Lifestyle Medicine Collaborative (LMC) Program (Hepatology, Gastroenterology, Endocrinology, Cardiology and Clinical Nutrition)

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 Lifestyle Medicine Clinic (LMC):	What can referring provider send to Lifestyle Medicine Collaborative?	Specialist's workup after referral to LMC will likely include:
Signs and symptoms Child age 2-18 years with BMI ≥ 85% AND • Serum ALT ≥40 or known NAFLD AND • Pre-diabetes or diabetes (non insulin-dependent) OR • Hyperlipidemia: • LDL >190 or LDL persistently >160 with lifestyle changes • TG >500 OR • Hypertension	Diagnosis and treatment Diagnosis is based on history, physical and additional testing, which may include but not limited to: height, weight, blood pressure, BMI, BMI%, BMI z-score, lab work, including: lipid panel, ALT, glucose, hemoglobin A1c, LDL. Treatment can be based on underlying cause, severity of obesity, age and sex. Can include, but not limited to: Lifestyle changes Referral to additional subspecialists at Children's Referral to Behavioral/ Counseling Medication Liver FibroScan Referral to Froedtert's Adolescent Bariatric Surgery	Child age 2-18* years with BMI ≥85% ≥2 comorbidities: WITH: • Serum ALT ≥40 or known NAFLD AND EITHER • Pre-diabetes or diabetes (non insulin-dependent) OR • Hyperlipidemia: • LDL >190 or LDL persistently >160 with lifestyle changes • TG >500 OR • Hypertension *Any child with obesity before or by age 5, provider should consider a genetic referral.	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	 Parents will be called for an appointment. Clinic is held twice per month. Patients will meet with a PNP in GI, Hepatologist, Endocrinology PNP/MD or Cardiologist MD, and registered dietitian for the first visit. RD and GI PNP for the second visit or Endocrinology PNP Additional visit with full team (GI PNP, Endocrinology/Cardiology, Hepatologist, RD) 6 mos. after initial visit A liver FibroScan (measures fat/fibrosis) will be performed biannually. Labs will be rechecked 1-6 months after the initial visit. The patient may be referred to additional specialists if needed. Information about the Lifestyle Medicine Collaborative Program on childrenswi.org.

Send referrals to Children's LMC.

Send referrals to . Internal referral via Children's Epic

Send an ambulatory referral to *Lifestyle Medicine Clinic* OR to *Weight Management*.



• External referral via Epic

Send to CHW GASTROENTEROLOGY CLINICS. Add Lifestyle Medicine Collaborative in the notes/comments.

Via fax

(414) 607-5288

. Via phone

(414) 266-2420



Nutrition, Exercise, Weight loss (NEW) Kids Program for Elevated BMI (Gastroenterology, Clinical Nutrition)

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 NEW Kids Clinic:	What can referring provider send to NEW Kids Clinic?	Specialist's workup after referral to NEW Kids will likely include:
Signs and symptoms Child age 2-18 years with BMI ≥85% AND • At least 1 comorbid condition OR Child age 2-18 years with BMI ≥ =40 with/without a comorbid condition	Diagnosis and treatment Diagnosis is based on history, physical and additional testing, which may include but not limited to: height, weight, blood pressure, BMI, BMI%, BMI z-score, lab work, including: lipid panel, ALT, glucose, hemoglobin A1c, LDL. Treatment can be based on underlying cause, severity of obesity, age and sex. Can include, but not limited to: Lifestyle changes Referral to additional subspecialists at Children's Referral to Behavioral/Counseling Medication Referral to Froedtert's Adolescent Bariatric Surgery	Child age 2-18 years with BMI ≥40 with/without comorbid condition OR BMI >85% AND at least one comorbid condition as follows: • ALT ≥40 or known NAFLD • Pre-diabetes (HbA1C <6.5%) • Hyperlipidemia • Non-alcoholic steatohepatitis (NASH) • Hypertension • Obstructive Sleep Apnea (OSA) • Slipped Capital Femoral Epiphysis (SCFE) • Blount's disease	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	 Parents will be called for an appointment. Wait times vary for initial appointments between Main Campus and Delafield. They will meet with a PNP in GI/NEW Kids for the first visit, an RD GI/NEW KIDS for the second visit, and third visit with the RD and PNP together, alternating appointments for up to 6 visits. Lab frequency will be determined at the first NEW Kids appointment (repeat labs 3-9 months) after the initial visit. The patient may be referred to additional specialists if needed. NEW Kids video

Send referrals to Children's NEW Kids Clinic.

Send referrals to . Internal referral via Children's Epic

Send an ambulatory referral to *NEW Kids Clinic* OR to *Weight Management.*



• External referral via Epic

Please use the NEW Kids referral form on the website found at: childrenswi.org/newkids.

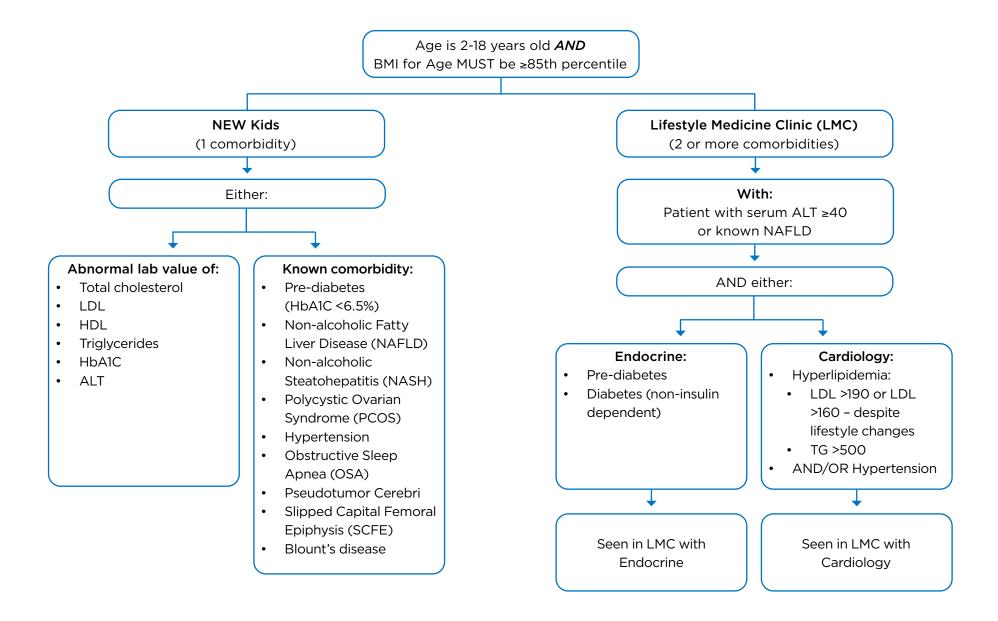
Via fax

(414) 607-5288

. Via phone

(414) 266-2420





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.



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). Alc 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.

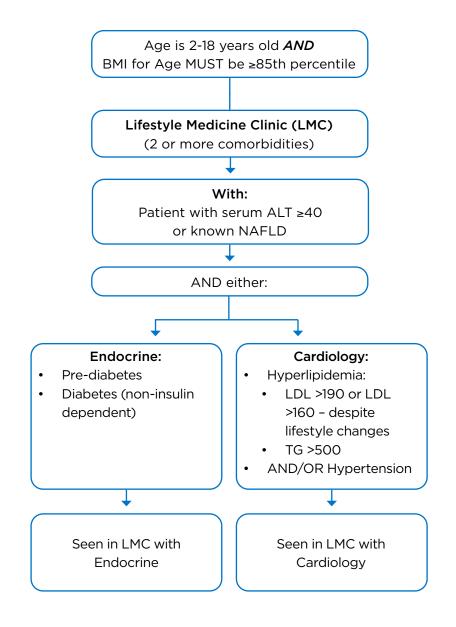


Endocrine Diabetes

HbA1c ≥6.5%:

Concern for diagnosis of new onset type 2 diabetes

(All new DM2 diagnosed, please follow endocrine referral process)



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

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Healthy Hearts (Cardiology)

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 Healthy Hearts Clinic:	What can referring provider send to Cardiology?	Specialist's workup after referral to Cardiology will likely include:
 Signs and symptoms Hypertension Hyperlipidemia Family history of heart disease Obesity 	Diagnosis is based on history, physical and additional testing, which may include but not limited to: height, weight, blood pressure, BMI, BMI%, BMI z-score, lab work, including: lipid panel, ALT, AST, glucose, hemoglobin A1c.	Pediatric patient < 18 years of age with concern for cardiovascular risk factors including, but not limited to: • Total Cholesterol >200 mg/dL • LDL >130 mg/dL • TG >130 mg/dL • BP >90th%ile or >120/80 • Positive family history: having a parent, grandparent, aunt or uncle who has had cardiovascular disease under the age of 55 years in males or under age 65 years in females	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	 Screening blood work (if not already done) prior to visit Evaluation by RN, MD and RD Follow-up is individualized based on risk factors and/or patient needs Cardiac diagnostic tests as needed Echocardiogram ECG Exercise Stress Test Referral to other subspecialties as needed

Send referrals to Children's Cardiology.



Internal referral via Children's Epic

Send an ambulatory referral to *Healthy Hearts Preventive Cardiology Clinic*.

External referral via Epic

Send to CARDIOLOGY CLINICS. Add Healthy Hearts in the notes/comments.

Via fax

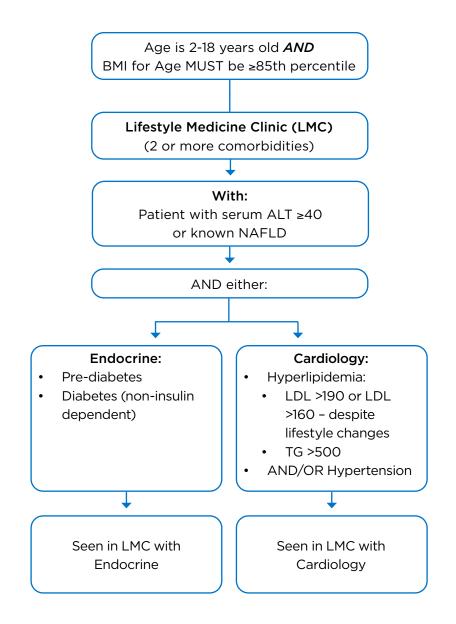
(414) 607-5288

. Via phone

(414) 266-2420



One of the following: Hypertension Hyperlipidemia Family history of heart disease Obesity



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

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Adolescent Metabolic Bariatric Surgery Program (Collaborating with Froedtert Bariatric Surgery Program with Dr. Tammy Kindel)

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 Metabolic Bariatric Surgery:	What can referring provider send to Bariatric Surgery Program?	Specialist's workup after referral to Bariatric Surgery will likely include:
Signs and symptoms Patient should be a minimum of 13 years of age or older*. BMI >35 with ≥1 comorbid condition or any patient with a BMI ≥40 with/without comorbid issues Exclusions: Suicide attempt in the last 12 months; Prader-Willi syndrome.	Diagnosis and treatment Diagnosis is based on lab work, BMI, lifestyle changes and possible medication.	On a patient-to-patient basis or families/patients who are requesting this.	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	 History, physical, lab work and referral to Dr. Tammy Kindel for an evaluation for metabolic bariatric surgery May include monthly weight loss management visits between NEW Kids & Bariatric Bariatric assessment will include surgeon, MD, APP, dietitian and psychologist. NEW Kids Program (414) 607-5280 Froedtert Bariatric Surgery program (877) 770-5673

Children's NEW Kids Clinic.

Send referrals to . Internal referral via Children's Epic

Send an ambulatory referral to NEW Kids Clinic. Referral to Dr. Tammy Kindel.



Please use the NEW Kids referral form on the website found at: childrenswi.org/newkids*

*Add in the comment section "Referral for Bariatric Surgery."

Via fax

(414) 607-5288

. Via phone

(414) 266-2420



Kids deserve the best.

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

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*Per AAP guidelines (2023) and approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

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