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 • 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* *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). • A1c will be checked each clinic visit with any additional labs as requested by provider.

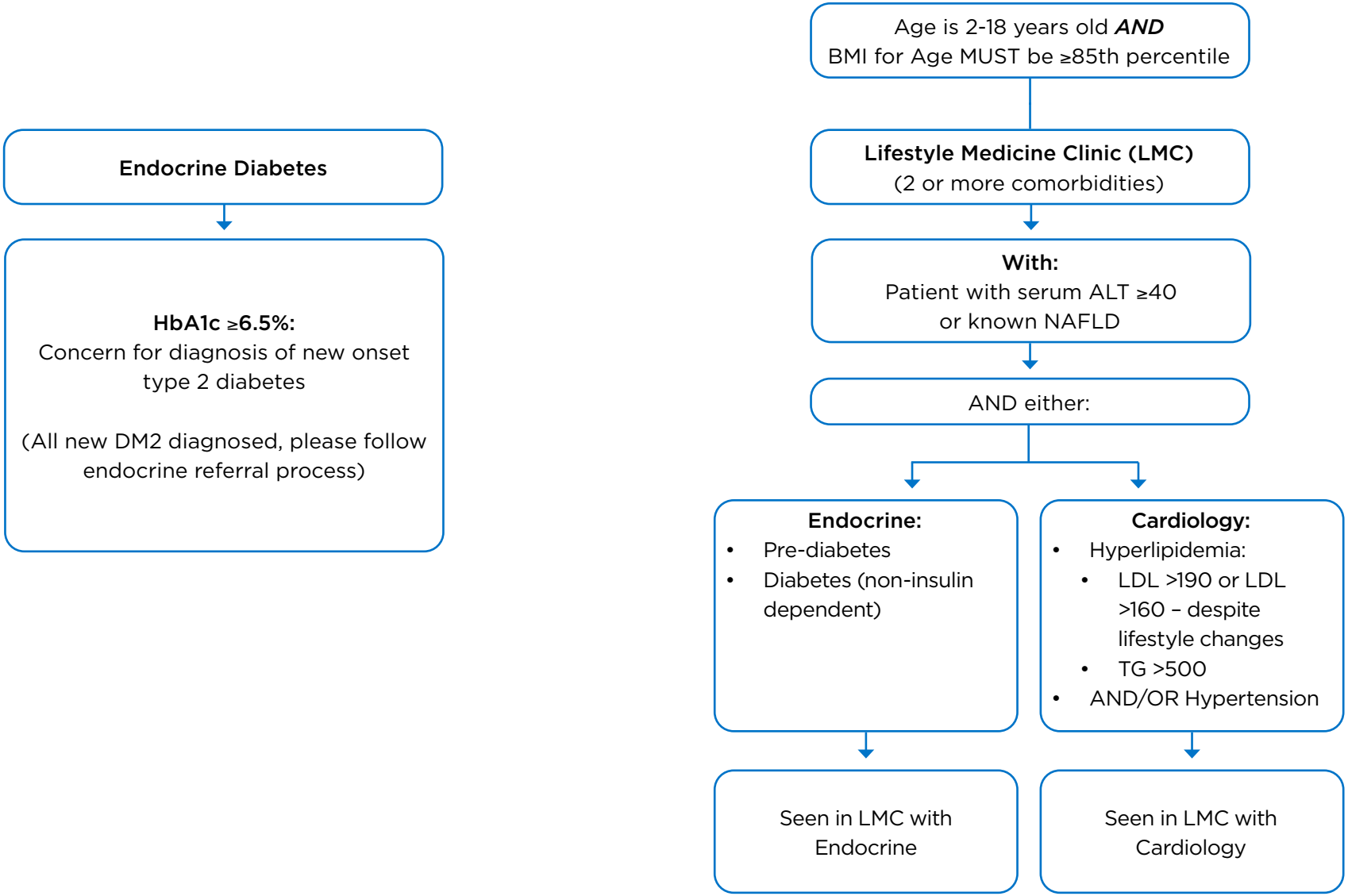
Send referrals to Children's Endocrinology.

- **Internal referral via Children's Epic**
  Send an ambulatory referral to *Diabetes/Endocrinology.*
- **External referral via Epic**
  Send to CHW ENDOCRINE & DIABETES CLINICS.
- **Via fax**
  (414) 607-5288
- **Via phone**
  (414) 266-2420

Please note:
If HbA1c is greater than 6.5%, random blood sugar greater than 200 or fasting blood sugar greater than 125, please call the clinic at (414) 266-6750.

Children's Wisconsin

Kids deserve the best.



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

Updated: 2/2025, Cara Mack, MD

Children's Wisconsin
Kids deserve the best.