Paediatric Obesity Pathway





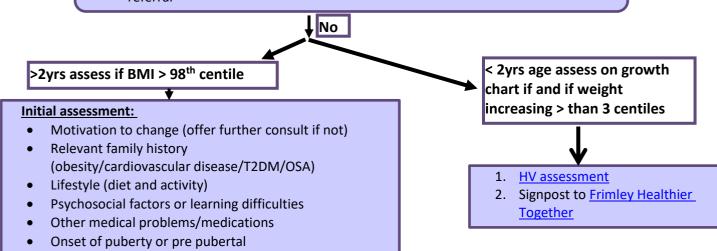
If Safeguarding concerns at any stage, follow local protocols for appropriate referral

Assess BMI if concerned and at routine checks

(NHS BMI calculator and/or RCPCH growth charts)

Assess for organic cause (rare)

- Short compared to parents and obese or dysmorphic: General Paediatrics referral
- Hypothyroidism (TFTs only if clinical suspicion if normal T4 and TSH 5-10, repeat in 3 months): General Paediatrics referral
- Developmental delay or significant learning difficulties: Community Paediatric referral



Assess for comorbidities

- If >11yrs BP and bloods: fasting glucose and lipids,
 FBC, Iron studies, Vit D, HbA1c and liver function
- Hypertension (>95th centile for height on 2 repeated manual checks)
- Signs of Dyslipidaemia
- Insulin resistance acanthosis nigricans
- Raised ALT (repeat 6 months later after lifestyle interventions)
- Worsening medical conditions, eg Asthma
- Evidence of PCOS

Refer to general paediatrics
AND

Signpost to Frimley Healthier

Together Weight page

Age >2years but <16 years with BMI > 98th centile **AND** persistent co-morbidities after 6 months despite intervention If >16 please refer to adult services

Signpost to Frimley Healthier
Together Weight page for
support and local weight
management programmes
and review in 3 months

YES

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