

Key Action Statements (KAS)

KAS	Evidence Quality/Strength	CPG Section
KAS 1. Pediatricians and other PHCPs should measure height and weight, calculate BMI, and assess BMI percentile using age- and sex-specific CDC growth charts or growth charts for children with severe obesity at least annually for all children 2 to 18 years of age to screen for overweight (BMI ≥85th percentile to <95th percentile), obesity (BMI ≥95th percentile), and severe obesity (BMI ≥120% of the 95th percentile for age and sex).	Grade B, Moderate	Diagnosis & Measurement
KAS 2. Pediatricians and other PHCPs should evaluate children 2 to 18 years of age with overweight (BMI ≥85th percentile to <94th percentile) and obesity (BMI ≥95th percentile) for obesity-related comorbidities by using a comprehensive patient history, mental and behavioral health screening, SDoH evaluation, physical examination, and diagnostic studies.	Grade B, Strong	Evaluation
KAS 3. In children 10 years and older, pediatricians and other PHCPs should evaluate for lipid abnormalities, abnormal glucose metabolism, and abnormal liver function in children and adolescents with obesity (BMI ≥95th percentile) and for lipid abnormalities in children and adolescents with overweight (BMI ≥85th percentile to <95th percentile).	Grade B, Strong	Comorbidities
KAS 3.1. In children 10 years and older with overweight (BMI ≥85th percentile to <95th percentile), pediatricians and other PHCPs may evaluate for abnormal glucose metabolism and liver function in the presence of risk factors for TD2M or NAFLD. In children 2 to 9 years of age with obesity (BMI ≥95th percentile), pediatricians and other PHCPs may evaluate for lipid abnormalities.	Grade C, Moderate	Comorbidities
KAS 4. Pediatricians and other PHCPs should treat children and adolescents for overweight (BMI ≥85th percentile to <95th percentile) or obesity (BMI ≥95th percentile) and comorbidities concurrently.	Grade A, Strong	Comorbidities
KAS 5. Pediatricians and other PHCPs should evaluate for dyslipidemia by obtaining a fasting lipid panel in children 10 years and older with overweight (BMI ≥85th-94th percentile) and obesity (≥95th percentile) and may evaluate for dyslipidemia in children 2 through 9 years of age with obesity.	Grade B (children ≥10 years with obesity), Strong; Grade C (children 2-9 years), Moderate	Comorbidities
KAS 6. Pediatricians and other PHCPs should evaluate for prediabetes and/or diabetes mellitus with fasting plasma glucose, 2-hour plasma glucose after 75-g oral glucose tolerance test (OGTT), or glycosylated hemoglobin (HbA1c).	Grade B, Moderate	Comorbidities
KAS 7. Pediatricians and other PHCPs should evaluate for NAFLD by obtaining an alanine transaminase (ALT) test.	Grade A, Strong	Comorbidities
KAS 8. Pediatricians and other PHCPs should evaluate for hypertension by measuring blood pressure at every visit starting at 3 years of age in children and adolescents with overweight (BMI ≥85 to <95th percentile) and obesity (BMI ≥95th percentile).	Grade C, Moderate	Comorbidities

KAS 9. Pediatricians and other PHCPs should treat overweight and obesity in children and adolescents, following the principles of the medical home and the chronic care model, using a family-centered and non-stigmatizing approach that acknowledges obesity’s biologic, social, and structural drivers.	Grade B, Strong	Treatment
KAS 10. Pediatricians and other PHCPs should use motivational interviewing (MI) to engage patients and families in treating overweight and obesity.	Grade B, Moderate	Treatment
KAS 11. Pediatricians and other PHCPs should provide or refer children 6 years and older (Grade B) and may provide or refer children 2 through 5 years of age (Grade C) with overweight and obesity to intensive health behavior and lifestyle treatment. Health behavior and lifestyle treatment is more effective with greater contact hours; the most effective treatment includes 26 or more hours of face-to-face, family-based, multicomponent treatment over a 3- to 12-month period.	Grade B: Ages 6 years and older, Moderate; Grade C: Ages 2-5 years, Moderate	Treatment
KAS 12. Pediatricians and other PHCPs should offer adolescents 12 years and older with obesity weight loss pharmacotherapy, according to medication indications, risks,	Grade B	Treatment
KAS 13: Pediatricians and other PHCPs should offer referral for adolescents 13 years and older with severe obesity for evaluation for metabolic and bariatric surgery to local or regional comprehensive multidisciplinary pediatric metabolic and bariatric surgery centers.	Grade C	Treatment