



Directory

Diagnosis	Page
Adolescent Wellness Clinic.....	2
Child Wellness Clinic.....	3
Eating Disorders Services.....	5
Growth and Feeding Dynamics Clinic.....	6
Nutrition Clinic.....	8



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:
Assessment and Follow-up for Children with Growth and Feeding Difficulties**

Referring provider's initial evaluation and management 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: Assessment for Intensive Feeding Program for Tube-Fed Children

Referring provider's initial evaluation and management can include:

Physical exam

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

When to initiate referral:

- For children at least 9 months of age who are tube fed-dependent, medically stable and no medical contraindications for weaning

What can referring provider send?

- Growth grids from birth to present
- Medical diagnoses
- Medical and tube feeding history, reason for feeding tube, when tube place, and type of tube
- Results of any pertinent lab tests

Children's workup will likely include:

- Nutrition, Occupational Therapy and Social Work assessments of feeding dynamics
- Evaluation of readiness to participate in two week intensive feeding program and recommended follow-up

> 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
- MD interpretation of allergy testing results with recommendations

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.



Copyright 2011, Seattle Children's, Seattle, WA. All Rights Reserved. The enclosed policies, procedures, standards, guidelines, or other materials (including forms) are specifically for use at Seattle Children's in Seattle, Washington. We are providing these materials to you for information-sharing only.

Seattle Children's is not responsible for subsequent application of the procedures or guidelines to patient care at your facility. It is your responsibility to revise, adapt and adopt any policies, etc., for use at your facility. It is further your responsibility to become updated and to remain current in the constantly evolving area of pediatric health care. Policies and forms may not be reproduced without permission.