Pediatric Weight Management Medical Nutrition Therapy Protocol

Setting: Ambulatory Care or adapted for other health care settings. Children 2-20 years old. (Caregiver is encouraged to attend with all children, but adult must attend with patients 18 years and younger)

Number of sessions: 7

Intervention	Length of contact	Time between interventions	Cost/charge
1	60 minutes	2-4 weeks	
2,3,4,5 & 6	30-45 minutes	2-4 weeks	
7	30-45 minutes	3 months	

Ongoing follow-up contact (visit, phone call, letter or email) every 12 weeks is suggested for optimal weight management.

Target Audience: Children and adolescents (2-20 years) with a BMI that classifies the individual as overweight, obese, or those with 3-4 BMI increase over 12 months.

Classifications for overweight: Using gender-specific CDC growth charts, a child is considered overweight if BMI is 85-94th %tile for their age. A child is considered obese if BMI is ≥ 95th %tile for their age.

Program Goals:

1. Attain and maintain optimal metabolic outcomes within three months following initiation of dietary and behavioral modifications.
2. Modify nutrient and energy intake and lifestyle as appropriate for the prevention and treatment of chronic complications associated with overweight and obesity.
3. Improve health through education and skill development about health promoting food choices.
4. Ensure nutrient requirements are met. Address individual nutrition needs, taking into consideration personal, lifestyle, and cultural preferences while respecting the individual's wishes and willingness to change.

RECOMMENDATIONS FOR WEIGHT GOALS FOR CHILDREN 2-5 YEARS OLD

BMI	Recommendation
85th – 94th %tile	Weight maintenance until BMI <85th percentile or slowing of weight gain.
≥ 95th %tile	Gradual weight loss, not to exceed 1 lb/month.* If greater loss occurs, monitor for causes.

* Create a daily deficit of 125-250 calories for ¼-½ pound/wk weight loss (~1 lb/month).

RECOMMENDATIONS FOR WEIGHT GOALS FOR CHILDREN > 6 YEARS OLD

BMI	Recommendation
85th -94th %tile	Weight maintenance until BMI <85th percentile or slowing of weight gain.
≥ 95th %tile	Weight loss not to exceed an average of 2lb/week.* If greater loss occurs, monitor for causes.

*Create a daily deficit of up to 500-1000 calories for 1-2 pound/wk weight loss.

Note: Recommendations adapted from American Medical Association's Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity (June 2007). Due to clinical relevance and application, recommendations for >95th and 99th percentiles were merged.

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Expected Outcomes of Medical Nutrition Therapy

Outcome/assessment factors	visit 1	visit 2	visit 3	visits 4-7	Expected outcome	Ideal/goal value
Clinical						Fasting Labs: Glucose 70-99 mg/dL
• Biochemical parameters:						
Serum glucose		☐	☐	☐	Glucose ↓ 10% or at target goal	Cholesterol <170 mg/dL
					Cholesterol ↓ 6-12% (if elevated)	
Lipid profile			☐	☐	Triglycerides ↓ (if elevated)	Triglyceride < 200 mg/dL
					LDL-C ↓ (if elevated)	
					HDL-C ↑ or no change	LDL-C <110 mg/dL
Serum Insulin		☐	☐	☐	Serum Insulin ↓	HDL-C >35 mg/dL
C-Peptide (optional)		☐	☐	☐	C-Peptide ↓	Insulin 0-17 uU/mL
Blood Pressure (BP)		☐	☐	☐	Blood pressure ↓	C-Peptide 0.5-2.0 ng/ml
						Blood pressure < 95th percentile for age (see attached table)
It may not be feasible to have labs done at these intervals. In cases where labwork is not warranted, continue MNT as protocol describes.					Under the assumption that the patient follows the guidance of the Nutritionist, changes in biochemical measures are expected. Evaluation of intervention is measured in terms of expected outcomes. Measured outcomes (labs) will be evaluated if feasible.	
• Anthropometrics						Within reasonable body weight.
Weight, BMI, waist circumference, growth chart classification (%ile)		☐	☐	☐	↓ or maintain weight as appropriate	BMI <85th % tile for age and gender or consistent percentile over time.
Behavioral						MNT Goal:
• Food guide	☐	☐	☐	☐	• Understands and uses food guide to make healthy choices and age-appropriate portion sizes	Adhere to appropriate meal pattern, exercise and individualized weight management plan (calorie or
- anytime, sometimes and rarely foods						macronutrient budget) to achieve
- food models; portion sizes					• Eats meals/snacks at appropriate times	and maintain healthy body weight,
• Food/meal planning	☐	☐	☐	☐		blood glucose, blood pressure, and
- sweetened beverages					• Chooses food and amounts per meal plan	lipids within target goals.
- water						
- snacks					• Selects foods and drinks to fit pattern	Sessions in which behavioral topics
- fruits and vegetables						are covered may vary according to
- trying new foods						client's readiness, skills, resources, and need for lifestyle changes.
• Food label reading		☐	☐	☐	• Uses food labels to make healthful food choices	
• Dining out/Fast food		☐	☐	☐	• Selects appropriately from restaurant or fast food menu	
• Food preparation			☐	☐	• Modifies recipes to ↓ total fat/saturated fat and sugar	
- recipe modification					• Uses healthy cooking techniques	
• Physical Activity	☐	☐	☐	☐	• Increase in physical activity. Goal is 60 mins/d.	
- Television budget					• Decrease in sedentary activity. Limit "screen" time to 2 hrs/d.	
• Additional Topics	☐	☐	☐	☐		
Additional topics may include: trying new foods, setting goals, and calcium						

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