PROCEDURE	
Body Mass Index assessment - Child Health	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.

This document should be read in conjunction with this DISCLAIMER

Aim

To identify clients with-a Body Mass Index (BMI) outside of the healthy range for age and gender, and to support nurses to provide family support for making positive lifestyle changes and/or referral when required.

Risk

Failure to identify clients who are outside of a healthy BMI range for their age increases the risk of unhealthy weight status intensifying with age. Being overweight or obese increases the risk for short and long term health consequences, and increases the burden of disease and associated health care costs. [1-4]

Background

Universal growth monitoring of children at key milestones facilitates early identification of weight concerns and provides opportunity for early interventions to support families to achieve and maintain healthy lifestyles for their children[2].

The National Health and Medical Research Council (NHMRC)[8], along with other leading international affiliates[2, 9] recommend the use of BMI assessment for children two years and older plotted on BMI-for-Age percentile charts (for boys or girls) as an initial (first level) assessment to identify children who may be outside the healthy weight range. BMI should be used to identify cases where lifestyle assessment, monitoring and/or additional medical assessments may be required.

Growth assessment is most meaningful when serial measurements are collected to enable monitoring over a period of time[10]. At the Universal contact 2 years, BMI is introduced as an important component of the holistic growth assessment. BMI is next offered universally at the Universal contact 4 years (School Entry Health Assessment) and may be repeated at Universal Plus appointments when a concern is identified.

The early identification of overweight and obesity in childhood can improve long-term physical and psychosocial health outcomes.[2] The sooner that being overweight is detected in young children, the easier it is to address and correct.[1, 2, 11, 12,13]

BMI is a score calculated as the ratio of an individual's weight in kilograms to height in metres squared (kg/m²). While BMI does not distinguish between fat, muscle or fluid it can be used to measure excess body weight for height.[8] In children, the BMI score is adjusted for age and gender (on BMI-for-Age and gender percentile growth charts), in order to account for growth and body fat changes that occur as part of normal development. Infants and young children have a relatively higher proportion of fat as a normal component of growth. During middle childhood BMI falls as children become relatively leaner, and then increases as puberty approaches and body composition approaches that of adulthood. BMI-for-Age percentile charts reflect these normal, predicted changes of BMI throughout childhood[8].

The role of the Community Health Nurse (nurse) in BMI assessment is not to 'diagnose' weight status but to identify individuals who may require further lifestyle assessment, provide brief healthy lifestyle intervention where indicated, and to support families of children with a higher risk (obese range) to seek a more comprehensive health assessment and access more intensive support where locally available.

The following documents within the CAHS Community Health Clinical Nursing Manual provide important additional background information to this *BMI assessment - child health* procedure:

- Growth birth – 18 years
- Growth faltering
- Overweight and obesity
- Body Mass Index assessment – primary school

Key points

- Staff training on BMI assessment, chart plotting, sensitive communication with parents and lifestyle counselling is essential. Nurses are required to complete *Talking with parents about children's weight* training as per the CAHS-CH and WACHS Practice Frameworks. **Staff are required to complete this training prior to undertaking a BMI assessment.**
- At the Universal contact 2 years, growth will be assessed using a compilation of the following assessments:
    - Weight plotted on WHO Weight 2-5 years (CHS800A-7 – girls and CHS800-9 – boys)
    - Height plotted on WHO Height 2-5 years (CHS800A-8 – girls and CHS800-10 – boys)
    - BMI-for-age calculation using height and weight measurements and plotted on CDC BMI percentile chart 2-20 years (CHS 430A/B – girls/boys)
- Growth charts linked to the Universal contact 2 years are only applicable to children aged 2 years or older.
    - Parents should be strongly encouraged to make appointments on or soon after, their child's 2nd birthday.

- BMI cannot be assessed on clients under 2 years. Clients seen prior to their 2nd birthday should be seen again soon after the 2nd birthday to complete the growth assessment component of the Contact.

- Reviewing serial growth (length/height and weight) measurements from previous child health contacts will assist in interpreting overall growth status at the 2 year old contact.
- Parental support and cooperation is essential when addressing underweight, overweight or obesity in children. Although parents may be unwilling to address a weight problem initially, raising the issue may lead to further discussion in the future.
- Where agreed to with families, 3 monthly follow-up phone contact is recommended for clients in the obese range and follow-up *within* 12 months for clients in the overweight and underweight ranges.
    - Repeated BMI assessments are not required by nurses. Where obesity is >99th percentile and the family has not engaged with an alternative health service provider, this should be discussed with your line manager and/or specialist staff within the PCH Healthy Weight Service.
    - Regular BMI plotting as part of weight management progress tracking should be undertaken under the care of a medical practitioner and/or dietitian[8]. Refer to *Supplementary Support Options*. Nurses should use their clinical judgement and with consent and in consultation with families to determine the level of support required in individual cases.
    - Nurse follow-up should primarily focus on lifestyle changes with the family context, taking into account individual family's evolving needs and providing encouragement and support for the family as required.
    - The frequency of follow-up needs to be balanced against the severity of concern, individual needs, parent engagement, staff capacity for weight management support and the family's engagement with other health service providers and/or intervention programs.
- Community health nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

Procedure

Steps	Additional Information
1**. Conduct height assessment** Plot client's height onto the gender specific WHO Height chart 2 – 5 years (CHS800A).	• For more information refer to the *Height assessment 2 years and over* procedure • Accuracy of height measurement is critical given the value is squared in the BMI calculation. • Ask the client to step away from the stadiometer and then stand back against it and take a second

Steps	Additional Information
	measurement. If the two measurements differ by more than 0.5cm then take a third measurement. • Height is the average of the two closest measurements
2. **Conduct weight assessment** Plot client's weight onto the gender specific WHO Weight chart 2 – 5 years (CHS800A).	• For more information refer to the *Weight assessment 2 years and over* procedure
3. **Determine BMI for age percentile** • Calculate BMI score. • Where available, electronic record keeping systems will generate a BMI score and percentile automatically when the client's weight and height are entered. • Manual calculation can be made on a standard calculator: ***BMI = Weight (kg) ÷ [Height (m)]2*** Example follows: **Weight 18.2 kg Height 1.083 m** BMI= 18.2 ÷ $[1.083]^2$ BMI= 18.2 ÷ (1.083 x 1.083) BMI= 18.2 ÷ 1.172 BMI= 15.52 kg/m^2 • Plot the BMI score onto the CDC BMI for age (2 – 20 years) growth chart, relative to the client's age and gender (CHS430). • This chart can be used as a visual tool during discussions with parents as required.	• When an electronic patient record system is not available, the online CDC BMI and percentile calculator may be used to generate a BMI value and BMI percentile.

<table>
<tr><th>Steps</th><th>Additional Information</th></tr>
<tr><td>4. Interpret results

• Use CDC BMI cut-points.

<table>
<tr><th>BMI Indicator</th><th>Percentile range[8]</th></tr>
<tr><td>Underweight</td><td>< 5th percentile</td></tr>
<tr><td>Healthy weight</td><td>5th to < 85th percentile</td></tr>
<tr><td>Overweight</td><td>85th < 95th percentile</td></tr>
<tr><td>Obese</td><td>≥ 95th percentile</td></tr>
</table>

• Review height and weight percentiles and any previous growth measurements available to identify any deviations or to confirm appropriate growth tracking.</td><td>Measuring and recording all growth variables onto growth charts helps to confirm the impact of positive parenting practices. It also assists in identification of deviations from the norm such as growth faltering or excessive weight gain.

BMI is a screening tool and is <u>not diagnostic</u> of weight status, however it contributes to an overall clinical impression.

Lifestyle and family history are other important components to interpreting the BMI result. See Required Actions for completing the assessment.</td></tr>
</table>

Required Actions

Where a deviation in serial measurements is identified and/or BMI is outside of the *Healthy Weight Range* (5th - < 85th percentile), a review of the client's lifestyle factors should be undertaken. This will include reviewing eating patterns, food and drink selection, and sleep, physical and sedentary activity patterns.

Appendix A outlines risk and protective factors for the development and maintenance of childhood obesity.

Where BMI results are outside the healthy weight range the nurse will offer healthy lifestyle brief intervention counselling with parents, using the CAH-000994 *Tips to support healthy choices (2-5 years)* parent resource.

Clinical pathways for BMI categories are indicated as follows:

<u>BMI suggests Underweight: (</u>Less than 5th percentile)

- Review previous growth assessment measurements if available
- Explore parent's perception of their child's weight status.
- Engage in conversation with parent to review any concerns for their child they may have surrounding their child's growth.
- Using clinical judgement if BMI is on the cusp of two weight categories, inform the parent that the growth assessment suggests their child <u>may</u> be below their healthy weight range.

- Review the client's eating patterns, food and drink selection, sleep and physical and sedentary activity patterns (lifestyle review).
- Reinforce healthy nutrition, physical activity, screen time and sleep practices by discussing the content of CAH-000994 *Tips to support healthy choices (2-5 years)* parent handout and other appropriate print or electronic resources.
- Support the parent to plan healthy changes for their child if indicated.
- Using clinical judgement combined with BMI assessment results and lifestyle assessment, decide if referral to GP is indicated and/or other referral options that may be locally available. If indicated, seek parent consent and complete CHS430 and clinical handover form.
    - If offer of referral is accepted, request GP details, including GP (or GP Practice) email address from parent and consent to share information. Forward clinical handover form and CHS430 to the GP Practice/Health professional via secure email MyFX.
    - Where a parent has not identified a GP, the clinical handover form and CHS430 can be given to the parent to provide to the GP/Health professional.
- Ensure parent knows how to contact you if they want to seek support in the future. Follow up prior to 12 months should be considered where underweight is part of a broader clinical concern.
- Where growth faltering is indicated, staff should refer to the *Growth faltering* guideline
- If relevant nurse concern is raised, refer to neglect protocol.

BMI suggests Healthy Weight: (5th percentile to less than the 85th percentile)

- Reinforce current positive lifestyle behaviours.
- No further action required.

BMI suggests Overweight: (85th to less than 95th percentile)

- Review previous growth assessment measurements if available.
- Explore parent's perception of their child's weight status.
- Engage in conversation with parent to review any concerns they may have surrounding their child's growth. Using clinical judgement if BMI is on the cusp of two weight categories, inform the parent that the growth assessment suggests their child may be above their healthy weight range.
    - Inform the parent that the BMI is not *diagnostic* but based on their child's results, their child's weight may be above the healthy weight range expected for their age and gender. This feedback should be given with sensitivity; it may be the first time that a potential concern has been raised.
- Review the client's eating patterns, food and drink selection, sleep and physical and sedentary activity patterns (lifestyle review).

  - Reinforce healthy nutrition, physical activity, screen time and sleep practices by discussing the content of CAH-000994 *Tips to support healthy choices (2-5 years)* and other appropriate print or electronic resources.
  - Identify and agree on small achievable goals or family lifestyle changes that will have a positive impact to the child's future health and wellbeing. ***Reinforce that the aim is for the child to grow into their weight (as they grow taller) and not for weight loss.***

- **Using clinical judgement combined with BMI assessment results and lifestyle assessment, decide *if* referral to GP is indicated and/or other referral options that may be locally available.**
- If indicated, seek parent consent and complete a CHS430 and clinical handover form.
  - If offer of referral is accepted, request GP details, including GP (or GP Practice) email address from parent and consent to share information. Forward clinical handover form and CHS430 to the GP Practice/Health processional via secure email MyFX.
  - Where a parent has not identified a GP, the clinical handover form and CHS430 can be given to the parent to provide to the GP/Health professional.
- Schedule follow-up phone call to discuss progress *within* 12 months according to parent engagement and nurse capacity. In this follow-up conversation, explore progress family lifestyle changes and offer further advice, support and referral if required. On parent request, a repeat BMI assessment can be offered in 12 months if tracking has not been undertaken by an alternative health professional.
- Where possible, refer to locally available healthy lifestyle programs or activities.

***BMI suggests Obese*: (Equal to or greater than the 95th percentile)**

- Review previous growth assessment measurements if available.
- Explore parent's perception of their child's weight.
- Engage in conversation with parent to review any concerns they may have surrounding their child's growth.
- Using clinical judgement if BMI is on the cusp of two weight categories, inform the parent that the growth assessment suggests their child's weight is above the healthy weight range and may have associated health risks.
  - Discuss causes and short and long term consequences of overweight. This conversation requires sensitivity; it may be the first time that a potential concern has been raised.
  - Review eating patterns, food and drink selection, sleep and physical and sedentary activity patterns (lifestyle review).

  - Reinforce healthy nutrition, physical activity, screen time and sleep practices by discussing the content of CAH-000994 *Tips to support healthy choices (2-5 years)* and other appropriate print or electronic resources.
  - Identify and agree on small achievable goals or family lifestyle changes that will have a positive impact to the child's future health and wellbeing.

- **Clients who have a BMI in the obese range (equal or >95th percentile) should be referred to medical practitioner and/or dietitian** for further assessment and treatment as a priority. Consider other suitable referral options (see *Supplementary support Options* further below).
  - Request GP details, including GP (or GP Practice) email address from parent and consent to share information. Forward clinical handover form and CHS430 to the GP Practice/Health processional via secure email MyFX.
  - Where a parent has not identified a GP, the clinical handover form and CHS430 can be given to the parent to provide to the GP/Health professional.
  - If obesity is ≥ 99th percentile, consider referral to the PCH Healthy Weight Service via medical practitioner.
- Where possible, refer to locally available healthy lifestyle programs or activities.
- Where agreed to by the family, after 3 months, make phone contact with parent to enquire on progress of referral and family lifestyle changes implemented. If initial referral has not been acted upon, offer to re-send referral.
  - If parent continues to decline the referral (by choice or access to services), nurse follow-up rigour should consider obesity severity and level of parent engagement in family lifestyle modification. Nurses should use their clinical judgement, consult with their manager and/or other experienced clinician, and consult with families to determine the level of support required in individual cases. Document clearly the follow-up outcomes and if/when any further follow- up is planned to occur.
  - For concerns regarding family engagement or neglect, consider making a report to Department for Child Protection and Family Support. Refer to Department of Health WA - Information Sheet 8 Child obesity and Child Protection for guidance. Advice should also be sought from the PCH Child Protection Unit.
  - Consult with PCH Healthy Weight Service for advice and guidance if required (see *Supplementary Support Options* below).
  - On parent request, a repeat BMI assessment can be offered in 12 months if care has not been undertaken by an alternative health professional.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations; according to CAHS-CH and WACHS processes.

Responding according to parent engagement

Parent/carer receives advice and (where appropriate) offer of referral **positively**	• Let the family know what the next steps are • Reassure the family that you are there to help them. Suggest a follow up appointment to monitor the family's progress in reaching identified lifestyle goals and provide help and encouragement
Parent/carer does **not perceive** that their child has excess weight	• Acknowledge the difficulties in recognising excess weight • Reassure the family that support is available; acknowledge that this is a difficult decision. Explain what the family could expect from you and/or the referral service (where indicated) and re-offer support and referral
Parent/carer is visibly upset or angry and **does not want to engage** in conversation about their child's weight	• Show acceptance of the parent or carer's wishes, reassure them that you are there to help and re-offer your support should they change their mind • Don't force the issue (but 'leave the door open'). Be reassured that your conversation may have planted a seed that facilitates the family to accept or seek help for the issue in the future.

Supplementary support options

In addition to the GP, support from other supplementary services may be considered.

Suitability of supplementary support services will depend on the growth status of the client and the capacity and preferences of the family. Availability of support services will be varied across the State.

Recommendations for supplementary support and actions taken should be clearly documented in progress notes.

- **Dietitian**
    - Public services - Some local health services (hospitals or community health centres) provide dietetic services for children. WACHS staff to refer to *WACHS Clinical Pathway for BMI assessments in 2-5yo and dietetic services.*
    - Private services - see the Dietitians Association of Australia website to locate private dietetic services.
- **PCH Healthy Weight Service** For children and adolescents with evidence of obesity related co-morbidity and/or significant obesity and their families. Note: Medical Practitioner referral to the Healthy Weight Service is usually required. When relevant, consider mentioning PCH Healthy Weight Service on CHS663 *Clinical Handover/Referral Form* when referring a child to a Medical Practitioner.
    - **Clinical advice for community health nurses:** PCH Healthy Weight Service can provide over the phone clinical advice and guidance to support community health nurses working with individual cases of concern where no suitable alternative referral options are available.
    - Contact the intake coordinator nurse on (08) 6456 1111 and follow the prompts for the Healthy Weight Service (option 4) or email PCHHealthyWeightService@health.wa.gov.au .
- **Triple P** (Group or Seminar Series) or other locally available quality parenting programs.
- **Better Health Program** - Programs for the 2-4 year group may be available in some locations within WACHS. Phone 1300 822 953 or email info@betterhealthcompany.org or visit http://www.betterhealthprogram.org/
- Healthy lifestyle programs or activities according to local availability.
- Community leisure and recreation services.
- Adult weight management programs (helpful if the parent is concerned about their own weight).
- Parents can be referred to some of the online resources listed at the end of the guideline for additional information and support.

Related internal policies, procedures and guidelines
The following documents can be accessed in the CACH Community Health Policy Manual via the HealthPoint link or the Internet link
Body Mass Index assessment – primary school
Growth birth – 18 years
Growth faltering
Height assessment 2 years and over
Overweight and obesity
Physical assessment 0 – 4 years
Universal contact 2 years
Weight assessment 2 years and over
The following documents can be accessed in the CAHS-CH Operational Manual
Hand Hygiene

Related internal resources and forms
The following resources and forms can be accessed from the HealthPoint CACH Intranet link
Body Mass Index Boys (CHS430B)
Body Mass Index Girls (CHS430A)
Food For Kids
Guidelines for Protecting Children 2020
How children develop
Practice guide for Community Health Nurses
Tips to support healthy choices (2 – 5 years) - *CAH-000994*
Toddler tucker
World Health Organization Growth Charts (CHS800A series)

Staff development
Royal Children 's Hospital - Growth Charts e-learning package

Talking with parents about children's weight. On-line professional development resource. Better Health Company

Useful external resources
BMI resources
CDC BMI and Percentile calculator for Children and Adolescents (ensure 'metric' selected)
Centres for Disease Control and Prevention. About BMI for Children and Teens
PCH Healthy Weight Service – See *Supplementary support options* for details.
Parenting
Positive parenting programs - Triple P
Raising Children Network Navigate for obesity, healthy eating, physical activity and screen-time related articles
Ngala
Food and nutrition
Australian Dietary Guidelines
Eat for Health Australian Dietary Guidelines
Go for 2&5 Fruit and veg recipes
Healthy Food For All - Food Sensations program practical nutrition education for schools, adults (families) and communities
State Government of Victoria- Better Health Channel
Why no sweet drinks for children - resource for parents produced by Royal Children's Hospital Melbourne
Physical activity
Australia's Physical Activity and Sedentary Behaviour Guidelines Pamphlets available- 0-5years; 5-12 years; and Families. To order phone 1800 020 103
Get up and Grow Healthy Eating and Physical Activity for Early Childhood resources
Nature Play WA Resources for parents and families to encourage kids to get active outdoors.
Healthy Weight
Weight Management tips for parents and carers produced by Children's Hospital at Westmead, Sydney Children's Hospital, Randwick and Kaleidoscope Children, Young

People and Families
NHMRC Clinical Practice Guidelines for the management of overweight and obesity in adults, adolescents and children in Australia.
Live Lighter - Western Australian developed program promoting healthy lifestyles. Whilst the program targets adults, many of the tips, tools, resources and recipes can be used for families with children.
Other

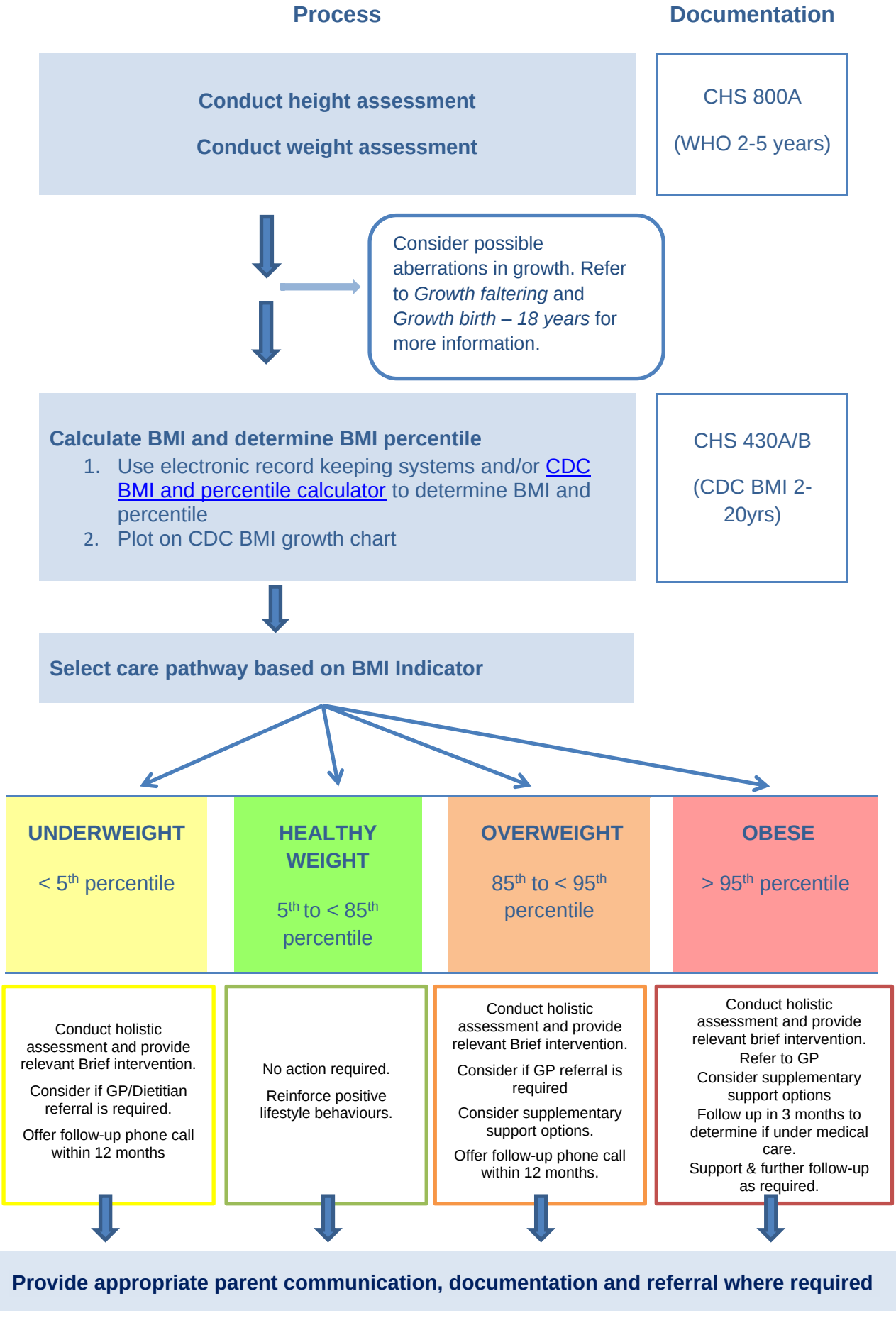
Appendix A: Risk and Protective Factors for the Development and Maintenance of Childhood Obesity

<table>
<tr><th>GENETIC MAKEUP</th><th>CHILD DIETARY INTAKE</th><th>FAMILY ENVIRONMENT</th><th>PARENTING</th></tr>
<tr>
<td>Risk Factors
Parental Obesity
Ethnicity
Conservative metabolism (tendency to store energy)
Certain rare endocrine disorders (eg. Prader-Willi Syndrome).
Protective Factors
‘Active’ metabolism (tendency to expend energy)</td>
<td>Risk Factors
High intake of energy dense, nutrient poor foods and fluids (e.g. fast foods, soft drinks)
Protective Factors
High intake of low GI foods (e.g. whole grains, legumes)
High intake of dairy foods (e.g. low fat milk, yoghurt)
Eating a healthy breakfast</td>
<td rowspan="2">Risk Factors
Family has few economic resources
Parent lacks nutritional knowledge
Parent does not recognise childhood obesity or is not concerned about it
Parent has unhealthy eating habits (e.g. regular dieting)
Parent has a sedentary lifestyle (e.g. relies on TV for recreation)
Parent works long hours
Energy dense foods are available and easily accessible in the home.

Protective Factors
Parent has an active lifestyle
Meals are eaten as a family
Fruit and vegetables are available and easily accessible in the home
Child has access to safe outdoor playing areas
Parent and child engage joint physical activities
Parent supports access to activity based sessions for child</td>
<td rowspan="2">Risk Factors
Restrictive child-feeding practices (i.e. parent rarely gives child choices about what to eat and how much)
Permissive child-feeding practices (e.g. parent accommodates child’s neophobic responses)
Coercive parenting style (e.g. parent shows anger when child misbehaves)
Inconsistent parenting style (e.g. parents fails to follow through with discipline)
Low self-efficacy (i.e. parent lacks confidence in managing child’s weight related behaviour)
Protective Factors
Parent monitors child food intake and activity patterns
Parent reinforces healthy behaviours (e.g. through praise and modelling)
Parent sets firm limits about food and activity</td>
</tr>
<tr>
<th>EARLY GROWTH & DEVELOPMENT</th>
<th>CHILD ACTIVITY PATTERNS</th>
</tr>
<tr>
<td>Risk Factors
High birth weight
Early adiposity rebound
Formula feeding
Protective Factors
Breastfeeding</td>
<td>Risk Factors
High levels of sedentary activity (e.g. >1hr screen time per day)
Poor sleep patterns (e.g. poor routines or sleep apnoea)
Protective Factors
Physically active for at least 3 hours throughout each day</td>
</tr>
</table>

Adapted from Lifestyle Triple P Facilitator Training Participant Notes. 2009. The University of QLD and Triple P International.

APPENDIX B: Growth assessment - child health



References

1. Brown V, Moodie M, Baur L, Wen LM, Hayes A. The high cost of obesity in Australian pre-schoolers. Aust N Z J Public Health. 2017.
2. Styne DM, Arslanian SA, Connor EL, Farooqi IS, Murad MH, Silverstein JH, et al. Pediatric Obesity—Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline. The Journal of Clinical Endocrinology & Metabolism. 2017;102(3):709-57.
3. World Health Organisation. Taking Action on Childhood Obesity. Switzerland: World Obesity Federation; 2018.
4. Australian Institute of Health and Welfare. A picture of overweight and obesity in Australia 2017. Canberra: AIHW; 2017.
5. Australian Bureau of Statistics. Australian Health Survey updated results: Australian Bureau of Statistics; 2013
6. Evensen E, Wilsgaard T, Furberg A-S, Skeie G. Tracking of overweight and obesity from early childhood to adolescence in a population-based cohort – the Tromsø Study, Fit Futures. BMC Pediatrics. 2016;16(1):64.
7. Singh AS, Mulder C, Twisk JW, Van Mechelen W, Chinapaw MJ. Tracking of childhood overweight into adulthood: a systematic review of the literature. Obes Rev. 2008;9(5):474-88.
8. NHMRC. Clinical Practice Guidelines for the Management of overweight and obesity in adults, adolescents and children in Australia. 2013.
9. National Institute of Clinical Excellence. Faltering growth: Recognition and management of faltering growth in children. 2017.
10. Dietitians of Canada, Canadian Paediatric Society, The College of Family Physicians of Canada, Community Health Nurses of Canada. Promoting optimal monitoring of child growth in Canada: Using the new World Health Organization growth charts – Executive Summary. Paediatrics & Child Health. 2010;15(2):77-9.
11. Whitlock EP, O'Connor EA, Williams SB, Beil TL, Lutz KW. Effectiveness of weight management interventions in children: a targeted systematic review for the USPSTF. Pediatrics. 2010:peds. 2009-1955.
12. Davidson K, Vidgen H, Denney-Wilson E, Daniels L. How is children's weight status assessed for early identification of overweight and obesity?–Narrative review of programs for weight status assessment. Journal of Child Health Care. 2018:1-5.
13. Gungor N. Overweight and Obesity in Children and Adolescents. J Clin Res Pediatr Endocrinol. 2014;6(3):14.

This document can be made available in alternative formats on request for a person with a disability

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Standards Applicable:	NSQHS Standards: 1.7, 1.27 Child Safe Standards: 1, 3, 4, 7, 10		
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Neonatology | Community Health | Mental Health | Perth Children's Hospital