

Pediatric Type 2 Diabetes / Pre-Diabetes Screen and Education Referral

Screen all children 6 years old and over:

1. Determine BMI for age: BMI % =

online calculator available at:
<http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>

2. BMI over 85% for age? If Yes - Continue screen
 If No - STOP



3. Assess for Risk Factors:

- Race/ethnicity (circle appropriate) African American Hispanic American Indian Asian
- Family History of Type 2 Diabetes (in 1st or 2nd degree relative)
- Acanthosis Nigricans
- Hypertension (BP > 90th% for age/ht) BP = BP% for age/ht =
- BMI > 95% for age

4. If positive for at least one above risk factor:

- Give patient pre-checked WakeMed lab order form for the following tests:
Fasting Lipid Panel (Total, HDL, LDL, Trig) and Fasting Blood Glucose
- Fax Referral form below to **(919) 231-0314**

5. Program staff will call patient with results and schedule appropriate education program (see options below)

Patients who complete the Energize Program will be followed by the WakeMed Pediatric Diabetes Clinic physician every six months for 2 years. Clinic follow-up includes BMI, BP, FBG and cholesterol measurements, nutritional and lifestyle counseling, and medication management if needed.

WakeMed Children's Diabetes & Endocrinology - T2D and Energize Program Referral

Date _____ School _____
 Name _____ Gender _____
 Date of Birth _____ Parent Name _____ Language _____
 Address _____ City _____ State/Zip _____
 Home Phone _____ Work Phone _____ Insurance _____

Blood Pressure _____ Height _____ Weight _____ BMI _____
 Other relevant lab results _____
 Medications _____

Physician Signature _____ Phone _____
 Physician Name _____ Practice _____ Fax _____

(For WakeMed T2D program use. Please do not write in this space unless you are providing lab results)

ENERGIZE! Prediabetes Program

Metabolic Syndrome Criteria (must meet 3)

- | | |
|--|----------------------|
| <input type="checkbox"/> BMI > 85% for age | Results _____ |
| <input type="checkbox"/> TG > 110 mg/dl | _____ |
| <input type="checkbox"/> HDL < 40 mg/dl | _____ |
| <input type="checkbox"/> BP > 90 th % for age | _____ |

IGT Criteria

- | | |
|--|-------|
| <input type="checkbox"/> FBG ≥ 100 mg/dl ≤ 126 mg/dl | _____ |
|--|-------|

Type 2 Diabetes Program (must meet one)

(Use Physician Order for Outpatient Education/Management for patients with established type 2 diabetes)

- | | |
|---|-------|
| <input type="checkbox"/> FBG ≥ 126 mg/dl | _____ |
| <input type="checkbox"/> 2 hour GTT ≥ 200 mg/dl | _____ |

Pre-Diabetes Healthy Lifestyle Information available to children that do not meet *ENERGIZE!* program criteria.