



Workbook: High-Risk Guidebook for Infants **Trainer Version**

A Workbook to Accompany the High-Risk Guidebook for Infants

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Table of Contents

Table of Contents	2
Using this Workbook	
Module 1: Introduction	4
Module 2: Anthropometrics - The 100s Codes	6
103.1: Underweight or At Risk for Underweight	6
115: Weight/Length \geq 98th percentile	6
134: Failure to Thrive	7
141: Low Birth Weight and Very Low Birth Weight	8
142.1: Prematurity	8
Module 3: Biochemical and Clinical - The 200s and 300s Codes	10
201: Low Hemoglobin/Low Hematocrit	10
345: Hypertension and Prehypertension	11
349: Genetic and Congenital Disorders	12
351: Inborn Errors of Metabolism	12
353: Food Allergies	13
354: Celiac Disease	15
Module 4: Dietary Codes and the Concern with High-Risk Participants	17
Case Studies	18
103.1 Underweight Case Study	18
115 Weight for Length \geq 98 th percentile Case Study	22
134 Failure to Thrive Case Study	25
135 Inadequate Growth Case Study	28
343 Diabetes Mellitus Case Study	31
362 Developmental Delay Case Study:	34
Formula Case Study #1 Alimentum	38
Formula Case Study # Similac Sensitive	43

Using this Workbook

This workbook was created to accompany the High-Risk Guidebook for Infants. As the trainer, allow the trainee to work through the Guidebook and answer the Critical Thinking Questions on their own and then review their answers with them. The flow of this training will be determined by your Local Agency.

The Case Studies are located after all of the Critical Thinking Questions. Each Case Study starts with general information about the infant and some brief assessment information. Use this information to start a role-play assessment for each Case Study. Allow the trainee to take notes as you go through the assessment and answer the questions. Add any helpful information that you can to prepare the trainee to be a successful RDN or MRN. Each Case Study has some brief answers to the questions and guides for you to use when role playing.

Note: Although sample answers are provided, you are encouraged to add other answers and thoughts into the blank bullet points for each question when possible.

As a reminder, these Critical Thinking Questions and Case Studies are meant to be used as a guide to encourage learning and create additional conversation about high-risk assessments between you and the trainee. Sharing your insights and experiences will improve confidence and accelerate learning for trainees.

If you have questions, please contact your State Nutrition Consultant or the State Training Team.

Module 1: Introduction

Using Your PCS Skills

1. How would you (in line with the PCS model) correct or empower the parent or caregiver to make a change in the infant's best interest (i.e., start giving more formula because the family has been underfeeding the infant)? Write out your transition into offering nutrition education on this topic.
 - Use OARS to have a good discussion and build rapport.
 - Use the Principle of Social Proof to explain what other moms have been doing that has been both successful and healthy.
 - Start the conversation with, "I can tell you are such a great parent and want the very best for your baby..."
 - Use the GTHM tools to get at the parent's true concerns and see in what stage of change they may be.

2. A mother tells you that she is exclusively breastfeeding her baby (3 months old). She says that the doctor told her to start formula to help the baby gain weight. Write out some of the questions (in line with PCS model) that you would want to ask Mary.
 - How do you feel breastfeeding is going?
 - How do you feel about introducing infant formula?
 - Tell me more about how you are feeding the baby...
 - What are your concerns today?

3. Write out two or three examples of how you can acknowledge what the parent or caregiver has told you is going on with their infant and redirect it to the infant's nutrition.
 - Carefully listen to them and comment.
 - Let them know you see them as great parents who want the very best for their baby.
 - “Wow, it sounds like there is so much going on in your life right now, but baby Johnny seems like such a content and happy baby. How have feedings with Johnny been going?”

Module 2: Anthropometrics - The 100's Codes

103.1: Underweight or At Risk for Underweight

1. List some of your main concerns that you would be listening for Mary to address while she explains how Eric is feeding.
 - Is he breastfeeding or formula feeding?
 - How often he is feeding?
 - If formula, how many ounces does he drink at each feed?
 - If breastfeeding, how often does she feed him?
 - How does she know when he is hungry?
 - Has she started to offer anything other than breastmilk or formula?
 - Does he sleep through the night? (to see if the baby is feeding at night)

115: Weight/Length \geq 98th percentile

1. How could you start the conversation to assess the parent's or caregiver's feelings towards their infant's weight-for-length?
 - Use open-ended questions.
 - Don't assume anything.
 - Tell me more about how you are feeling about the infant's feeding.
 - What has the doctor told you about the infant's feeding and nutrition?

2. What other open-ended questions would you ask to gather all the information that you want to know?
 - Tell me more about how often he is eating.
 - Tell me about how you are mixing the formula.
 - What other foods or drinks is the baby eating at this time?
 - Is the baby sleeping through the night? (to see if he is eating at all at night)

134: Failure to Thrive (FTT)

1. List all the questions that you would want to ask a mother with an infant diagnosed with FTT.
 - When was the infant diagnosed?
 - Is the infant being followed by a medical team or pediatrician?
 - What are their eating habits? Breastfeeding or formula? How are bottles prepared? Are they eating and drinking anything else?
 - What are the baby's naps and sleep schedule like? Sleeping through the night?

141: Low Birth Weight and Very Low Birth Weight

1. Write out examples of how you can gather the information you need for your assessment in a non-leading way.
 - Using open-ended questions
 - Not assume anything about the infant



142.1: Prematurity

1. What questions would you want to ask the parents regarding the infant's feeding patterns?
 - How is feeding time with the baby? Find out:
 - How often is the baby hungry?
 - How do they know when baby is hungry?
 - Ask about sleep schedule to make sure they are feeding at night.
 - Breastfeeding? Formula? What type of formula? Tell me more about how you are mixing the formula.
 - Be nonjudgemental.
 - Use open-ended questions.

2. How would you inform the parent or caregiver that they should be feeding their premature infant ready-to-feed formula instead of powder?
 - Explain to them that very rarely there may be bacteria in powdered formula and full-term babies are able to fight off the bacteria. However, premature babies often have a harder time fighting off this bacteria and it can make them very sick. Concentrate and ready-to-feed formulas are already pre-mixed and have been heated to a high temperature to kill any bacteria. These are much safer for your baby and can help prevent them from getting sick from this bacteria.

Module 3: Biochemical and Clinical - The 200s and 300s Codes



201: Low Hemoglobin/Low Hematocrit

1. What are three assessment questions you would want to ask the parent or caregiver to find out more information about the infant?
 - Tell me about how feeding time is with the baby.
 - Is the baby taking any supplements?
 - Tell me more about what else the baby is eating and drinking.
 - What types of beverages?
 - What types of foods? Iron-rich foods?

2. Identify resources you can use in your clinic and agency to help parents and caregivers with infants that have presented with low iron status.
 - Each trainer will need to identify what resources they have at their agency and specific clinic.

3. What are other ways you can help educate on healthy foods to offer the infant?
 - Ask the parents what they know about iron and why it's so important for the baby.
 - Ask them if they are familiar with foods are iron rich.
 - Talk to them about combining iron-rich foods plus vitamin C food to help with iron absorption.
 - Offer help on how to prepare iron-rich foods for appropriate developmental stages (pureed, small bites, etc).

345: Hypertension and Prehypertension

1. The next appointment that you take part in, whether you are the one leading the appointment or shadowing someone else, pay attention to how you could use the summarizing skill. Write below the main things that were discussed in the appointment, including the goal or behavior change the participant decided upon. Then write out how you could summarize the appointment for the participant.
 - Example of a summary: "Mary, today we talked about Tommy's feeding and hypertension that he was diagnosed with as a newborn. The doctors are continuing to monitor his blood pressure. He has been breastfeeding well, but you are concerned that he might not be getting enough milk. Would it be ok with you if we talk about some of the ways that you can know whether Tommy has been getting enough breastmilk?"

349: Genetic and Congenital Disorders

1. Wendy comes to the WIC clinic with her 2-month old baby James, who has Down syndrome. Write out all the topics that you would want to cover with the mother and samples of how you could gather this information in a PCS way.

- What is the doctor saying about James' growth and development?
- Does the doctor have any concerns about James and his nutrition?
- Tell me more about feeding time with James?
 - Breastfeeding or formula and mom's feelings on this?
 - How does she know when he is hungry?
 - How often is she feeding him?
 - How is she mixing the formula?
- What new fun things is James doing? (to build rapport)

351: Inborn Errors of Metabolism

1. Is your assessment finished? How can you respond to parents and caregivers that tell you they have no questions or concerns about their infant's medical conditions?
 - Assessment is not finished; you still need to collect a lot of info about feeding and nutrition.
 - You can start asking open-ended questions about George's nutrition, like "It sounds like you are doing such a great job. Tell me more about how George has been feeding." and "How do you know when he is hungry?"

2. Write down a better way to respond to Lindsay saying that she has a good healthcare team that will continue to allow you to gather information for your assessment of George.
 - That is wonderful that you have a medical team working with you that is so supportive and helpful. Tell me more about how George has been eating and what new foods he has tried recently!

353: Food Allergies

1. You are seeing an infant for high-risk 353 and the parent tells you that the doctor diagnosed the baby with a milk protein allergy and has written a prescription for Similac Sensitive or Enfamil Gentlease. What are your thoughts?
 - This is not a formula for milk protein allergy.
 - Talk to the mom to see what the symptoms were and what formula the baby is currently tolerating.

2. What would your next steps be?

- After collecting information, you may want to call the doctor to discuss options.
3. Discuss some possible scenarios you might encounter when calling the pediatrician to ask about a prescription that doesn't match the diagnosis of milk protein allergy.
- The doctor just wrote what the mom was asking for.
 - The doctor accidentally checked off the wrong formula.
 - After telling the doctor your concerns, he/she agrees that a hydrolyzed protein formula would be a better option for this baby,
 - You let the doctor know that the baby seems to be tolerating the Similac Sensitive well with no issues, so would the doctor prefer the infant to stay on that formula?

354: Celiac Disease

1. When meeting with a family that is confused about what celiac disease is, how would you explain it to them?
 - This is where the body has an allergic reaction to gluten, which is found in wheat products and other types of foods.
 - You could use the illustration of a carpet and tile floor.

2. Are there any resources you would want to share with them? What other information might be helpful to them to manage the strict diet?
 - Find resources that you can share with these participants.

3. This can be an overwhelming disease to manage since the infant must follow a very strict diet. What can you say to the family to help alleviate some of the stress?
- Offer lots of encouragement.
 - Affirm all the hard work they have already been doing.
 - Let them know that they can always come back to see you and talk about food and meal options.

Module 4: Dietary Codes and the Concern with High-Risk Participants

1. How are WIC codes 411.2 and 115 related?
 - 411.2 is Improperly Using Nursing Bottles and 115 is Weight/Length is greater than or equal to the 98th percentile on WHO growth grid. These codes are related because an infant could be overfed by improper use of bottles. Examples include propping the bottle, putting cereal, juice or other things besides formula in the bottle, giving baby the bottle every time he cries, or putting baby to bed with a bottle.

2. How can you use this information that you received from Rowen's chart to guide your conversation with his mother?
 - Follow-up with Rowen's mother about not putting cereal in the bottle. Did she stop? How is it going? Any concerns related to this?
 - Praise mom for making a healthy change for her baby.

Case Studies

Review the following Case Studies with your trainee and role play these scenarios. The information in Blue is in the trainer's version only.

103.1: Underweight Case Study

General Information

Participant is a 6-month-old baby girl Rita.

Birth weight and length: 8lbs 12oz and 21½"

5-month (certification) weight and length: 12 lbs and 25½ "

Today Rita has been brought to the high-risk appointment by her mother, Georgia. You weigh Rita and she weighs 13 lbs 1 oz and measures 26". Assess her growth on the growth grid in HANDS.

Assessment

You review previous TGIF notes and learn that Rita was born at term and has been exclusively breastfed. Georgia started offering baby foods at 4 months per the pediatrician's recommendations. Rita didn't seem to like the foods at the time but has since really taken to them and mom was feeding pureed foods three times a day and nursing every four hours. Mom's concerns were that Rita was too skinny. You start the conversation by asking her to choose a fabric that describes how she feels about Rita's mealtimes and feedings. Mom pulls out a fleece fabric and says she likes feedings, especially nursing, and she likes that Rita enjoys her fruits and veggies. She tells you that she hasn't introduced meats yet. She has started offering a bottle with water in it with Rita's meals, which is three times a day. Mom tells you that at Rita's last well-check, the doctor told her to start supplementing with formula to help bring up her weight, which he said was low. Mom was upset about this because she really enjoys nursing and doesn't want to add formula.

1. What other follow-up questions would you ask Georgia?
 - How does she feel about breastfeeding more often?
 - How do mealtimes look?
 - What other beverages does Rita have?
 - How many wet/poopy diapers does she have daily?

Role Play Information:

Georgia describes feeding times as relaxing and fun, she says that Rita loves to play with her foods and likes to eat all the purees. Rita is having four to six wet diapers each day and usually one to two poopy diapers. Mom states that Rita has only nursed and never taken breastmilk from a bottle and, in fact, has only used a bottle for water or juice. She offers four ounces of water or juice with meals.

2. What other information would you like to collect?

- How do you know when Rita is hungry?
- What is her naptime and nighttime sleep schedule?

3. Now that you have completed the assessment, what are your initial thoughts about Rita's nutrition?

- She could be offering other beverages that could be filling up Rita with empty (non-nutritive) or no calories. No water or juice is needed.
- She needs to add some meats or iron-rich foods to her diet.

4. What nutrition care plan would you put together for Rita?

- Breastfeed on demand, every two to four hours. Increase the number of feeds if mom doesn't want to supplement with formula.
- Discontinue water and juice.
- Continue age-appropriate foods if developmentally ready.
- Add iron-rich foods.

When you have finished, write your SOAP/ADIME note below.

- This will be dependent on the role-playing activity.
- Have the trainee write a note while you also write a note and then discuss what you both wrote so they can see what an experienced WIC RDN would write.

Discussion Notes:



115: Weight for Length \geq 98th percentile Case Study

General Information

You are seeing Amanda and her 11-month-old baby boy Ellis. Ellis' weight and length are:

10 months: 23 lbs, 12 oz, 28"

Today's (11 months): 26 lbs, 29½"

Assessment

You start the appointment by using the projective technique of the doors. You say, "I have pictures here of doors from all over the world that represent the hopes and dreams that parents have for their children. Will you choose a door that speaks to you about your hopes and dreams for Ellis?"

Amanda selects a large wooden door with green and vibrant plants surrounding it.

"Beautiful. Now if I could give you a key that would unlock and open this door to your hopes and dreams for Ellis, what hopes and dreams would be there?"

Role Play Information:

Amanda responds, "Well, my hope for Ellis is that he would know that he is loved. That he would enjoy life, be honest and kind, and love other people well."

"Wow. It sounds like you have really thought about the kind of life you want Ellis to have. I love that you desire for Ellis to be loved and to love others. From the few moments I have spent with you, I can already tell that Ellis feels loved and secure with you by the way he is smiling at you! Can you tell me some of the things that you do to make Ellis feel loved and healthy?"

Amanda says, "Well, we try to read to Ellis and sing him songs. Ellis was a really fussy baby in the beginning and still is at times. He seems to always be hungry! So if he is well fed, he will be calm and feels very loved!"

1. What “red flags” or important concerns have you noticed during your conversation with Amanda?

- Feeds Ellis whenever he cries
- Maybe concerned that she is not feeding him enough since he is always hungry

2. How could you transition to start the conversation about Ellis’ weight and his nutrition?

- Tell me more about how feedings with Ellis.
- How do you feel about Ellis’ weight and growth?

Role Play Information:

Amanda then tells you that Ellis is taking formula, about six- to eight-ounce bottles six to seven times a day. He also eats solids three times a day: one to two jars of baby food at each meal, small bites of whatever the family is eating (pizza, mashed potatoes, casseroles, etc.) Amanda tells you that the doctor thought Ellis was having reflux when he was a couple months old, so he suggested putting cereal in the bottle. They are still putting cereal in the bottles that Ellis drinks.

3. What other follow-up questions would you ask Amanda?

- What has their doctor said about Ellis’ growth?
- What other items is he eating or drinking?
- What do mealtimes look like? Everyone together? Or eat alone?
- Does Ellis hold his bottles? Sleep with bottles?

4. How could you transition to find out how Amanda feels about Ellis' weight and what the doctor has told her?

- It sounds like Ellis gets a variety of foods and eats often! How do you feel about Ellis' growth?
- How do you feel about what the doctor has said about Ellis' growth?

5. What nutrition education would you want to give Amanda?

- Cereal in the bottle
- Appropriate amount of formula
- Weight/growth chart
- Healthier food options (increase fruits and vegetables)
- Recognizing hunger cues

6. Write down the way you would transition to offering nutrition information for baby Ellis.

- Use PCS, OARS, Principles of Influence, GTHM tools
- A lot of families I talk to have been told by their pediatricians to put cereal in the bottle to help with various issues. The most recent research states that unless there is severe GERD, or reflux, it can actually harm the infant to have cereal in the bottle. Have you heard that before?
- Use the magic wand and ask, "If you could change anything about Ellis' growth and/or eating patterns, what would you want to change?"

When you have finished, write your SOAP/ADIME note below.

- This will be dependent on the role-playing activity.
- Have the trainee write a note while you also write a note and then discuss what you both wrote so they can see what an experienced WIC RDN would write.

Discussion Notes:

134: Failure to Thrive Case Study

General Information

Lincoln, a 5-month-old baby boy, has been diagnosed with FTT by his pediatrician. His mother, Julia, brings him into the WIC clinic.

General anthropometric information:

Birth: 7 lbs 10 oz and 21½"

4 months: 11 lbs 9 oz and 24"

5 months: 14 lbs and 26½"

Assessment

Julia says that Lincoln has been exclusively breastfed since birth. He has always latched well but doesn't nurse for long periods (5-10 minutes total) and is on a set schedule of eating every four hours. Julia hasn't started Lincoln on solid foods yet.

1. What are some of the red flags from your conversation thus far?

- Strict feeding schedule
- Long duration between feeds
- Short duration of BF

2. What other questions do you want to ask Julia?

- How does Julia feel about Lincoln's weight and feeding patterns?
- What has the doctor said about Lincoln's growth?
- What do feeding times look like?
- How does she know when Lincoln is hungry?
- What else does Lincoln eat or drink?

Role Play Information:

You ask Julia what Lincoln's pediatrician has told her and she says that the doctor says Lincoln is too small. He wants Julia to start supplementing with formula to increase Lincoln's weight gain. Julia wants Lincoln to be healthy but really wants to continue nursing. Julia states that she feels like she is just not making enough milk for Lincoln. She has tried fenugreek, pumping, and drinking beer. Nothing has helped.

3. Do you agree with the doctor's recommendation to supplement with formula? Why or why not?

- Yes and no.
- Lincoln does need to gain weight. If mom can adjust feeding schedule, make more breastmilk (if production is an issue), and feed more often, then maybe formula isn't needed.
- If mom is not interested in feeding more often, then supplementing with formula is the next best option.

4. What are you concerned about regarding Lincoln's feeding and growth?

- FTT
- Not eating often enough or for long durations
- Mom says she feels like she isn't making enough milk

5. How can you affirm mom and breastfeeding while making weight gain and Lincoln's health a priority?

- Start with breastfeeding problem solving and options.
- Even if mom needs to supplement, encourage her that, she can still breastfeed to give Lincoln both breastmilk and formula.

When you have finished, write your SOAP/ADIME note below.

- This will be dependent on the role-playing activity.
- Have the trainee write a note while you also write a note and then discuss what you both wrote so they can see what an experienced WIC RDN would write.

Discussion Notes:

135: Inadequate Growth Case Study

General Information

Maria has brought her 6-month-old baby girl, Loren, into her high-risk appointment today.

Loren's birth weight: 6 lbs 13 oz Length: 19"

Current weight (6 month): 10 lbs 8 oz Length: 25¼"

Assessment

When asked, Maria says that everything is going great and she loves being a new mom. She is exclusively breastfeeding because she knows it is the healthiest nutrition for her baby. She has a great support system at home and says nursing Loren is going really well. She tells you that she has never had any trouble with breastfeeding and feels like she has become a pro at it. When you ask her about how often she is nursing little Loren, Maria tells you that she has downloaded a helpful phone app that tells her when to feed the baby.

1. What other information would you like to collect at this point? Are there any red flags that have popped up?

- That she feels so confident despite Loren having Inadequate Growth code
- The phone app replacing baby cues and health provider recommendations

Role Play Information:

After probing for more information, you learn that the phone app is alerting Maria to feed the baby every four to six hours and Maria tells you that this app also allows her to track how long the feedings are. She can even show you. Maria hands you her phone and you discover that the feedings are about 30 minutes long each time, and when you check the settings, you notice that Maria has mistakenly entered Loren's birthdate wrong which is causing it to tell her to nurse every four to six hours instead of more often.

2. What follow-up questions would you want to ask Maria?

- How does she feel about Loren's weight and growth?
- What has the doctor said regarding Loren's growth?
- How she would feel about nursing Loren more often?
- What other foods or beverages is Loren getting?
- Has Loren started any solid foods? When are you planning on introducing them?

3. Now that you have completed the assessment, what can you identify as potential nutrition concerns? What nutrition care plan would you put together for Loren?

- Increase feeds to every two to three hours or on demand.

When you have finished, write your SOAP/ADIME note below.

- This will be dependent on the role-playing activity.
- Have the trainee write a note while you also write a note and then discuss what you both wrote so they can see what an experienced WIC RDN would write.

Discussion Notes:

343: Diabetes Mellitus Case Study

General information

Erica is the mother of a 10-month-old baby girl named Jaiden. Jaiden was recently diagnosed with type 1 diabetes (DM) and was referred to you. You take her current weight and length and see that she is tracking well on the infant growth grid.

Assessment

After inviting Erica and Jaiden into your office, you welcome her and then, using projective techniques, ask her to pick a fabric showing how she feels about mealtime with Jaiden. Erica picks a piece of fabric (it looks like old-fashioned curtains) and you ask her to tell you what this fabric says about how she feels. Erica says she picked it because it felt weird and confusing to her, she couldn't identify it. She explains this is how she feels about mealtimes with Jaiden because she feels so confused about the way Jaiden eats and her insulin. She tells you that she offers her the meals or snacks and sometimes Jaiden gobbles it right up and other times she throws the plate of food on the floor or just plays with the foods; this makes Erica stressed because of Jaiden's nutrition and insulin. Mom tells you that she is exclusively nursing and offering three meals with the rest of the family and three snacks. She says that Jaiden eats some of the family meals and sometimes a partially pureed meal. Her snacks are either breastfeeding by itself or sometimes combined with some fruit, cheese or other healthy snack. She tells you that she has learned a lot from Jaiden's medical team and is working closely with an RDN to make sure Jaiden is getting good nutrition and her DM is under control.

1. Are you able to identify any red flags?
 - Mom is stressed by Jaiden's care.

2. What are Erica's biggest concerns?

- Managing insulin and food intake

3. What other information would you like to collect from Erica?

- How does she feel about working with Jaiden's medical team?
- What other foods and beverages does Jaiden take?

Role Play Information:

You talk with Erica a bit more and learn that Jaiden wears an insulin pump, which has really helped with Jaiden's blood glucose control. She explains that the medical team is great at making sure Jaiden is doing well, but mom still feels worried at meal and snack times because Jaiden seems so picky.

4. What nutrition topics/education would you offer to Erica?

- Picky eaters
- Division of feeding responsibility
- Checking glucose levels

When you have finished, write your SOAP/ADIME note below.

- This will be dependent on the role-playing activity.
- Have the trainee write a note while you also write a note and then discuss what you both wrote so they can see what an experienced WIC RDN would write.

Discussion Notes:

362: Developmental Delay Case Study:

General information

Brandon has brought in his 8-month-old baby boy Jackson. Jackson was diagnosed with Down syndrome and has recently been having feeding issues. After taking his current weight and length, you see that he is tracking well on the growth grid.

Assessment

You learn that Jackson was referred by his pediatrician for further feeding assessment and treatment through the local children's hospital. Brandon told you that Jackson sees a feeding therapist twice a week and that they are having him add a thickening agent to any liquids that Jackson is given. Dad said that Jackson was not able to eat solid foods well and even had a hard time swallowing purees. Now he can eat purees better, but he still isn't able to eat finger foods or liquids. Brandon says that he and his wife are always so nervous around feeding times due to fear of Jackson choking and they are worried he is not getting the nutrition he needs because his diet seems to be so limited.

1. What other questions would you want to ask Brandon about Jackson's feedings?
 - Is Jackson taking breastmilk or formula?
 - How often is Jackson taking formula or purees?
 - Are they currently working with a feeding therapist or an outpatient RDN?

Role Play Information:

After finding out that Jackson was nursed for two weeks but due to Jackson having a weak suck and not gaining enough weight, the doctors told them to offer formula instead so mom quit nursing. Brandon says that they are now offering only formula with the thickening agent plus two to four ounces of water per day (also with thickening agent). He tells you that Jackson also eats one to two jars (two-ounce) of thickened pureed fruits or vegetables per day.

2. How can you give reassurance to Brandon about Jackson's feeding delay?

- Recognize how far they have come.
- Affirm all the great things they are doing to help Jackson.

3. What nutrition education can you offer the family?

- Refer Jackson to a feeding therapist if they haven't seen one already.
- Talk about the different foods Jackson is receiving in his food package and all the nutrients they provide.

4. How would you plan to follow-up with Brandon and Jackson?

- This will depend on how the role-playing assessment goes.
- Offer to follow-up with Brandon in one month after he has visited a feeding therapist. Let him know that you can help him implement the nutrition care plan that Jackson's medical team puts in place for him.

5. What resources or referrals would you offer Brandon?

- AZ Early Intervention Program
- Other local referrals from your county/area.
-

When you have finished, write your SOAP/ADIME note below.

- This will be dependent on the role-playing activity.
- Have the trainee write a note while you also write a note and then discuss what you both wrote so they can see what an experienced WIC RDN would write.

Discussion Notes:

Formula Case Study #1: Alimentum

Carrie brings her baby Rosie into the WIC clinic seeking Alimentum formula. After talking with Carrie, you learn that Rosie has had sensitivities to other formulas. Rosie was born at 35 weeks gestation and weighed 3 pounds 11 ounces. After breastfeeding for the first week, Carrie felt that Rosie wasn't getting enough milk so she started supplementing with Similac Advance. Carrie took Rosie (at 2 weeks old and weighing 4 pounds 6 ounces.) to the doctor who recommended switching Rosie to Neosure. After trying this formula for several weeks, Rosie began to be gassy, fussy, and started having bloody stools. Now, with Rosie being 7 weeks old and weighing 5 pounds 15 ounces., Carrie returned to the doctor, who this time recommended Alimentum mixed to 22 kcals per ounce.

1. What is Similac Advance formula intended for?
 - Healthy infants 0-12 months


2. What is different about Neosure formula? Why would Rosie's doctor have recommended it?
 - It is a higher calorie formula for premature infants.
 - They recommended because Rosie is premature and she could benefit from extra kcals.


3. What are some reasons why an infant wouldn't tolerate Similac Advance or Neosure?
 - Malabsorption issues
 - Allergies
 - GI impairment

4. What is Alimentum formula intended for?

- Severe food allergies
- Sensitivities to intact proteins
- Protein maldigestion
- Fat malabsorption

Carrie provides you with her Alimentum prescription:





Effective January 29, 2019

Formula and Food Request

Please Complete All Sections

1. Patient's Name: Rosie Gonzalez

2. Patient's Date of Birth: 2/14/18

3. Type of Formula Requested

Formula Name	Powder	Concentrate	RTF
Similac Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Soy Isomil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Sensitive	<input type="checkbox"/>	NA	<input type="checkbox"/>
Similac for Spit-up	<input type="checkbox"/>	NA	NA
Similac Total Comfort	<input type="checkbox"/>	NA	NA
Alimentum* <u>Mix to 22 kcal/oz</u>		NA	<input type="checkbox"/>
Nutramigen*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerber Extensive HA*	<input type="checkbox"/>	NA	NA
Similac Neosure*	<input type="checkbox"/>	NA	<input type="checkbox"/>
Enfamil Enfacare*	<input type="checkbox"/>	NA	<input type="checkbox"/>
Pediasure* <small>(must meet WIC criteria for issuance)</small>	NA	NA	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*WIC Special Formula: When requesting this formula, complete this form, but also request formula from AHCCCS if patient qualifies (see AHCCCS Exhibit 430-2)

4. Diagnosis (select one or more diagnoses)

Gastroesophageal Reflux Disease	<input type="checkbox"/>
Severe Food Allergy	<input checked="" type="checkbox"/>
Intestinal Malabsorption	<input type="checkbox"/>
Failure to Thrive	<input type="checkbox"/>
Low Birth Weight	<input type="checkbox"/>
Prematurity	<input checked="" type="checkbox"/>
Developmental Disorder	<input type="checkbox"/>
Metabolic Disorder	<input type="checkbox"/>
Immune System Disorder	<input type="checkbox"/>
Inappropriate Growth Patterns†	<input checked="" type="checkbox"/>
Formula Intolerance†	<input checked="" type="checkbox"/>
Other Diagnosis:	

†May only be selected for Similac Sensitive, Spit-up, or Total Comfort

5. Amount of Formula Requested Per Day

☐ WIC Maximum OR Prepared Fluid Ounces per day: ad lib

6. Length of Time for Food and/or Formula Request

☒ Until first birthday OR Number of Months: _____

7. WIC Foods

Depending on age and category, WIC foods may include whole grains (bread, rice, pasta, tortillas), breakfast cereal, fruits, vegetables, beans, canned fish, peanut butter, milk, cheese, yogurt, eggs, juice, and infant fruits, vegetables, and meats.

The WIC Registered Dietitian/Nutritionist will determine which foods to provide unless indicated below

☐ Check this box to **NOT GIVE ANY** WIC Foods to this patient starting at age 6 months and beyond or

8. Healthcare Provider's Information

Healthcare Provider's Title (circle one) MD, D.O., P.A., N.P., N.M.D., C.N.M., H.M.D.

Provider's Name: George Atkinson Provider's Phone Number: 516/18

Provider's Signature: George Atkinson Today's Date: 4-9-2015

Visit <http://azdhs.gov/prevention/azwic/physicians> for additional information or copies of this document.

Revised 12.10.18

-
5. Is this prescription filled out correctly? What, if any, information do you still need?
- No. You still need:
 - WIC food information (Although Rosie is only 2 months old and does not receive foods in the WIC food package, we still follow up to prevent occurrences when infants continue on an approved special formula beyond 6 months of age without having food information from the health care provider.)
6. Does providing Alimentum address all of the concerns with feeding Rosie (low weight, prematurity and food sensitivities)?
- No, Alimentum is not designed to provide the special needs of infants with prematurity and low weight.
 - Concentrating the formula as requested does address the increased needs for Rosie to gain weight.
7. Is Alimentum a WIC approved formula?
- Yes
8. Would you be able to give Alimentum if the diagnosis on the prescription only indicated prematurity?
- No. Alimentum is not indicated for premature infants. There would need to be an additional medical diagnosis besides prematurity for prescribing Alimentum.

9. What additional questions would you want to ask Carrie in order to complete your nutrition assessment?

- How are feedings going now? Has she started Alimentum yet?
- What has the doctor told her regarding her infant's condition?
- Has the doctor explained mixing formula up to 22 kcals/oz?
- How often is the baby feeding? How much is taken at a feeding?
- What other food or beverages is the baby receiving?
- Is Carrie still breastfeeding Rosie as well?
- If so, has Carrie tried to eliminate allergens from her diet?

You obtain all the information needed to process this prescription for Rosie and let the family go home. About seven months later, Carrie and Rosie come back to your office. Rosie is now 9 months old and weighs 15 pounds 9 ounces, 26½". She has grown on Alimentum mixed to 22 kcals per ounce and had no problems starting solid foods at 6 months. Carrie tells you that Rosie's doctor is very happy with the progress that Rosie has made and thinks that Carrie can stop mixing the formula to 22 kcals now.

10. Do you agree with Rosie's doctor? Why or why not?

- Yes. Rosie has grown well and decreasing down to 20 kcals will probably be ok as long as Rosie continues to eat adequate solid food and formula.

11. How would you explain mixing the formula to 20 kcals per ounce to Carrie?

- Follow directions on the formula for mixing to 20 kcals. Add one scoop for 2 ounces of water.
- For mixing up to 22 kcals, discuss options:
 - 8 oz bottle = 7 oz water + 4 scoops of formula
 - 6.4 oz bottle = 5.5 oz water + 3 scoops of formula
 - 4 oz bottle = 3.5 oz water + 2 scoops of formula

For information on how to mix formula to increased kcals, see:

<https://www.childrensmn.org/Manuals/PFS/Nutr/018731.pdf>


Additional Notes:


Be sure to address corrected age for premature infants and how that relates to this case study and Rosie's weights.

Address the length of time infant will be on a higher kcal formula, by either asking mom or discussing with the doctor to understand his plan. This is important, especially in cases with older infants that are 90th percentile and still on Neosure, etc.

Formula Case Study #2: Similac Sensitive

Sara and 2-month-old Jacob have been referred to you with a formula prescription. Sara tells you that she thinks Jacob is lactose intolerant because he seems to have problems digesting the regular formula he has been taking. Sara explains that Jacob is really fussy and gassy. Their pediatrician recommended switching to a lactose-free formula. Sara gives you the following prescription:





Effective January 29, 2019

Formula and Food Request

Please Complete All Sections

1. Patient's Name: JACOB MILLER

2. Patient's Date of Birth: 11/13/18

4. Diagnosis (select one or more diagnoses)

Gastroesophageal Reflux Disease	<input type="checkbox"/>
Severe Food Allergy	<input type="checkbox"/>
Intestinal Malabsorption	<input type="checkbox"/>
Failure to Thrive	<input type="checkbox"/>
Low Birth Weight	<input type="checkbox"/>
Prematurity	<input type="checkbox"/>
Developmental Disorder	<input type="checkbox"/>
Metabolic Disorder	<input type="checkbox"/>
Immune System Disorder	<input type="checkbox"/>
Inappropriate Growth Patterns†	<input type="checkbox"/>
Formula Intolerance†	<input type="checkbox"/>
Other Diagnosis:	

GERBER GOOD START GENTLE

†May only be selected for Similac Sensitive, Spit-up, or Total Comfort

3. Type of Formula Requested

Formula Name	Powder	Concentrate	RTF
Similac Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Soy Isomil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Sensitive	<input type="checkbox"/>	NA	<input type="checkbox"/>
Similac for Spit-up	<input type="checkbox"/>	NA	NA
Similac Total Comfort	<input type="checkbox"/>	NA	NA
Alimentum*	<input type="checkbox"/>	NA	<input type="checkbox"/>
Nutramigen*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerber Extensive HA*	<input type="checkbox"/>	NA	NA
Similac Neosure*	<input type="checkbox"/>	NA	<input type="checkbox"/>
Enfamil Enfacare*	<input type="checkbox"/>	NA	<input type="checkbox"/>
Pediasure* (must meet WIC criteria for issuance)	NA	NA	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*WIC Special Formula: When requesting this formula, complete this form, but also request formula from AHCCCS if patient qualifies (see AHCCCS Exhibit 430-2)

5. Amount of Formula Requested Per Day

☐ WIC Maximum OR Prepared Fluid Ounces per day: _____

6. Length of Time for Food and/or Formula Request

☐ Until first birthday OR Number of Months: _____

7. WIC Foods

Depending on age and category, WIC foods may include whole grains (bread, rice, pasta, tortillas), breakfast cereal, fruits, vegetables, beans, canned fish, peanut butter, milk, cheese, yogurt, eggs, juice, and infant fruits, vegetables, and meats.

The WIC Registered Dietitian/Nutritionist will determine which foods to provide unless indicated below

☐ Check this box to **NOT GIVE ANY** WIC Foods to this patient starting at age 6 months and beyond **or**

List specific WIC Foods to **NOT GIVE** to this patient starting at age 6 months

8. Healthcare Provider's Information

Healthcare Provider's Title (circle one) M.D., D.O., P.A., N.P., N.M.D., C.N.M., H.M.D.

Provider's Name: George Atkinson MD Lic. No. 54321 Provider's Phone Number: _____

Provider's Signature: Pediatrics R Us (602) 555-5555 Today's Date: 1/15/19

1100 Main St. Phoenix, AZ 85007

Visit <http://azdhs.gov/prevention/azwic/physicians> for additional information or copies of this document. Revised 12.10.18

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1. What formula is the pediatrician requesting? Is this formula appropriate for the participant?
 - Gerber Good Start Gentle
 - Yes it is appropriate because it addresses his lactose intolerance.

 2. Can Arizona WIC provide this formula for the participant? Why or why not?
 - No, this is a non-contract formula.
 - Arizona WIC must provide the equivalent of the formula for which we have a contract. In this case, that formula is Similac Total Comfort.

 3. Are there any other issues with this prescription?

Several blank items:

 - Amount per day
 - Diagnosis
 - WIC foods
 - Form of formula
 - Length of time requested

-
4. What is the policy for incomplete prescriptions? (See Chapter 4 of the Arizona WIC Policy and Procedure Manual)
- Formula prescriptions must be filled out completely and correctly by a medical provider.
 - Required in writing before any formula approval:
 - Infant's name, date of birth
 - Formula name
 - Diagnosis
 - Provider (MD/DO/NP/PA) signature
 - Date of signature
 - Can approve three months of formula benefits when the below information is received verbally. The clinic must also receive a complete written prescription within 30 days of issuance.
 - Form of formula
 - WIC foods allowed
 - Length of time
5. Can you accept the prescription with the way that it is signed?
- Yes, signature stamps are an acceptable form of signature, as long as it is dated.
6. How can you explain to a parent or caregiver that the formula their doctor is recommending is one that Arizona WIC cannot provide?
- Discuss that WIC can only provide certain formulas that are on its contract.
 - Emphasize the similarities between the non-contract and the contract formula to assure the parents that their child will receive adequate nutrition.

After discussing with Sara, you both decide to call Jacob's pediatrician and get a new prescription faxed over with the correct formula for Jacob.

7. How can you explain to a pediatrician that the formula they requested for a patient is one that Arizona WIC cannot provide?
 - Discuss that WIC can only provide certain formulas that are on its contract.
 - Offer to send the pediatrician information on the formulas that WIC can provide.

8. How can you explain to the doctor that the prescription form needs to be filled out completely for it to be approved?
 - Discuss that there were some pieces missing on the prescription form.
 - Ask if they can fill it out and fax it over for the participant to receive the formula promptly.