

Pediatric Obesity Care Path (ages 3-17)

Screening and Diagnosis	
BMI-for-age (at least annually): 85 th through 94 th percentile = overweight; 95 th percentile or above = obese; 99 th percentile or above = morbid obesity	
Treatment	
<i>Patient with Obesity</i>	<i>Patient with Morbid Obesity</i>
<p>Definition:</p> <ul style="list-style-type: none"> ➤ Based on BMI-for-age chart (can be accessed directly from the CDC site at: cdc.gov/growthcharts/clinical_charts.htm) <p>Exams:</p> <ul style="list-style-type: none"> ➤ Annual Chronic Disease visit (insurance won't cover exam for this diagnosis; code for co-morbidities) <p>Labs and Imaging:</p> <p>If patient has family history or PCOD or Acanthosis nigricans or ethnic risk factor, then order:</p> <ul style="list-style-type: none"> ➤ Fasting Lipid Panel (Every 2 years) ➤ Fasting Blood Glucose or Hemoglobin A1c (Every 2 years) ➤ Liver Panel (Every 2 years) ➤ TSH (for acute onset only) 	<p>Definition:</p> <ul style="list-style-type: none"> ➤ Based on BMI-for-age chart (can be accessed directly from the CDC site at: cdc.gov/growthcharts/clinical_charts.htm) <p>Exams:</p> <ul style="list-style-type: none"> ➤ Chronic Disease visit monthly (code for co-morbidities) <p>Labs and Imaging:</p> <p>If patient has family history or PCOD or Acanthosis nigricans or ethnic risk factor, then order:</p> <ul style="list-style-type: none"> ➤ Fasting Lipid Panel (Every 2 years) ➤ Fasting Blood Glucose or Hemoglobin A1c (Every 2 years) ➤ Liver Panel (Every 2 years) ➤ TSH (for acute onset only)

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

Patient Engagement:

- Encourage five one-cup servings daily of fruits and vegetables.
- Encourage a reduction in caloric intake, especially high-fat and high-refined carbohydrate foods.
- Encourage total abstinence from sugar-sweetened beverages.
- Encourage ≥ 60 minutes of moderate or vigorous aerobic physical activity per day (work up to).

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- If teen, offer teen program at Weight Watchers.

Specialist Consult

When to Refer:

- Patient doesn't lose or maintain loss of 5% of body weight.
- Patient is unable to achieve or maintain ½ to 1 lb. per week weight loss during treatment
- Patient in distress due to other symptoms, e.g. joint pain, uncontrolled diabetes mellitus, etc.

Evaluation to Consider:

- TSH
- Age appropriate depression screening
- Sleep study if age ≥ 6 (screening questions: snoring, trouble sleeping at night, tired during the day, restless at night)
- Eating disorder screening (Up in the middle of night eating habits? or Eating and can't stop?)

References:

1. "Primary Care Guide to Weight Management for Children and Adolescents." Intermountain Healthcare, n.d. Web. 22 August 2014.

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