Case:

20 yo female pre-law student at ABC state. She has excellent grades and a few close friends. She plays tennis but failed to make the team in her freshman and sophomore year. She was allowed to practice with the team, and although included in many team functions, she was not allowed to travel with the team. She went home over the summer and trained to try out in the fall. When she returned to school, she is noted to have lost 40 lbs. She now is 5’4 and 135 lbs. Her coach and the team are excited to tell her “how great she looks”. She undergoes preparticipation physical examination. She is cleared to play. During the first day of tryouts, she is participating in a conditioning drill and faints on the court. Teammates rush to her side. She is now awake but confused. An athletic trainer is called and she is driven to the ED.

What is the workup?

* VS (found to have HR 45, BP 95/50, RR 12, Temp 99.9) – dry oral mucosa and decreased skin turgor, stretch marks, lanugo, bad breath
* Next Steps? EKG, orthostatics, IV fluids, pregnancy test, CBC, electrolytes (possibly thyroid)
	+ In this era, COVID screen necessary
* Trauma workup from fall

What happens next

* Vitals signs stabilize
* EKG: sinus bradycardia (rate 55)
* Detailed nutrition history, menstrual history, insufficiency fracture history
* If patient consents, collateral history from family/coaches/teammates

When to admit?

* Check orthostatics – admit if abnormal after bolus
* If heart rate remains below 50
* If electrolyte abnormality or AKI
* If patient is unable to eat or won’t commit to adequate intake
* If any signs of suicidality

When to return to play?

* Stabilized cardiovascular status (may need monitor in early stages)
* Stabilized weight
* Consult with psychology and nutritionist