



PROCEDURE

Weight assessment 2 years and over

Scope (Staff):	Community Health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To correctly measure, record and interpret the weight of children aged two years and over.

Risk

Failure to conduct a weight assessment or obtain an accurate weight measurement may delay the identification of significant growth deviations for a child.

Background

When conducted as part of a regular and holistic growth assessment, obtaining a weight measurement can assist in determining whether a child has age-appropriate growth, or if a growth deviation is apparent that warrants further assessment, early intervention and monitoring¹.

For the assessment of growth to be meaningful, serial measurements should be taken and plotted onto an age and sex-specific growth chart over a period of time². Decisions about growth deviations should never be determined solely by these charts³. Reviewing growth measurements from previous child health contacts will assist in interpreting overall growth status and determining whether further assessment and/or referral is required².

From the age of two years, a child's growth can be monitored by plotting and tracking their height and weight using sex-specific Body Mass Index (BMI) percentile charts⁴. While BMI alone cannot be used to diagnose central adiposity (excess abdominal body fat)⁵, it is a useful screening tool to identify children who may be outside of the recommended cut-off-points or at risk of health-related issues⁵⁻⁷.

Key points

- Weight is measured at the 2 year Universal contact **or** when concerns regarding growth or any other identified risk are raised by a parent/carer or Community Health Nurse at any Universal Plus contact over two years of age.

NOTE: A weight measurement is required to complete a BMI assessment at the School Entry Health Assessment (SEHA) and any Universal Plus growth assessment in the school health setting. However, plotting of weight on weight-specific growth charts is not routinely required in the school setting (see [Body Mass Index assessment](#)).

- Weight assessments are to be conducted by community health staff with appropriate training and assessment skills.
- Suitable equipment and the correct measuring technique must be used. Inaccurately taking, recording or plotting a weight measurement can lead to a misleading growth assessment, clinical misinterpretation and unnecessary concern for parents/carers.
- Community Health Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of all clients.
- Community Health Nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

Equipment

- A digital weighing scale that:
 - weighs in increments of 0.1 kilogram (kg) or 100 grams (g), with a weight capacity of at least 150kg;
 - has a stable weighing platform that is large enough to support the child; and
 - does not have an attached height measuring device.
- The scale must be cleaned before and after each use (see [Medical Devices: Single Use, Single Patient Use and Reusable](#)).

- Service the scale (including calibration) according to the manufacturer’s guidelines. This is usually annually or more often if the scales are moved or there are concerns about the accuracy of measurement. For further information:
 - CACH staff refer to [Medical Equipment Repair, Maintenance and Calibration Workflow for CAHS Community Health](#); and
 - WACHS staff refer to *Appendix 1 – Annual accuracy testing of stand-on scales*.

Procedure

Steps	Additional Information
<p>Explanation</p> <ul style="list-style-type: none"> • Explain to the child and their parent/carer (if present) that you are going to use the scale to measure their weight. • Allow sufficient time for the discussion of parent/carer concerns. 	<ul style="list-style-type: none"> • If present, encourage parent/carer support and involvement with the procedure.
<p>Preparation</p> <ul style="list-style-type: none"> • Place the scale on a solid, flat surface (e.g. wooden or concrete floor). Avoid placing the scale on carpet. <p><u>Child health setting:</u></p> <ul style="list-style-type: none"> • The child may wear light clothing (e.g. underwear and a t-shirt). <p><u>Primary school setting:</u></p> <ul style="list-style-type: none"> • Ask the child (and assist them if required) to remove their jumper, coat and shoes, and empty their pockets. 	<ul style="list-style-type: none"> • If the scale must be placed on carpet, follow the manufacturer’s instructions for use. • If there are any growth concerns, the assessment is best conducted with the child wearing minimal clothing. • Cultural beliefs and practices should be considered if requesting the removal of any items being worn by the child. • If the child’s parent/carer or a primary school aged child declines to remove items of clothing, proceed with taking the weight measurement. Note the refusal and the items worn when recording the weight measurement. Do not deduct any weight from the measurement.

Steps	Additional Information
<p>Measuring</p> <ul style="list-style-type: none"> • Turn the scale on and ensure it is set to zero. • Ask the child to stand in the middle of the scale with their body weight evenly distributed between both feet, look straight ahead and stand still. • Check the child's arms are at their side. 	
<p>Recording</p> <ul style="list-style-type: none"> • Wait for the scale to settle. • Record the weight to the nearest 0.1 kg (100g). <p>NOTE: If the scale can weigh in increments of 1g (0.001kg), record the measurement to three decimal places in CDIS/CHIS.</p> <p><u>Child health setting:</u></p> <ul style="list-style-type: none"> • CACH Nurses must use a CDIS assessment screen to record the weight measurement. The measurement will be automatically plotted on the relevant growth chart. • WACHS Nurses must enter the weight measurement in relevant CHIS qualifiers and review it on the appropriate centile chart. • CACH and WACHS Nurses should use the relevant <i>Clinical Notes/Comments</i> field in CDIS/CHIS to record any factors that may have interfered with the accuracy of the measurement (e.g. if the child is in plaster, has had an amputation, has an artificial limb or congenital disorder impacting weight, or is wearing any item that was unable to be removed). 	<ul style="list-style-type: none"> • Age is plotted in completed weeks/months/years, as appropriate. • If an unexpected growth trajectory is evident when the measurement is plotted on the relevant growth chart, re-take the measurement to check for accuracy. <p><u>Paper-based recording in the child health setting:</u></p> <ul style="list-style-type: none"> • Plot the measurement on the relevant growth chart: <ul style="list-style-type: none"> ○ World Health Organization (WHO) Weight-for-age: 2 to 5 years (Girls or Boys) ○ Centres for Disease Control and Prevention (CDC) Weight-for-age Percentiles, 2 to 20 years (Girls or Boys)

Steps	Additional Information
<ul style="list-style-type: none"> If CDIS/CHIS are temporarily unavailable, the relevant paper-based growth chart should be used to precisely plot the weight measurement (see <i>Additional Information</i>). The measurement should be entered into CDIS/CHIS, when available. <p>Primary school setting (SEHA):</p> <ul style="list-style-type: none"> Refer to Universal contact School Entry Health Assessment for instructions on how to record the weight measurement, and retain and dispose of SEHA forms. 	
<p>Interpretation</p> <p>Child health setting:</p> <ul style="list-style-type: none"> Interpret the weight measurement on the growth chart as part of a holistic growth assessment. Serial measurements of weight and height must be considered. Note any changes in growth trajectory. Discuss the findings and growth trajectory with the parent/carer. <p>Primary school setting:</p> <ul style="list-style-type: none"> Rather than a stand alone assessment, weight is measured as a component of the BMI calculation. See Body Mass Index assessment for more information. 	<ul style="list-style-type: none"> For more information about assessing and interpreting growth, refer to: <ul style="list-style-type: none"> Growth - birth to 18 years Growth - static or downward trajectory Overweight and obesity Serial measurements showing unexpected changes in the growth trajectories require additional assessment and/or referral.
<p>Referral</p> <ul style="list-style-type: none"> If concerned about growth, refer the child to a medical practitioner for further assessment (after consideration of the referral information in relevant policy documents). 	<ul style="list-style-type: none"> For further information about the referral process for static or downward growth, refer to Growth – static or downward trajectory.

Training

Staff are required to complete the *Child Growth eLearning Training Package* as per the [CAHS - Community Health Practice Framework for Community Health Nurses](#) or the *WACHS Practice Framework for Population Health Nurses*.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH and WACHS processes.

References
1. The Royal Children's Hospital Melbourne. About child growth (E-learning module). No year. Available: www.rch.org.au/childgrowth .
2. Secker D. Promoting optimal monitoring of child growth in Canada: using the new WHO growth charts. <i>Can J Diet Pract Res</i> . 2010;71(1):e1-3.
3. The Royal Children's Hospital Melbourne. The 10 top things about growth charts. Victoria: The Royal Children's Hospital Melbourne; 2013. Available: https://www.rch.org.au/uploadedFiles/Main/Content/childgrowth/10%20top%20things%20about%20growth%20charts_Nov2013.pdf .
4. National Health and Medical Research Council. Summary Guide for the Management of Overweight and Obesity in Primary Care. Melbourne: National Health and Medical Research Council. 2013.
5. National Institute for Health and Care Excellence. Obesity: identification, assessment and management. 2023. Available: https://www.nice.org.uk/guidance/cg189
6. Grossman DC, Bibbins-Domingo K, Curry SJ, Barry MJ, Davidson KW, Doubeni CA, et al. Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. <i>Jama</i> . 2017;317(23):2417-26.
7. Centers for Disease Control and Prevention. About child and teen BMI 2022. Available: www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html .

Related internal policies, procedures and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
Body Mass Index assessment
Growth – birth - 18 years
Growth – static or downward trajectory
Height assessment 2 years and over
Overweight and obesity
Physical assessment 0 - 4 years
Universal contact 2 years
Weight assessment 0 – 2 years
The following documents can be accessed in the CAHS Policy Manual
Medical Equipment Repair, Maintenance and Calibration Workflow for CAHS Community Health


The following documents can be accessed in the CAHS Infection Control Policies manual
Infection Control Policies
The following documents can be accessed in the WACHS Policy Manual
Enhanced Child Health Schedule
Iron Deficiency Assessment for Children
WebPAS Child at Risk Alert Procedure

Related external policies and guidelines
Nursing and Midwifery Board AHPRA Decision-making framework

Related internal resources (including related forms)
Food for kids
How children develop
Practice guide for Community Health Nurses
Tips to support healthy choices (2 – 5 years)
Body Mass Index Boys (CHS430B) and Body Mass Index Girls (CHS430A)
World Health Organization Charts (CHS800A series)

Related external resources (including related forms)
Centres for Disease Control and Prevention Growth Charts: Weight-for-age
Royal Children’s Hospital Melbourne Child growth learning resource
World Health Organization Growth Charts: Weight-for-age

This document can be made available in alternative formats on request.

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Appendix 1: Annual accuracy testing of stand-on scales WACHS staff only

Key points

- Checking the accuracy of scales must be conducted annually.
- Scales must also be checked for accuracy each time the battery is replaced, if the scales are moved and wherever there is professional concern.
- Staff must comply with health service provider Occupational Safety and Health guidelines for all manual handling tasks.
- Manufacturer's recommendations must be followed regarding transportation, servicing and calibration.

Equipment

- Weighing scale
- Standard calibration weights: Four 10kg weights

Procedure

Steps	Additional Information
Turn the scale on and set it to zero	<ul style="list-style-type: none"> • The scale should read zero +/- 1 unit. • If the lowest measure is to 0.01kg (10g), the zero set should be 0.0 +/- 10g.
Check the accuracy of the <u>10kg</u> weight	<ul style="list-style-type: none"> • Place one 10kg weight on the scale. • The scale should read 10kg +/- 50g.
Check tare operation	<ul style="list-style-type: none"> • With the 10kg weight still on the scale, press the tare operation or the 'on/off' button to zero the scale. • The scale should read: 0kg +/- 10g.
Check the accuracy of the <u>20kg</u> weight	<ul style="list-style-type: none"> • Remove the 10kg weight. • Set the scale to zero. It should read: 00.00 kg +/- 10g. • Place two 10kg weights on the scale. The scale should read: 20kg +/- 100g.
Check the accuracy of the <u>30kg</u> weight	<ul style="list-style-type: none"> • With the two 10kg weights still on the scale, place a third 10kg weight on the scale. • The scale should read: 30kg +/- 150g.
Check the accuracy of the <u>40kg</u> weight	<ul style="list-style-type: none"> • With the three 10kg weights still on the scale, place a fourth 10kg weight on the scale. • The scale should read: 40kg +/- 200g.
If there are discrepancies in the readings, repeat the test	<ul style="list-style-type: none"> • If discrepancy persists on retest, the scale may require replacement or repair. • Liaise with line manager.
Document details and date of weight check	<ul style="list-style-type: none"> • Attach details to the back of the scale.
Replace (as required) and document details of replacement	<ul style="list-style-type: none"> • Attach details to the back of the scale.