

12.1 BODY MASS INDEX (BMI) VARIANCES

TITLE	DESCRIPTION
DEFINITION:	BMI < 18.5 – underweight; 18.5 to 24.9 – normal weight; 25-29.9 – overweight; 30 to 40 – obese; > 40 – morbid obesity. The BMI is age and sex -dependent and does not take into account for body fat distribution, an independent risk factor for health outcomes. It also does not take into account “fitness” (the weight of muscle vs. fat). It is a screening tool and not diagnostic.
SUBJECTIVE:	May Include: <ol style="list-style-type: none"> 1. Medical, sexual, social, nutritional and family history initial and update. 2. Special consideration should be given to assessment of history of anxiety, depression, bulimia, anorexia, obesity, dysfunctional eating patterns, or socioeconomic challenges.
OBJECTIVE:	Should Include: <ol style="list-style-type: none"> 1. Determination of BMI (See BMI table). 2. Age appropriate physical exam as indicated. <ol style="list-style-type: none"> a. Observe for vomiting, carotid enlargement, soft palate lesions, dental erosion, and calluses of knuckles. b. Weight and physical appearance. 3. Documentation of recent unexplained weight gain or weight loss.
LABORATORY:	May Include: <ol style="list-style-type: none"> 1. Urine dipstick for glucose and protein. 2. Hgb/Hct. 3. The following screening tests may be offered: <ol style="list-style-type: none"> a. CBC. b. FBS. c. Lipid profile. d. T4, TSH. e. Metabolic panel.
ASSESSMENT:	BMI Variances.
PLAN:	<p>All weight management programs should include the three components of dietary control, physical exercise, and psychosocial and eating behavior modification. Always keep in mind that physical, depressive and/or personality disorders could cause a BMI variance.</p> <p>May Include:</p> <ol style="list-style-type: none"> 1. Review the “Choose My Plate” (choosemyplate.gov) tool. 2. Assess for nutritional risk factors (e.g. eating disorders, food allergies, substance abuse, limited income). 3. Emphasize food rather than supplements as main source of nutrients. 4. Encourage non-sedentary lifestyles. Promote physical exercise, considering each client's individual situation, to maintain a healthy weight and improve overall fitness and quality of life. 5. Encourage daily journaling of exercise, activities, and caloric intake. 6. Refer to nutritional counseling.

TITLE	DESCRIPTION
	<ol style="list-style-type: none"> 7. Refer to food sources (e.g. food pantry, social services, WIC). 8. Refer for evaluation, counseling and treatment for dysfunctional eating patterns. 9. Refer for support groups as applicable.
EDUCATION:	<ol style="list-style-type: none"> 1. Provide client with educational information including nutrition education, diet and exercise counseling with behavioral strategies (The 5 A framework: Assess, Advise, Agree, Assist, and Arrange). 2. Discuss health consequences of elevated BMI such as HTN, dyslipidemia, Type 2 diabetes, CAD, CVA, cancer, sleep apnea, etc.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Client for treatment of suspected anorexia or bulimia. 2. Medical problems related to weight loss or weigh gain. 3. Client requesting medication, and/or counseling for weight reduction.
REFERENCES:	<ol style="list-style-type: none"> 1. National Institute of Health. <i>(nhlbi.nih.gov/health-topics/managing-overweight-obesity-in-adults)</i> (Retrieved 2/17.) 2. <i>Center of Disease Control.</i> BMI <i>(cdc.gov/bmi)</i> (Retrieved 2/17). 3. <i>United States Department of Agriculture.</i> Choose my plate. <i>(choosemyplate.gov)</i>(Retrieved 2/17).