

**REFERRAL TO THE NEWCASTLE CEW OBESITY SERVICE**

**Please send referrals to** **nuth.newcastlecews@nhs.net**

**All information is essential for the referral to be considered, except those fields marked with a \***

**For any enquiries, please contact 0191 2825321**

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| **Service Name** | **Paediatric CEW obesity clinic (Complications of Excess Weight)** |
| **Service Location** | Great North Children’s Hospital (GNCH) |
| **Age Range Treated** | 2 – 17 years |
| **Areas covered by Newcastle CEW** | North NENC region: Newcastle, Gateshead, Durham, Sunderland, North Cumbria, Northumberland, North and South TynesidePatients from the South of NENC can be referred to Middlesbrough CEW |
| **Referral Criteria** | BMI of > 40 kg/m2 or BMI SDS > 3.5 **or**BMI > 99.6th centile with 2 identified complications of obesity: * Hypertension
* Obstructive sleep apnoea
* Intracranial hypertension
* Polycystic Ovary Syndrome (PCOS)
* Genetic cause for obesity diagnosed or suspected
* Fatty liver disease (MASLD)
* Dyslipidaemia
* Type 2 diabetes needing weight reduction as therapy
* Iatrogenic cause of obesity (Hypothalamic surgery)
* Safeguarding concerns

**Engagement of the patient and family with the service is essential** |
| **Service Description** | Patient centred multidisciplinary specialist tier 3 paediatric obesity service, providing a package of care for 12 months durationService includes: dietitian, psychologist, specialist nurse, paediatricians and family and dietetic support workers |
| **Exclusions** | BMI under 99.6th centileUnder 2 or over 17 years of ageAny patient who has not had screening investigations |
| **Mandatory Investigations and Information required** | Height, Weight, BMI and Blood PressureHbA1c, U&Es, LFTs, Bone profile, PTH, TSH, FT4, Lipid profile and vitamin DIf doing fasting blood tests, please include insulin and glucoseSex Hormone Binding Globulin in Females ≥ 12 years |
| **Referral Notes** | To calculate BMI Standard Deviation Score (SDS) see link below:Please include details of secondary complications, past medical history, if obesity gene panel has been sent and whether there is evidence of learning disability, ASD or ADHD |
| **Alternative Services** | Referrals to specialist services will be completed if secondary complications are identified |
| **Instruction to parents/carers** | The service will provide various options out of hospital to support families including education sessions, activities and home visits.Clinic appointment will be held in the children’s outpatient department at GNCH |

**REFERRAL FORM TO COMPLETE**

|  |  |
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| Name and location of referrer |  |
| Date of referral |  |
| Patient’s first name |  |
| Patient’s surname |  |
| DOB |  |
| NHS Number |  |
| Address |  |
| Postcode |  |
| Contact number of carer |  |
| Is the patient between 2 and 17 years at the point of referral |  |
| Has the patient or family had tier 2 weight management provision?e.g. HENRY/growing well and growing healthy |  |
| Is an interpreter required and what language? |  |
| **INVESTIGATION RESULTS** | **Date measured** | **Result** |
| Height (cm) |  |  |
| Weight (Kg) |  |  |
| BMI |  |  |
| BMI Standard Deviation Score (SDS) |  |  |
| BP (systolic/diastolic) |  | / |
| ALT  |  |  |
| AST |  |  |
| OGTT \* (if undertaken) |  | 0 mins 120 mins |
| Lipid screen: |  |  |
| Cholesterol (nmol/L) |  |  |
| Triglycerides (nmol/L) |  |  |
| HDL cholesterol (mmol/L) |  |  |
| Non-HDL cholesterol (mmol/L) |  |  |
| TSH (mU/L) |  |  |
| FT4 (pmol/L) |  |  |
| HbA1c (mmol/mol) |  |  |
| Fasting insulin\* (if available) |  |  |
| Fasting glucose\* (if available) |  |  |
| Any other investigations |  |  |

**CO-MORBIDITIES RELATED TO EXCESS WEIGHT**

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| --- | --- | --- |
| **Co-morbidity** | **Yes/No/Not screened** | **Details** |
| **Obstructive Sleep Apnoea (OSA)**Sleep study/CPAP/under paediatric respiratory |  |  |
| **Idiopathic intracranial hypertension** |  |  |
| **Suspected Polycystic Ovary Syndrome**SHBG/testosterone |  |  |
| **Fatty Liver Disease****(MASLD)**Liver USS |  |  |
| **Hypertension**24-hour BP monitoring |  |  |
| **Psychosocial complications**Anxiety, depression, low self-esteem, bullying, self-harm, effect on educationCAMHS/CYPS involved |  |  |
| **Significant joint, mobility or orthopaedic problems** |  |  |
| **Safeguarding concerns**Current concern, social worker involvement |  |  |
| **Any other relevant details** |  |  |