Suggested Pediatric Weight Management Protocols

DEFINING VISIT SCHEDULE OVER A CALENDAR YEAR

The following care paths are a possible framework for pediatric weight management care (prevention plus) between primary care providers and registered dietitians participating in the Alliance Healthcare Initiative. These paths are not meant to be prescriptive, but provide a possible schedule of visits throughout the year after a problem is identified. In general, if you have a patient with a BMI ≥ 85th percentile, the goal should be to work with the patient and family on behavior change. To support this behavior change, it would be ideal for the patient and family to have 8-12 touch points with a provider. There is flexibility in how these touch points can be structured (i.e. with whom PCP, RD, other, and via various mechanisms via office visit, phone or other mechanism). As a provider, you will need to identify what is best for the patient and family.

step one

1ST PCP VISIT Well Child Visit: Problem Identified

At the Well Child Visit, primary care provider (PCP) should determine appropriate treatment track based on patient and family readiness and confidence to change.

Track 1: For patients and families who are engaged and ready to begin weight management with a registered dietitian (RD) after the initial visit.

Track 2: For patients and families who are not fully engaged and need more time to learn about overweight and obesity and the associated risk factors as well as the value of seeing a registered dietitian (RD) and importance of follow-up.

TRACK 1	TRACK 2
1ST RD VISIT 2-4 weeks following 1st PCP Visit (Well Child Visit)	**2ND PCP VISIT** 2-4 weeks following 1st PCP Visit (Well Child Visit)
2ND RD VISIT 2-4 weeks following 1st RD visit	**1ST RD VISIT** 2-4 weeks following 2nd PCP Visit
2ND PCP VISIT 2-4 weeks following 2nd RD Visit	**2ND RD VISIT** 2-4 weeks following 1st RD visit
3RD RD VISIT 4-6 weeks following 2nd PCP Visit	**3RD PCP VISIT** 6 weeks following 2nd RD Visit
3RD PCP VISIT 6 weeks following 3rd RD Visit	**3RD RD VISIT** 4-6 weeks following 3rd PCP Visit
4TH PCP VISIT 8 weeks following 3rd PCP Visit	**4TH PCP VISIT** 8 weeks following 3rd RD Visit
4TH RD VISIT 4-6 weeks following 4th PCP Visit	**4TH RD VISIT** 4-6 weeks following 4th PCP Visit
5TH PCP VISIT 4-8 weeks following 4th RD Visit	**5TH PCP VISIT** 4-8 weeks following 4th RD Visit

Suggested Pediatric Weight Management Protocols

FOR PRIMARY CARE PROVIDERS

1ST PCP VISIT (WELL CHILD VISIT)

- Calculate and plot BMI
- Assess medical risk (patient & family history, patient growth, parental obesity)
- Assess behavior risk (sedentary time, physical activity, nutrition)
- Assess family and patient attitudes (concern and motivation)
- Referral for follow-up care (with PCP and RD as appropriate)

2ND PCP VISIT

- Calculate and plot BMI
- Order relevant labs
- **(TRACK ONE)** Discuss first visit with RD and review behavior plan (goals and next steps)
- **(TRACK TWO)** Engage family in weight management (via 15-minute obesity prevention protocol—see Table 4 on page 173 of *Expert Committee Recommendations and Target Behaviors Checklist*)
- **(TRACK TWO)** If family is ready, make referral for ongoing follow-up weight management with PCP and/or RD
- Address patient/family concerns
- Complete appropriate care coordination forms to share patient information with other partners in care (i.e. RD, school nurse, exercise physiologist, sub-specialist involved in care, etc.)

PCP VISITS 3-5

- Calculate and plot BMI
- As appropriate conduct 15 minute obesity prevention protocol (see Table 4 on page 173 of Expert Committee Guidelines or flip chart,) with emphasis on identified goals
- Review patient and family's goals
- Review *Pediatric Weight Management Ongoing Care* Coordination and Information Sharing from dietitian, as available
- Discuss visit with RD
- Assess progress
- Refine or set lifestyle goals
- Address medical concerns
- Order labs as appropriate
- Complete appropriate care coordination forms to share patient information with other partners in care (i.e. RD, school nurse, exercise physiologist, sub-specialist involved in care, etc.)

Suggested Pediatric Weight Management Protocols

FOR REGISTERED DIETITIANS

1ST RD VISIT

- Medical and nutrition evaluation (blood pressure, height, weight, BMI, growth chart, review labs). See *ADA Pediatric Weight Management Evidence-Based Nutrition Practice Guidelines.*
- Review PCP comments and goals as available
- Nutrition assessment (including readiness to change assessment) See *ADA Pediatric Weight Management Evidence-Based Nutrition Practice Guidelines.*
- Determine nutrition diagnosis
- Prioritize needs and goals based on child and family interests and issues (refer to Nutrition Topic List)
- Begin intervention/counseling/education (for example: food pyramid food choices, review portion sizes or other nutrition topic from list) See *ADA Pediatric Weight Management Nutrition Intervention Algorithm.*
- Recommend food and activity records and/or self-monitoring activity to support goals
- Document
- Discuss/share plan with PCP

RD VISITS 2-4

- Review medical record/chart notes and *Pediatric Weight Management Ongoing Care Coordination and Information Sharing* form from PCP as available; acknowledge PCP feedback on goals/ revised goals & medical status, review reports from other consultants, as applicable
- Review labs from PCP, as applicable.
- Medical and nutrition re-evaluation. Recheck weight, etc. See *ADA Pediatric Weight Management Evidence-Based Nutrition Practice Guidelines.*
- Update/modify nutrition diagnosis, as needed
- Review goals from prior session
- Reinforce progress
- Counseling on nutrition topic for the session (Items identified from Nutrition Topic List)
- Establish new goals (or maintenance goal(s) at last visit). See *ADA Pediatric Weight Management Nutrition Intervention Algorithm.*
- Recommend food and activity records and/or self-monitoring activity to support goals
- Document
- Discuss/share plan with PCP