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Diagnosis/contacts

**Adolescent
Wellness Clinic**

Overweight/obesity management

See Adolescent Medicine CRG Link Below.

Overweight adolescents referred to Adolescent Medicine will be assessed for the Adolescent Wellness Clinic (AWC) and/or Adolescent Wellness Program (AWP) (16 week individual and group intervention).

> Additional Information:

- See Adolescent Medicine Consult and Referral Guidelines: <http://www.seattlechildrens.org/healthcare-professionals/access-services/ambulatory-services/consult-referral-guidelines/>

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.



Clinic/Diagnosis

Child Wellness Clinic

For children 2 to 11 years

2 to under 7 years:
Initial evaluation and referral to Seattle Children's individualized treatment (5 individual visits over 3 months)

7 to 11 years:
Initial evaluation and, depending upon family and patient needs, referral to Seattle Children's intensive 9 month individual and group intervention program OR 5 individual visits over 3 months

Referring provider's initial evaluation and management can include:

Provider has:

- Identified an acceleration of BMI percentiles
- Assessed the family and the patient readiness for behavior and nutritional change based on AMA Stage 3 guidelines
- Informed the family that there is a 9 month commitment to a hospital-based program for patients 7-11 years old

When to initiate referral:

This program serves patients who are:

- \geq 95th percentile BMI (obese)
- Ready for AMA stage 3 intervention and who can commit to a long-term program

This list may be helpful for children not meeting the above parameters:

- Strong Kids/Strong Teens (children and teens 8-15)
- COMPASS Research Study (children 7-11)
- Good Growing Series (children 10-11)
- Body Works (children and teens 9-16)
- Austin Foundation Youth and Fitness Programs (children to young adults 6-20)
- Fit for You, Odessa Brown Clinic
- Private practice dietitians with experience in working with children and families

What can referring provider send?

- Growth grids from birth to present
- Medical records and labs relevant to any co-morbidities

Children's workup will likely include:

Evaluation and treatment team evaluation includes: physician assistant, nutritionist, social work, and fitness specialist

Focus on family behavior and lifestyle changes via motivational interviewing and coaching

> Additional Information:

Reference: Obesity Evaluation and Treatment: Expert Committee Recommendations <http://www.pediatrics.aappublications.org/cgi/content/full/102/3/e29>



Clinic/Diagnosis

Child Wellness Clinic

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.



Clinic/Diagnosis

Eating Disorders Services

See Adolescent Medicine
CRG Link below

> Additional Information:

- See Adolescent Medicine Consult and Referral Guidelines: <http://www.seattlechildrens.org/healthcare-professionals/access-services/ambulatory-services/consult-referral-guidelines/>

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.



Clinic/Diagnosis

**Growth and Feeding
Dynamics Clinic**

**Referring provider's initial
evaluation and manage-
ment can include:**

- Maternal history (drug use, congenital infection, maternal nutrition/health during pregnancy)
- Labor, delivery and neonatal history

Physical exam

- Thorough review of systems
- Child's general history acute/ chronic illnesses medication use
- Growth history plot on CDC curve, correct for pre-maturity until age 2

When to initiate referral:

For children 9 months - 4 years

Growth concerns

- 9 month-2 years: weight/ length ratio <5th percentile or declining velocity of 2 growth channels
- 2-4 years: BMI <5th percentile or declining velocity of 2 growth channels

NOTE: If growth issues only refer to Nutrition Clinic.

Feeding concerns

- Not eating a variety of foods, feeding aversion, poor progression to solids

NOTE: If feeding issues only (e.g. breastfeeding or feeding concerns such as oral-motor problems, delayed transition to solids or delayed development of self-feeding skills) refer to Occupational Therapy (OT).

Psychosocial concerns

- Impacting family dynamics
- Psychosocial risk factors (mental health issues, developmental concern, significant environmental stress, poverty, isolation, substance abuse)

**What can referring
provider send?**

- Growth grids from birth to present
- Medical records and labs relevant to diagnosis

**Children's workup will
likely include:**

- Team evaluation includes: nutrition, occupational therapy and social work providing:
 - Nutrition, feeding and psychosocial assessment and short-term follow-up
 - Focus on feeding difficulty/poor weight gain in conjunction with feeding dynamic issues such as feeding aversion or poor progression to solids
 - Assistance with setting up long-term treatment as necessary



Clinic/Diagnosis

**Growth and Feeding
Dynamics Clinic**

> *Urgent referral recommended for:*

- Patients 9-15 months who need to be seen in 2-4 weeks.

> *Tips for an effective visit:*

- Talk with your patient and family about the reason for the referral and the questions to be answered, including failure to thrive diagnosis if applicable.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.
- Please let your families know that their PCP will be coordinating medical follow-up for this assessment (i.e. that there is no medical provider in this clinic.)
- Please let families know that the initial visit will last approximately two hours.
- Please inform families that they will be receiving a questionnaire and 3 day food diary to complete and bring to clinic.



Clinic/Diagnosis

Nutrition Clinic

From birth through age 21

Refer children already seen in another Children's specialty clinic to the dietitian in that program.

Weight management/overweight — see Child or Adolescent Wellness Clinics

Referring provider's initial evaluation and management can include:

History

- H & P
- Psycho-social history

Physical exam

- Weight
- Height
- Age
- Menstrual history

Labs

- Depends on diagnosis
- Facilitate patient obtaining RAST for diagnosis of allergy

Growth history

- Plot on CDC curves

When to initiate referral:

- General nutrition
- Failure to thrive
- Underweight
- Abnormal weight loss (not an eating disorder)
- Energy-deficit/secondary amenorrhea (not an eating disorder)
- Food allergies
- Poor eating habits
- Sports nutrition
- Mild lipid disorders or insulin resistance (not meeting criteria for Lipid or Diabetes Clinics in Endocrine)
- Tube feeding/total parenteral nutrition
- Vegetarianism
- Autism
- Low weight due to ADD/ADHD medications

What can referring provider send?

- Reason for referral
- Growth grids from birth to present
- Medical records and labs relevant to diagnosis
- Skin test or RAST required for any allergy education

Children's workup will likely include:

- Provides nutrition assessment and treatment

> Urgent referral recommended for:

- Defined by 12 months of age or younger with poor or no weight gain in the last two months

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.



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