

**REFERRAL TO THE NEWCASTLE CEW OBESITY SERVICE**

**Please send referrals to** [**nuth.newcastlecews@nhs.net**](mailto: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 Tyneside  Patients 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 duration  Service includes: dietitian, psychologist, specialist nurse, paediatricians and family and dietetic support workers |
| **Exclusions** | BMI under 99.6th centile  Under 2 or over 17 years of age  Any patient who has not had screening investigations |
| **Mandatory Investigations and Information required** | Height, Weight, BMI and Blood Pressure  HbA1c, U&Es, LFTs, Bone profile, PTH, TSH, FT4, Lipid profile and vitamin D  If doing fasting blood tests, please include insulin and glucose  Sex 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 education  CAMHS/CYPS involved |  |  |
| **Significant joint, mobility or orthopaedic problems** |  |  |
| **Safeguarding concerns**  Current concern, social worker involvement |  |  |
| **Any other relevant details** |  |  |