in school and psycho-social impact is low / managed with mild adjustments</p> <p>May benefit from non-intensive interventions* (such as third sector, brief group intervention, self-help resources)</p>	<p>1-2 areas of impairment (Scores 1 and 2) requiring occasional use of sip-feeds and/or micronutrient support to manage nutritional risk</p> <p>Remains in school / able to carry out most aspects of routine daily life but these require more support and adjustments</p> <p>Would benefit from short-term targeted therapeutic support - potentially with access to dietetic and medical support depending on the individual need.</p>	<p>2 or more areas of impairment (Scores 2 and 3) requiring consistent use of sip-feeds and/or micronutrient supplementation to support nutrition where the physical impact of this impairment has/will have a notable impact on normal growth and development and meeting physical milestones</p> <p>School attendance and education is impacted and/or requires substantial professional input to sustain with significant support adjustments</p> <p>Meets AMBER risk categories according to the MEED guidelines for physical risk or would meet these if supportive treatment was withdrawn</p> <p>Requires regular therapeutic support including access to a specialist dietitian (with ARFID training) and medical support as needed (speciality determined by need)</p>	<p>Multiple areas of significant impairment (Score 4) resulting in a potentially life-threatening risk (not necessarily an acute risk to life, e.g., substantial nutritional deficiency) and severe impact to quality of life, and long-term health and prognosis</p> <p>Requires/is likely to require inpatient admission</p> <p>Requires extensive/exclusive use of sip-feeds or nasogastric tube feeding to meet nutritional needs</p> <p>Is out of school and is unable to function as normal in most/all psycho-social aspects of daily life</p> <p>Meets multiple RED/AMBER risk categories according to the MEED guidelines for physical risk or would meet these if supportive treatment was withdrawn</p> <p>Requires full and comprehensive support of a specialist dietitian (with ARFID training) and multi-disciplinary team including medical (speciality determined by need) and psychological support</p>

**The matrix below is not a specific, sensitive nor validated tool. It is intended to help inform local care planning by giving severity indicators for impairment across domains. A higher score is indicative of a higher level of impairment and/or risk. The tool should not be used in isolation to offer or withhold care. Each case should be considered holistically, informed by individual needs, and in view of local support options.**

RISK SCORE	Weight, growth, and physical development	Nutritional adequacy of diet (check food diary with dietitian if unsure about nutritional safety)	Impact on young person's social and emotional development	Impact on family functioning
<b>0 = no risk identified</b>	No concerns regarding weight, height, growth, and physical development	Sufficient intake across food groups (protein, carbohydrates, dairy, fruits, and vegetables) for example >20 foods from 4+ food groups  <b>and/or</b> adequate intake of vitamin and minerals / <b>or</b> is able to take micronutrient supplementation.	Able to participate in a range of usual social events / school settings with some small adjustments to food provision	Family are able to make reasonable adjustments to support their young person
<b>1 = some risk but not of immediate concern</b>	Weight is less than 2 centiles below height centile <b>and/or</b> growth and height has plateaued for <3 months Presence of obesity (BMI Centile >95)	>10 foods from 4 food groups  <b>and/or</b> suboptimal intake of vitamin and minerals but is not deficient / <b>or</b> is able to take micronutrient supplementation  <b>and/or</b> oral nutritional supplementation is being considered	Unable to eat with friends in school though is able to take in their own familiar foods and eat these within school / other social settings	Young person is only able to eat in restaurants or other unfamiliar settings if their safe food is brought from home
<b>2 = moderate risk. Requires consideration when prioritising the intervention</b>	Weight is more than 2 centiles below height centile <b>and/or</b> growth and height has plateaued for >3 months Presence of obesity (BMI Centile >95) <b>with</b> weight increasing above expected rate for age and growth	<10 foods from 2-3 food groups  <b>and/or</b> deficient in essential vitamins and minerals (Vitamin D/C, Calcium, Iron etc) <b>and/or</b> consistent, supported exposure to vitamin & mineral supplementation has been unsuccessful  <b>and/or</b> routine consumption of oral nutritional supplements	Education (academic and/or social-emotional experience) is impacted (e.g. time taken to eat, inability to eat during school). The impact is not better explained by other reasons  <b>and/or</b> unable to eat in restaurants or other unfamiliar settings / misses social opportunities with peers due to food avoidance and restriction  <b>and/or</b> mild-comorbid mental health difficulties	Young person is missing out on opportunities to join the family on social occasions outside the home despite all reasonable accommodations  <b>and/or</b> family are unable to eat in restaurants or other unfamiliar settings despite all reasonable accommodations being made
<b>3 = high risk requiring planned action</b>	Weight is more than 3 centiles below height <b>and/or</b> there is a loss of weight centiles  <b>and/or</b> no height growth for >6 months  <b>and/or</b> 2 or more <b>Amber</b> MEED physical risks identified <b>and/or</b> 1 <b>Red</b> MEED physical health risks identified with early signs of metabolic decompensation  <b>and/or</b> symptoms of pubertal delay  Presence of obesity (BMI centile >95) <b>with</b> weight increasing rapidly above expected rate for age and growth <b>and/or</b> presence of associated metabolic comorbidities	<5 foods from 1 – 2 food groups  <b>and/or</b> multiple nutritional deficiencies known/suspected <b>and/or</b> consistent, supported exposure to vitamin & mineral supplementation has been unsuccessful  <b>and/or</b> routine consumption of oral nutritional supplementation is recommended but the young person is unable to tolerate/consume these  <b>and/or</b> enteral feeding is being considered	Education (academic / social-emotional experience / attendance) is impacted for reasons related to ARFID  <b>and/or</b> unable to socialise outside the home for due to food avoidance and restriction (e.g., social events related to food)  <b>and/or</b> moderate mental health difficulties (e.g. low mood/anxiety, significant comorbid MH difficulties, significant fear of adverse consequences, food distress etc)	Family are unable to consume food outside the home and socialise due to reasons related to food avoidance  <b>and/or</b> family are severely limited in their food routine (e.g., only one person can cook / shop / prepare food; family are limited to buying specific products from specific shops on specific days)  <b>and/or</b> family ill-health or mental-health decline as a direct result of food related restrictions  <b>and/or</b> sibling school attendance, mental health negatively impacted as a direct result of food related restrictions and their associated consequences
<b>4 = very high risk requiring immediate action</b>	Weight is more than 4 centiles below height <b>and/or</b> there is a loss of weight centiles  <b>and/or</b> no height growth for >6 months  <b>and/or</b> 1 or more <b>Red</b> MEED physical health risks identified with signs of clinical metabolic decompensation  <b>and/or</b> symptoms of pubertal delay  <b>and/or</b> risk of re-feeding syndrome is identified	Severe malnutrition identified  <b>and/or</b> enteral feeding is indicated  <b>and/or</b> multiple nutritional deficiencies known/suspected <b>and</b> unable to take the appropriate supplements which is having a significant detrimental impact on physical health (e.g., vision impairment, bone density)	Education attendance is not possible due to food avoidance and restriction  <b>and/or</b> severe mental health difficulties (e.g., low mood/anxiety, significant comorbid MH difficulties, significant fear of adverse consequences, food distress etc)  <b>and/or</b> increase in shut-down/arousal behaviours due to food avoidance which are negatively associated to an increased risk to self or others	Family are limited from being able to leave the home for reasons related to food avoidance  <b>and/or</b> food routine specificities are causing significant financial stress/burden.  <b>and/or</b> increase in family high-expressed emotion / violence / aggression due to reasons related to food avoidance  <b>and/or</b> placement breakdown for LAC families  <b>and/or</b> sibling(s) unable to attend school as a result of reasons related to food avoidance