Weight Co-Management Guidelines

Endocrinology & Diabetes

These guidelines support referring patients with obesity. Guidelines include criteria for referral to Lifestyle Medicine Collaborative, NEW Kids, Endocrinology and Healthy Hearts programs. To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Diagnosis/symptom:	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Endocrinology Clinic:	What can referring provider send to Endocrinology?	Specialist's workup after referral to Endocrinology Clinic will likely include:
 Signs and symptoms HbAlc ≥6.5%: Concern for diagnosis of new onset type 2 diabetes. Contact our office (414-266-6750) for referral to Diabetes Clinic. HbAlc <6.5%, refer to NEW Kids HbAlc 6.0-6.4%: Obtain a fasting glucose or, if able, OGTT* *To perform OGTT, the child must be fasting for 12 hrs. and take 1.75 grams of glucose/kilogram (max 75 grams) during 5-minute period Fasting glucose >125, please call endocrinology for an appointment Fasting glucose less than 126 or 2-hour OGTT <200, please encourage lifestyle changes and repeat in 3-6 months. There is the option to refer to Diabetes Prevention Program (under endocrinology referral drop down) or NEW Kids for lifestyle counseling. 	 Diagnosis and Treatment Treatment can be based on underlying cause, severity of obesity, age and sex. Can include, but not limited to: Lifestyle changes Referral to additional sub-specialists at Children's Medication 	 HbA1c ≥6.5%: Concern for diagnosis of new onset type 2 diabetes. Contact our office (414-266-6750) for referral to Diabetes Clinic. HbA1c <6.5%, refer to NEW Kids HbA1c 6.0-6.4%: Obtain a fasting glucose or, if able, OGTT If the fasting glucose <126 or 2-hour OGTT less than 200, encourage dietary and exercise changes for 3 months and repeat HbA1c. If 2 hour blood sugar on OGTT >200 or fasting blood sugar >126, refer to endocrine. Call for an appointment. 	In order to help triage our patients and maximize the visit, please include: • Growth charts • Chief complaint, onset, frequency • Recent progress notes • Urgency of the referral • Labs and imaging results • Other diagnoses • Office notes with medications tried/ failed in the past and any lab work that may have been obtained regarding this patient's problems	 Patient will be called by clinic staff for next available Session 1 type 2 clinic visit and education. These appointments occur on Tuesday mornings at 8 a.m. and last until around noon. Patients will see a provider, an RN educator and an RD at this visit. At this visit, patients will be scheduled for their next office visit (3-month follow-up) and Session 2 type 2 education (occurs every other Tuesday from 1-4 p.m twice per month). Alc will be checked each clinic visit with any additional labs as requested by provider.
Send referrals . Internal	referral via Children's I ambulatory referral to <i>L</i>	•	Please note: ^E HbA1c is greater than 6.	.5%,

to Children's Endocrinology.

• Via phone (414) 266-2420

(414) 607-5288

• Via fax

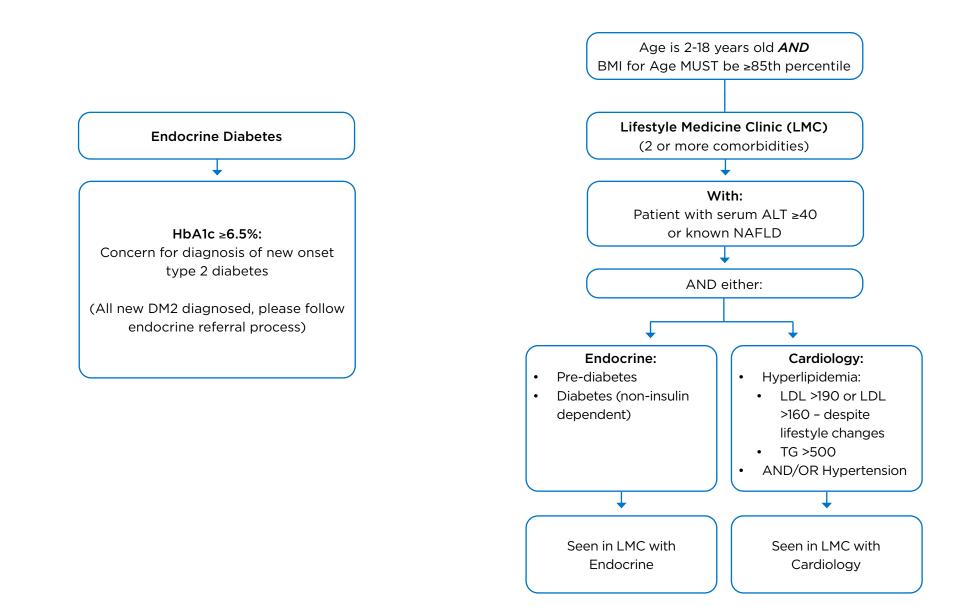
• External referral via Epic

Send to CHW ENDOCRINE & DIABETES CLINICS.

If HbA1c is greater than 6.5%, random blood sugar greater than 200 or fasting blood sugar greater than 125, please call the physician consultation line.



Kids deserve the best.



For questions concerning this work, contact mdconnect@childrenswi.org

Medical Disclaimer

Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc. nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information. Readers are encouraged to confirm the information contained in this work with other sources.



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