

Referral Pathway

2020

**A quick reference
guide for primary
health care
providers**

Created by the Health and Wellbeing
Queensland Clinicians Hub



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01. Introduction

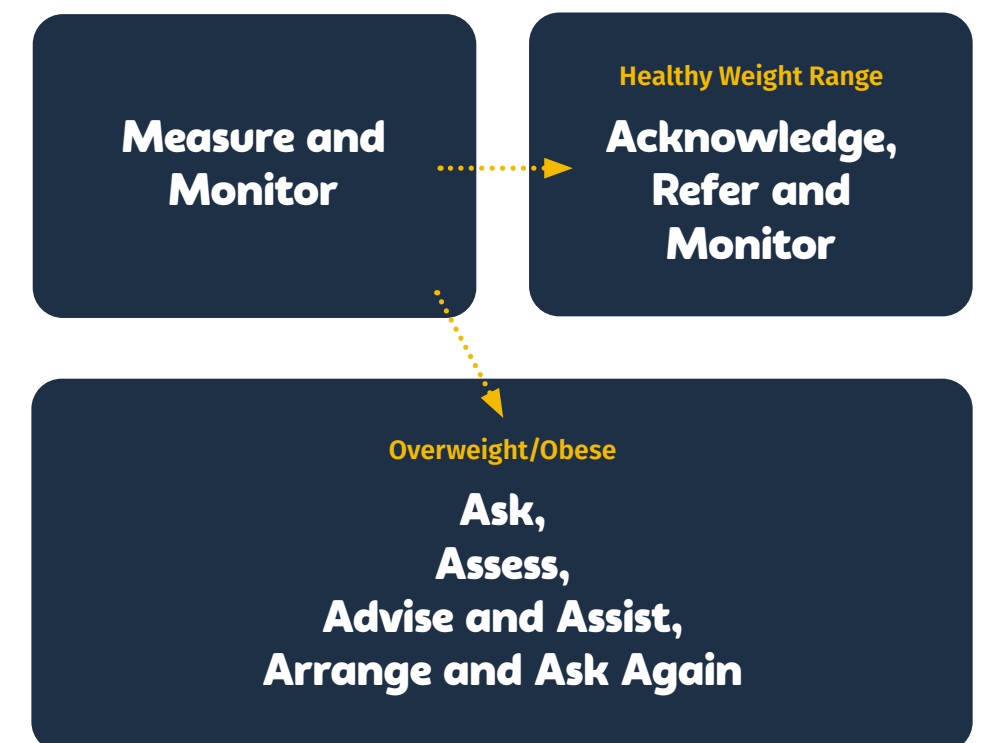
What is the Referral Pathway and how should you use it?

What is it?

The Referral Pathway is a quick reference guide that supports primary health care providers to monitor and assess child growth, refer patients to appropriate services, and deliver interventions. In the foreseeable future, the goal is to create an interactive Clinical Decision Support Tool to further empower clinicians in management of childhood obesity.

How to use it?

The Referral Pathway follows a distinct number of clear steps. Follow these as outlined below to correctly identify and intervene (where necessary).





02. Measure and Monitor Primary Health Care Providers (PCP): Measuring Growth and Monitoring Changes



Raise

Raise the topic with sensitivity*



Measure

Measure child's length/height and weight and plot on age and gender specific growth chart

0-2 years old use WHO Weight for Length Growth Standards

2-18 years old calculate BMI and plot on CDC Growth Charts BMI-for-age



Show

Show length/height, weight and BMI-for-age growth charts to family, advise findings in a positive and sensitive manner

OVERWEIGHT		OBESE	
0-2 years (WHO):	Weight for height > 2 SD above WHO Growth Standards	0-2 years (WHO):	Weight for height > 3 SD above WHO Growth Standards
2-18 years (CDC):	85-95th percentile	2-18 years (CDC):	≥ 95th percentile

03. Healthy Weight Range Acknowledge, Refer and Monitor

- Acknowledge that the child is within the healthy weight range with the parents/carers
- Refer family to Healthier Happier website for information regarding healthy nutrition, physical activity and screen time
- Monitor growth yearly (minimum) and plot on appropriate growth chart

04. Overweight/Obese Ask, Assess, Advise and Assist, Arrange and Ask Again

ASK

Raise the issue of weight with the child/adolescent and family*. Ask about previous

ASSESS

- Perform clinical examination including assessment for underlying comorbidities
- Assess the family's readiness and ability to make and sustain behavioural changes
- Involve the whole family and emphasise the benefits to the family unit. This is especially important for separated families where a child may live in more than one household.

ADVISE AND ASSIST

- Co-design an action plan with the child and family (frame positively, focusing on healthy growth and lifestyle behaviours)
- Develop SMART goals (healthy eating, family meal behaviours, moderate-vigorous physical activity/active play, screen time, healthy sleep routine).

ARRANGE AND ASK AGAIN

- Refer to local allied health/healthy lifestyle programs. If eligible consider Chronic Disease Management Plan
- Refer to Healthier Happier website
- Refer to hospital and specialist services if indicated.

QUARTERINARY CARE

When intervention including pharmacotherapy (anti-obesity agents) and very low-caloric/energy diets (VLCDs or VLEDs) are not successful, bariatric surgery may be indicated.

HOSPITAL AND SPECIALIST CARE

When lifestyle changes are not successful and/or when rapid weight loss is required additional intervention may be necessary, including pharmacotherapy (anti-obesity agents) or very low-caloric/energy diets (VLCDs or VLEDs).

- Family-based, multicomponent behavioural therapy;
- Integrated care model;
- Well-trained multidisciplinary care team including medical oversight;
- The use of evidence-based protocols; and provide >25 hours of contact with child and/or family over a period of 6 months. When this level of contact is not feasible, provide at least 5 hours of total contact.

05. Family Discussion

*Raising the Topic of Weight

Ask

Ask permission to discuss weight with the child and family (as you walk into the consult room).



Normalise

Normalise the discussion of weight.



Explain

Explain what is measured.



Encourage

Encourage involvement of parents/carers when measuring length/height and weight.



Explain

Explain the classification of overweight/obesity in relation to the healthy range.



Advise

Advise parents of child's weight category.



Avoid

Avoid: Assigning blame, using language that is discriminatory, stigmatising or patronizing, using cosmetic benefits as a motivator, scare tactics.



Adolescents

For adolescents, if appropriate consider speaking without parent/ carer present.



05. Family Discussion

Topics of Discussion

ENCOURAGE



Water as the main drink[^]



Eating from the 5 core food groups



Eating breakfast each day



Good sleeping habits



Increasing active play/ moderate to vigorous physical activity



Eating meals together at the table (TV/screens turned off)

LIMIT



Sugary drinks (i.e. softdrink, cordial, fruit juice)



Takeaway/fast-food/ high energy food



Screen time (non-academic)



Meals in front of the TV/ screen



Screen-time before bed



Screens in bedroom

[^] 0-12 months breast milk/infant formula as main drink

06. Links

Notable Contributors



eatforhealth.gov.au



raisingchildren.net.au

Healthier. Happier.



Growing good habits.