Referral Guidelines

Patient name:_____ Patient age/DOB: _____

Caregiver name/relationship:_____ Caregiver phone:_____

Caregiver Address:_____ City:_____ State:_____ Zip:_____

Primary language:_____ Referring provider (PCP):_____

Height: _____ Weight:_____ BMI (% and Category - Table 1):_____ BMI % - Greater than 99th%?   Yes/NO

Reason for referral:_____

Areas of most concern

❒ Rate of weight gain _____

❒ BMI _____

❒ Family history _____

❒ Liver/ALT_____

❒ Lipids (specific) _____

❒ Blood pressure _____

❒ Diabetes (Glucose/Hgb A1C)_____

❒ Irregular menses_____

❒ Sleep/OSA_____

❒ Joint problems_____

❒ Psych (depression, anxiety, family stressors, eating disorder)_____

❒ Surgical Management, including Bariatric Surgery_____

❒ Other _____

Please attach

❒ Relevant lab work (clarify fasting or non fasting) - Lipids, Glucose, Hemoglobin A1c, AST/ALT (see table 3)

❒ Growth chart, including BMI chart

❒ Summary of motivation of family

❒ What has been done in primary care clinic or community?

Contact the Weight Management Program

The weight management program welcomes consultations and can be reached through One Call at 720-777-3999 or toll free at 800-525-4871.

For more information, please call Stacie Schreiner, DNP, FNP-BC, Obesity Coordinator at 720-777-3352, fax 720-777-7282 or email stacie.schreiner@childrenscolorado.org.

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Process:

The family will receive a call from Lifestyle Medicine to schedule their appointment. They will be given an appointment in our "Lifestyle Medicine Program Class" and then subsequent appointments will be given. For children with special needs (including young age and severely elevated lab values- see table 4) please call to discuss these with the program coordinator - 720-777-3352.

Table 1. BMI categories for children 2-18 years of age

BMI < 5th percentile	Underweight
BMI 5th-84th percentile	Healthy weight
BMI 85th-94th percentile	Overweight
BMI ≥ 95th percentile	Obese
BMI ≥ 99th percentile*	Severe obesity
Children < 2 years: Weight-for-height > 95th percentile	Overweight

Table 2. 99th Percentile BMI Cutoff Points According to Age and Gender

Age	Boys (kg/m2)	Girls (kg/m2)
5	20.1	21.5
6	21.6	23.0
7	23.6	24.6
8	25.6	26.4
9	27.6	28.2
10	29.3	29.9
11	30.7	31.5
12	31.8	33.1
13	32.6	34.6
14	33.2	37.5
15	33.6	37.5
16	33.9	39.1
17	34.4	40.8

Table 3. Laboratory testing

≤ 5 years of age	< 8 years of age	≥8 years of age
If concerned for iron deficiency: CBC, Iron Panel, Ferritin	• Lipid profile with if family history is positive for early CVD • ALT	• Lipid profile (fasting or non fasting "non-HDL cholesterol") • ALT • Fasting glucose and/or Hemoglobin A1C

Assessments:

a. Assess readiness for change

b. Assess food/nutritional habits; screen time/physical activity

    i. Screen all children, regardless of BMI for healthy behaviors using 5-2-1-0

        1. 5 fruits and vegetables/day; less than 2 hours of screen time daily; 1 hour or more of daily physical activity; 0 sweetened beverages

c. Assess family functioning/dynamics

d. Assess mental health (eating behaviors, school attendance/bullying, depression, etc.)

Physical findings suggesting specific causes of obesity:

a. Endocrine:

    i. Hypothyroidism - poor linear growth, family history

    ii. Cushings: hirsutism, moon facies, striae, hypertension

    iii. Polycystic ovarian syndrome: Oligomenorrhea (≤9/year), hirsutism

b. Genetic

    i. Developmental delay, abnormal genitalia, hyperphagia: Consider Prader Willi, Turner, Laurence-Moon-Badet-Biedle

History or physical findings indicating potential complications of obesity

a. Type II DM –

    i. Family history of type II DM in first degree relatives

    ii. Ethnicity: African American, Hispanic, Native American

    iii. Signs of insulin resistance (acanthosis nigricans, HTN, dyslipidemia, abdominal girth >90 percentile for age, PCOS)

b. Bowed legs (Blount's Disease)

c. PCOS: Oligomenorrhea, hirsutism

d. Sleep: disrupted sleep, poor sleep hygiene, daytime sleepiness, snoring (assess for sleep apnea)

e. Growth

    i. Birth to 2 yrs: use WHO growth charts

    ii. 2-18 years: use CDC BMI % charts

    iii. Rate if weight gain; crossing percentiles

    iv. Excessive weight gain prior to 6 mo of age associated with later obesity (high priority referral)

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f. Blood pressure
    i. Begin routine screening at 3 years of age
    ii. Utilize NHLBI Blood Pressure tables for children and adolescents
        1. www.nhlbi.nih.gov/guidelines/hypertension/child_tbl.pdf
    iii. Pre-hypertension: BP 90-94%, stage I: 95-99% +5mm; stage II: ≥99%+5mm
    iv. Obtain 3 measurements on separate days for diagnosis of HTN (except stage II)
        1. Ensure proper cuff size and positioning; utilize manual reading

"Smart" goal

a. How to choose goals?
    i. Collaboratively
    ii. Modifiable
    iii. Measurable
    iv. Attainable
    v. Timely
    vi. High reward

b. Preschool/school age/teenagers:
    i. Calorie containing beverages
    ii. Restaurants/take out food
    iii. Portion sizes
    iv. Screen time/sedentary time-leisure
    v. Activity

c. Under 3 years old
    i. Liquid calories
    ii. Meal/eating patterns
    iii. Portion sizes
    iv. Limit setting
    v. Screen time

Table 4: Higher priority referral for labs/comorbidities/age

Lab (repeat all)	Value
Triglycerides	≥ 400 (repeat to ensure fasting)
Hemoglobin A1c	≥ 6.0 (repeat)
Fasting Glucose	≥ 100 (repeat fasting)
ALT	≥ 80 (repeat in 1-3 mo)
LDL	greater than 160 (repeat fasting)
Total Cholesterol	greater than 250 (repeat fasting)
Symptoms/age	
Under 3 years old	Priority appointment
Hypertension	Uncontrolled on Medications
Severe sleep symptoms	Priority appointment

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