### Actions and Directives

<table>
<thead>
<tr>
<th>Document BMI routinely</th>
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<tbody>
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<td>Rec_1: Imp_1: Dir_1</td>
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establish procedures to deliver obesity prevention messages

| Rec_1: Imp_2: Dir_2    |

Use BMI percentile to screen for body fat

| Rec_2: Imp_3: Dir_3    |

Do not perform Skinfold thickness measurements

| Rec_2: Imp_4: Dir_4    |

Do not measure waist circumference

| Rec_2: Imp_5: Dir_5    |

review and regularly update the family history

| Rec_2: Imp_7: Dir_6    |

Assess blood pressure at all health supervision visits

| Rec_2: Imp_9: Dir_7    |

asses behaviors that have the strongest evidence for association with energy balance and that are modifiable.

| Rec_2: Imp_10: Dir_8   |

Address frequency of eating food prepared outside the home,

| Rec_2: Imp_11: Dir_9   |

Address ounces, cups, or cans of sugar-sweetened beverages consumed each day

| Rec_2: Imp_11: Dir_10  |

Address portion size

| Rec_2: Imp_11: Dir_11  |

Address ounces or cups of 100% fruit juice consumed each day;

| Rec_2: Imp_11: Dir_12  |

Address frequency and quality of breakfast

| Rec_2: Imp_11: Dir_13  |
Address consumption of foods that are high in energy density, such as high-fat foods;

Address number of fruit and vegetable servings consumed each day

Address time spent in moderate physical activity each day

Address routine activity patterns

Address sedentary behavior

involve the whole family in lifestyle changes

help families tailor behavior recommendations to their cultural values

consider obese

consider overweight; this term replaces “at risk of overweight.”

Measure pulse

Blood pressure

signs associated with comorbidities of overweight and obesity

Obtain a fasting lipid profile

Measure fasting lipid profile, AST, ALT, and fasting glucose levels

Measure fasting lipid profile, AST, ALT, and fasting glucose levels

Assess at a minimum yearly height, weight and BMI for age
Plot those measures on standard growth charts

Rec_4: Imp_15: Dir_22

use 99th percentile BMI values for age as cutoff points to allow for improved accessibility of the data in the clinical setting and for additional study

Rec_4: Imp_17: Dir_23

qualitatively assess dietary patterns at a minimum, at each well-child visit for anticipatory guidance

Rec_4: Imp_18: Dir_24

obtain a focused family history for obesity, type 2 diabetes mellitus, cardiovascular disease (particularly hypertension), and early deaths resulting from heart disease or stroke

Rec_4: Imp_19: Dir_25

Counsel: limiting consumption of sugar-sweetened beverages (consistent evidence)

Rec_5: Cond_7: Act_9

Counsel: encouraging diets with recommended quantities of fruits and vegetables (mixed evidence)

Rec_5: Cond_7: Act_10

Counsel: limiting television and other screen time by allowing no more than 2 hours per day

Rec_5: Cond_7: Act_11

Counsel: removing television and computer screens from children’s primary sleeping areas (consistent evidence)

Rec_5: Cond_7: Act_12

Counsel: eating breakfast daily (consistent evidence)

Rec_5: Cond_7: Act_13

Counsel: limiting eating at restaurants, particularly fast food restaurants (consistent evidence)

Rec_5: Cond_7: Act_14

Counsel: encouraging family meals in which parents and children eat together (consistent evidence)

Rec_5: Cond_7: Act_15

Counsel: limiting portion sizes (consistent evidence)

Rec_5: Cond_7: Act_16

Counsel: eating a diet rich in calcium

Rec_5: Imp_20: Dir_26

Counsel: eating a diet high in fiber

Rec_5: Imp_20: Dir_27

Counsel: eating a diet with balanced macronutrients

Rec_5: Imp_20: Dir_28
Counsel: initiating and maintaining breastfeeding
Rec_5: Imp_20: Dir_29

Counsel: participating in 60 minutes of moderate to vigorous physical activity per day
Rec_5: Imp_20: Dir_30

Counsel: limiting consumption of energy-dense foods.
Rec_5: Imp_20: Dir_31

advocate for the federal government to increase physical activity at school
Rec_6: Imp_21: Dir_32

support efforts to preserve and to enhance parks as areas for physical activity, inform local development initiatives regarding the inclusion of walking and bicycle paths, and promote families' use of local physical options by making information and suggestions about physical activity alternatives available in doctors' offices
Rec_6: Imp_21: Dir_33

actively engaging families with parental obesity or maternal diabetes,
Rec_6: Imp_22: Dir_34

encouraging an authoritative parenting style
Rec_6: Imp_22: Dir_35

discouraging a restrictive parenting style regarding child eating
Rec_6: Imp_22: Dir_36

encouraging parents to model healthy diets and portions sizes, physical activity, and limited television time;
Rec_6: Imp_22: Dir_37

promoting physical activity at school and in child care settings
Rec_6: Imp_22: Dir_38