

**Department of Paediatrics**

**St George’s Complications of excess weight (CEW) clinic**

This clinic is for children and young people aged 2 to 18th birthday with significant health problems related to obesity.

High priority health complications include (but are not restricted to): Type 2 diabetes, Obstructive Sleep Apnoea, Benign Intracranial Hypertension and Physical Immobility.

We will consider referrals for CYP with less immediate adverse health implications with very severe overweight (BMI > 3.33 Z Score) such as raised liver enzymes and 'fatty liver', features of polycystic ovary syndrome, high blood pressure, high cholesterol and triglycerides.

**Key referral criteria:**

1. **Obesity**
2. **Significant obesity-related medical comorbidity that would benefit from weight loss (eg type 2 diabetes, sleep apnoea, NAFLD with fibrosis) that has not responded to treatment with specialist team**
3. **Family wants help to change**

**Or**

1. **Severe Obesity – BMI is currently set at >3.33 Z Score (although this may increase in the future)**
2. **Family wants help to change**

**CEW services are based on home address and corresponding London borough**. We will accept referrals for south-west London (SWL): Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth

**KEY REFERRAL CRITERIA**

1. **Obesity**

|  |  |  |
| --- | --- | --- |
|  |  | **Centile or SD/z if above 99.6th centile** |
| **Weight** |  |  |
| **Height** |  |  |
| **BMI** |  |  |

Centile charts available from RCPCH website: [Body mass index (BMI) chart | RCPCH](https://www.rcpch.ac.uk/resources/body-mass-index-bmi-chart)

1. **Physical health conditions related to obesity:**

|  |  |  |
| --- | --- | --- |
| Condition | Treatment team | Status/summary of condition |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Medical Conditions:**

|  |  |  |
| --- | --- | --- |
| Condition | Treatment team | Status/summary of condition |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Mental health/developmental needs:**

|  |  |  |
| --- | --- | --- |
|  |  | **Treatment team and summary of condition** |
| Mental health concerns | No / yes - details: |  |
| Learning difficulties | No / yes - details: |  |
| Developmental delay | No / yes - details: |  |
| Social communication difficulties | No / yes - details: |  |
| Needle phobia | No / yes - details: |  |

1. **Family ready to engage with our service**

|  |  |
| --- | --- |
| **Family/patient are aware of referral:** | Yes/No |
| **Family/patient are consenting to the referral:** | Yes/No |
| **Family/patient are able to engage in services/ want help.** | Yes/No |

**ONLY CONTINUE IF PATIENT FULFILLS ALL 3 CRITERIA.**

**Referrer details.** We will work together with the treatment team. Safeguarding responsibility remains with the local lead clinician.

|  |  |
| --- | --- |
| Referrer Name |  |
| Email |  |
| Telephone |  |
| Referrer Role |  |
| Hospital/Service and address (including postcode) |  |
| Date of referral |  |

**Patient Details**

|  |  |
| --- | --- |
| First Name |  |
| Known as (if different to first name) |  |
| Last name |  |
| Date of birth |  |
| Sex and gender (if different) |  |
| NHS number |  |
| Ethnicity |  |
| Home Address |  |
| Post Code |  |
| Fluent English spoken by whole family |  |
| Translator required |  |

**Parent/Carer/responsible adult details**

|  |  |
| --- | --- |
| First Name |  |
| Known as (if different to first name) |  |
| Last name |  |
| Parental responsibility? |  |
| Home Address (if different to CYP) |  |
| Post Code |  |
| Email address |  |
| Telephone number |  |

**Education/training**

|  |  |
| --- | --- |
| Name of school / college / nursery |  |
| Attendance rate |  |
| Is health impacting on education/training |  |

**Key professionals:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional role** | **Name + address** | **Telephone** | **Email** |
| GP |  |  |  |
| Local lead general paediatrician (\*necessary) |  |  |  |
| Local authority social worker |  |  |  |
| Other |  |  |  |

**What support has the family had to date?** *We assume that input from local and specialist team have already been attempted*

|  |  |  |
| --- | --- | --- |
| **Support** | **Which team** | **Clinical details** |
| Dietitian / lifestyle practitioner / community obesity program |  |  |
| Social prescribing |  |  |
| Mental health (including psychology) |  |  |
| Physiotherapy |  |  |
| Youth support / family support workers/early help |  |  |
| Child protection plan, Child in need plan or safeguarding referrals |  |  |

**Reasons for referral**

**What would referrer like from this referral:**

|  |
| --- |
|  |

**What would the family like from this referral?**

|  |
| --- |
|  |

**Any engagement issues?**

|  |  |
| --- | --- |
| Missed appointments | No / yes - details: |
| Not responding to phone calls/emails/letters | No / yes - details: |
| Difficulties following advice? | No / yes - details: |
| Other | No / yes - details: |

**Further Clinical Information**

**Essential screening tests:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | | **Result** | **Date** |
| HbA1c | |  |  |
| Blood pressure | **Systolic** |  |  |
| **Systolic centile** |  |  |
| **Diastolic** |  |  |
| **Diastolic centile** |  |  |
| Cholesterol | **Total** |  |  |
| **HDL** |  |  |
| **LDL** |  |  |
| **Trig** |  |  |
| Liver function | **ALT** |  |  |

**Blood pressure centile charts (p20-23):** https://www.nhlbi.nih.gov/files/docs/resources/heart/hbp\_ped.pdf

**Other tests:**

|  |  |  |
| --- | --- | --- |
| **Test** | **Result** | **Date** |
| Severe obesity Genetics Panel |  |  |
| Other genetics |  |  |
| Sleep study |  |  |
| 24 hour blood pressure (if raised blood pressure) |  |  |
| Liver ultrasound |  |  |
| Liver elastography/fibroscan |  |  |

**Current medication (please indicate route administered):**

|  |  |  |
| --- | --- | --- |
| **Name** | **Frequency** | **Issues with medical adherence** |
|  |  | No / yes - details: |
|  |  | No / yes - details: |
|  |  | No / yes - details: |
|  |  | No / yes - details: |
|  |  | No / yes - details: |

**PLEASE SEND COPIES OF RELEVANT CORRESPONDENCE, SUCH AS HOSPITAL LETTERS**

**Key Links**

1. Genomics England R149 Genetics Panel (hyperphagia and BMI >3SD before 5): [NHS England » National Genomic Test Directory](https://www.england.nhs.uk/publication/national-genomic-test-directories/)
2. RCPCH growth charts: [Body mass index (BMI) chart | RCPCH](https://www.rcpch.ac.uk/resources/body-mass-index-bmi-chart)