

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.edc.gov/dnpabmi/Calculator.aspx>

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



3. Assess for Risk Factors: (Risk factors do not qualify a child for ENERGIZE, see below)

- 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 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 (attach or include labs if already complete)

Children qualify for the ENERGIZE program by meeting criteria for one of the following:

- Type 2 Diabetes FBG > 126 (confirmed by 2 separate tests) OR
- Impaired FBG FBG ≥ 100 mg/dl ≤ 126 mg/dl OR
- Elevated Cardiometabolic Risk (must meet 3)
 - BMI > 85% for age
 - TG > 110 mg/dl
 - HDL < 40 mg/dl
 - BP > 90th % for age
 - Total cholesterol >170 or LDL cholesterol >130

5. Program staff will call patient with results and schedule appropriate education program.

Patients diagnosed with type 2 diabetes will be referred to our Endocrinologist for medical management and will receive diabetes education in addition to ENERGIZE.

Patients who complete the WakeMed Energize Program will be seen for follow up every six months for 2 years. Clinic follow-up includes evaluation of BMI, BP, FBG and cholesterol measurements, nutrition and lifestyle counseling, and goal setting.

WakeMed Children's Diabetes & Endocrinology - 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 _____
Relevant lab results _____			
Medications _____			

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

