

# IDCFS Pediatric Metabolic Syndrome Monitoring Form

Patient Name \_\_\_\_\_ DCFS ID# \_\_\_\_\_ Gender: M / F Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Metabolic Syndrome<sup>1</sup> is considered positive if a patient has any three of the five numbered risk criteria. If more than one cholesterol criteria (Total, LDL, HDL) are abnormal, count as one risk criteria. **Gray boxes indicate when to monitor for a risk factor (These are recommendations for physician prescribing antipsychotic medication to children and adolescents and does not indicate the duration for which psychotropic medication consent will be given to foster children).** Items in orange shading represent critical junctures where monitoring data is mandatory. Consent may be delayed or not provided if these data are not available. For information regarding requesting IDCFS consent for psychotropic medication and other general psychotropic medication resources log on to <http://www.psych.uic.edu/csp>.

Measure	Risk Criteria	References	Baseline* ____/____/____	1 Month ____/____/____	2 Months ____/____/____	3 Months ____/____/____	6 Months ____/____/____	Year 1* ____/____/____	Year 2* ____/____/____
Personal/ Family History	Personal/family history of cardiovascular disease, diabetes, hypertension, dyslipidemia &/or obesity	<sup>2</sup>							
1	Body Mass Index (BMI)	BMI ≥ 85 <sup>th</sup> percentile ( <i>see BMI charts</i> )	<sup>2</sup>	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
2	Blood Pressure	▪ SBP and/or DBP on ≥3 occasions ≥ 95 <sup>th</sup> percentile is hypertensive ( <i>see charts</i> ) ▪ 90 <sup>th</sup> -95 <sup>th</sup> percentile “high normal/prehypertensive”	<sup>3</sup> Take blood pressure of children <3 years at each visit only if other risk criteria are present	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
3	Fasting Plasma Glucose	≥ 6.1 mmol/L or ≥ 110mg/dl	<sup>4</sup>	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
Fasting Lipids (2-18 years)		Acceptable mg/dl	Border line mg/dL	Abnormal mg/dL					
4	Total Cholesterol	< 170	170 - 199	≥200	<sup>2</sup>	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
	◦ LDL	< 110	110 - 129	≥130	<sup>2</sup>	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
	◦ HDL	> 45	35-45	<35	<a href="http://care.diabetesjournals.org/search?fulltext=Consensus+Development+Conference+on+Antipsychotic+Drugs+and+Obesity+and+Diabetes&amp;submit=yes&amp;x=16&amp;y=6">http://care.diabetesjournals.org/search?fulltext=Consensus+Development+Conference+on+Antipsychotic+Drugs+and+Obesity+and+Diabetes&amp;submit=yes&amp;x=16&amp;y=6</a>	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
5	Tri-glycerides	< 150	150 - 199	≥200	<a href="http://www.nlm.nih.gov/medlineplus/ency/article/003493.html">www.nlm.nih.gov/medlineplus/ency/article/003493.html</a>	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
Lifestyle advice	Activity level, diet, smoking, screen time	<sup>2</sup>							

\* Required column for annual consent authorization