



**NORTH DAKOTA FAMILY PLANNING PROGRAM  
PROTOCOLS – HEALTH MAINTENANCE**

**BODY MASS INDEX (BMI) VARIANCES**

<b>DEFINITION</b>	BMI less than 18.5: underweight, 18.5 to 24.9: normal weight, 25-29.9 :overweight or greater than 30:obesity.( For children and teens, the interpretation of BMI is both age and sex specific .(See reference #2)
<b>SUBJECTIVE</b>	Must include: 1. Medical, sexual, social, nutritional and family history initial and update. Special consideration should be given to assessment of history of depression, bulimia, anorexia, obesity or dysfunctional eating-- patterns. Also low resources/income/homeless.
<b>OBJECTIVE</b>	Must include: 1. Determination of BMI. (See BMI attachments.) 2. Record of physical exam within year. - Observe for vomiting, carotid enlargement, soft palate lesions, dental erosion, and calluses of knuckles. - Weight and physical appearance. May include: 1. Documentation of recent unexplained weight gain or weight loss.
<b>LABORATORY</b>	May include: 1. Urine dipstick glucose ketonic protein. 2. Hgb/Hct. 3. The following screening tests may be offered a. FBS b. Lipid profile. c. T4, TSH.
<b>ASSESSMENT</b>	BMI Variances. Formula for determining B.M.I.: $\text{weight} \div \text{height} \div \text{height} \times 703$
<b>PLAN</b>	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. May include: 1. Review the Food Guide Pyramid from which to choose a healthful diet. 2. Assess for nutritional risk factors (e.g., eating disorders, food allergies, substance abuse, limited income, etc.). 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, improves overall fitness and quality of life. 5. Encourage daily journaling of exercise, activities and caloric intake. 6. Refer to nutritional counseling. 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 (e.g., eating disorder groups, Weight Watchers, or Overeaters Anonymous).

<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Provide client with educational information (e.g., the Food Guide Pyramid, <a href="http://www.mypyramid.gov">www.mypyramid.gov</a>).</li> <li>2. Discuss a balance of physical activity (i.e.: exercise 30 minutes most days), caloric intake, and behavioral programs.</li> <li>3. Discuss health consequences of elevated BMIs, such as HTN, dyslipidemia, Type 2 diabetes, CAD, CVA, etc.</li> </ol>
<b>CONSULT / REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"> <li>1. Client for treatment of suspected anorexia or bulimia.</li> <li>2. Medical problems related to weight loss or weight gain.</li> <li>3. Client requesting medication, and/or counseling for weight reduction.</li> </ol>

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References:

1. National Institute of Health. [http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)
2. Center of Disease Control. <http://www.cdc.gov/bmi>
3. Tierney, Jr., Lawrence M., McPhee, Stephen J. & Papadakis, Maxine A. Current Medical Diagnosis and Treatment (42<sup>nd</sup> ed.), pp. 1212-1230. McGraw Hill.
4. Daniels, Judi. (2006). Obesity: America's Epidemic. American Journal of Nursing, 6, 40-50.
5. United States Department of Agriculture. [www.mypyramid.gov](http://www.mypyramid.gov)