



**Arizona WIC Training**  
**Introduction to Medium – High Risk**  
**Nutrition Services Guidebook**



**Trainee Edition**



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## What Will You Learn?

The Introduction to Medium & High-Risk Nutrition Services LMS course and this associated guidebook are designed to provide you with basic information regarding medium-risk and high-risk nutrition services. After completing the Introduction to Medium & High-Risk Services LMS course and this associated guidebook, you will be able to:

1. Identify expectations and scope of practice in your role as you provide medium and high-risk services to WIC participants.
2. Apply the Nutrition Care Process to provide consistent, high-quality medium and high-risk nutrition services.
3. Write notes to document your medium and high-risk appointments.
4. Review options for participants following their medium or high-risk appointment.
5. Address situations in which participants miss or decline their medium or high-risk appointment, and other resources that may be useful to you while providing medium and high-risk services.

## Items Needed for This Course

- Pen or pencil
- Local Agency Referral List
- Access to the Introduction to Medium & High-Risk Nutrition Services LMS course on [azwic.gov](https://azwic.gov)

## Recommended Time

- Approximate time it takes to complete the LMS course: 1 hour
- Approximate time it takes to complete this guidebook: 1.5 hours

## Things to Remember

- The guidebook is yours to keep.
- You are encouraged to take notes, highlight, and write in the guidebook.
- As your trainer chooses, you may work in a group or as an individual.
- You are encouraged to ask your trainer(s) for help, and ask questions about the information in the course or any additional topics related to the course.

## Introduction to Medium & High-Risk Nutrition Services LMS Course Directions

Please complete the steps in the following order:

1. Log onto [Train Arizona](#)
2. Search for, launch, and complete the Introduction to Medium & High-Risk Nutrition Services LMS course.
3. Complete the Introduction to Medium & High-Risk Nutrition Services Guidebook Activities, either individually, with other trainee(s), or with your trainer.
4. Meet with your trainer to discuss each module and the activities.

## Module 1: Expectations and Scope of Staff Nutritionist Practice

Note: For convenience, the term 'WIC counselor' will be used in this guidebook to indicate an appropriately qualified RD/RDN or State Approved Nutritionist, or a WIC Nutritionist / NDTR.

### Module 1 Competencies:

1. Determine which services are within the WIC scope of practice and which are not.

### WIC Scope of Practice and Medical Nutrition Therapy

Directions:

1. Read each question about a scenario with a medium-risk or high-risk participant.
2. Indicate whether the nutrition education provided by the WIC counselor is within the WIC scope of practice (SOP) or beyond the WIC SOP by marking the appropriate answer box.
3. Prepare to explain how you made your decision and discuss any questions you may have with your trainer.

You may refer to Module 1, slide 5 in the course to aid you in completing the questions below.

### C-section and Anemia (Very Low Hemoglobin 201.1, High-Risk)

After completing hemoglobin screening and confirming the result, a woman with a recent C-section delivery is assigned risk 201.1 for very low hemoglobin. The participant explains she was instructed to take a daily iron supplement by the doctor.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The participant reports frequently skipping the iron supplement due to symptoms of nausea and constipation. After learning the participant tolerated prenatal vitamins well during pregnancy and stopped taking them, the WIC counselor recommends taking a prenatal vitamin instead of the iron supplement.		
2. The WIC counselor discovers the participant has been taking the iron supplement as recommended for several weeks. The WIC Counselor decides the iron supplement dose is too low to be effective, and recommends taking an iron supplement with a higher dose.		
3. The WIC counselor asks probing questions to learn about daily meals and snacks, and works with the participant to find		

ways to incorporate iron rich foods and foods with vitamin C more consistently.		
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### Sodium intake and Hypertension (345)

A WIC participant was recently diagnosed with high blood pressure. During dietary assessment, the WIC counselor notices several frequently consumed high-sodium foods.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor recommends reducing sodium intake to 1500mg per day and provides the participant with a sample low-sodium menu.		
2. The participant has been instructed by the doctor to reduce daily sodium intake to 1800mg. The WIC counselor shares information about reading nutrition labels on foods.		
3. The participant reports selecting foods labeled 'low sodium', while continuing to consume other high-sodium foods. The WIC counselor offers to discuss the sodium content of foods frequently consumed by the participant, and possible alternatives with lower sodium content.		

### Oral nutrition vs enteral nutrition regimen (362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat)

A C1 child participant with a G-tube button requires enteral nutrition to supplement oral feeding. The AR reports improved oral feeding and the successful introduction to new foods.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor encourages the AR to reduce the amount provided by enteral feeding to stimulate appetite and encourage oral feeding.		
2. The WIC counselor recommends replacing one enteral feeding per day with oral feeding to support continued progress.		
3. The WIC counselor shares ideas for meals and snacks to incorporate newly accepted foods during oral feeding.		

## Insulin dose/timing and Type 1 DM (343 Diabetes Mellitus)

A child with type 1 diabetes recently had an insulin pump malfunction. The AR shares that the doctor instructed her about how to administer insulin doses until the pump is replaced. The AR explains that it's a struggle to keep glucose readings within the normal range, and frequently they run high or low throughout the day.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor discusses ideas for modifying the current routine for meals and snacks to keep glucose levels more consistent and predictable.		
2. The WIC counselor asks if the AR has reached out to discuss challenges with the doctor.		
3. The WIC counselor recommends decreasing the insulin dose administered to prevent low blood glucose.		

## Carbohydrate intake and Type 2 DM (343 Diabetes Mellitus)

A pregnant participant previously diagnosed with type 2 diabetes is concerned about her increased appetite and cravings for high-carbohydrate foods.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor tailors a daily meal plan based on her BMI, activity level and pregnancy status which recommends a daily intake of 2400 calories and 160g of carbohydrates.		
2. The WIC counselor asks about current daily meals and snacks and explores alternatives to replace high-carbohydrate foods with foods lower in carbohydrates that contain protein.		
3. A participant is taking the same dose of metformin that was prescribed before her pregnancy and hasn't discussed her medication with her doctor. The WIC counselor advises her to stop taking metformin until her next appointment and educates about avoiding high-carbohydrate foods.		



## Bruising and vitamin C supplementation (303 Hx of Gestational Diabetes)

A postpartum participant says she has noticed that she has begun bruising more easily as a result of routine activities.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor asks if she has brought her questions about bruising to the doctor?		
2. The WIC counselor recommends increasing her consumption of foods rich in vitamin C, since inadequate vitamin C intake may lead to bruising.		
3. The WIC counselor explores what other changes she may have noticed, in addition to probing to learn about what she typically consumes for meals and snacks.		
4. After learning the participant is taking a prescribed blood thinner, the WIC counselor explains that bruising is a common side effect of the medication and she should not worry.		

## Weight loss (111 Pre-pregnancy BMI greater than or equal to 25)

A breastfeeding participant with a 4-month-old infant is trying to lose weight and is interested in ideas to improve her diet and daily physical activity.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. Based on her current BMI and activity level, the WIC counselor helps her develop a daily meal plan to provide 1800 calories.		
2. The WIC counselor helps her choose a variety of nutritious meals and snacks, while choosing flexible options for physical activity she can perform daily.		
3. The WIC counselor recommends asking the doctor if she may be a candidate for bariatric surgery due to a history of unsuccessful attempts to lose weight.		

**Renal disease and nutrient intake (346 Renal Disease)**

A 2-year-old child with chronic kidney disease has had low hemoglobin at every WIC certification and mid-cert appointment. In the past year, BMI has increased from the 75th percentile to above the 95th percentile.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. Due to low hemoglobin readings at each appointment, the WIC counselor suggests giving a daily multivitamin with iron in addition to the daily iron supplement prescribed by the doctor.		
2. The WIC Counselor offers nutrition education on reducing portion sizes to reduce BMI to a recommended range for child's age.		
3. The WIC counselor offers education to address AR concerns about following the doctor's recommendation to limit sodium intake to 1500-2400 mg/d.		

## Module 2: Using the Nutrition Care Process

### Module 2 Competencies:

1. Explain how each part of the WIC Nutrition Assessment corresponds to the steps of the Nutrition Care Process: ABCDE assessment, nutrition education, referrals, food package tailoring, follow-up and documentation.

## Module 2: WIC Nutrition Care Process and ABCDE Assessment

### Directions:

Answer the following questions.

You may refer to Module 2, slides 2-3 in the course and to the table below to compare the Nutrition Care Process (NCP) and the WIC ABCDE Assessment.

### Questions

1. How do the various screens in HANDS correspond to the steps in the Nutrition Care Process? (Family, Client, Immun, Income, Cert, Med, Assess, BF Surv, Care Plan, Benefits, Notes)
2. What actions of the WIC ABCDE assessment are most closely aligned with the nutrition diagnosis of the NCP? (Choose the best answer)
  - a. Tailoring food package and/or formula
  - b. Identify specific nutrition problem(s) and/or risk(s) based on their assessment.
  - c. Planning and implementing appropriate nutrition interventions tailored to the participant's needs and interests
  - d. Assess an applicant's nutrition status, risk(s), capacities, strengths, needs and/or concerns.

3. What is an example of a nutrition intervention according to step 3 of the Nutrition Care Process? (Choose the best answer)
- a. Assigning relevant risk codes
  - b. Asking open-ended questions to obtain information needed to identify nutrition-related problems.
  - c. Providing nutrition education, counseling, and tailoring the food package.
  - d. Documenting how you plan to evaluate the participant's progress regarding their expected outcomes and/or goals.
4. Approving a Food and Formula Request form for medically necessary foods, formulas and/or supplements takes place in which step of the Nutrition Care Process? (Choose the best answer)
- a. Step 1: Nutrition Assessment
  - b. Step 2: Nutrition Diagnosis
  - c. Step 3: Nutrition Intervention
  - d. Step 4: Nutrition Monitoring and Evaluation
5. Documenting whether a risk has been resolved and scheduling the next appointment in HANDS takes place in which step of the Nutrition Care Process? (Choose the best answer)
- a. Step 1: Nutrition Assessment
  - b. Step 2: Nutrition Diagnosis
  - c. Step 3: Nutrition Intervention
  - d. Step 4: Nutrition Monitoring and Evaluation



**Reflection Questions**

1. What did you feel like the WIC Counselor did well?
2. What is the participant's main concern and/or problem? What did the WIC counselor do to address it during the appointment?
3. What might you have done differently (e.g., additional information you would have liked to collect, additional education you may have provided, etc.)?

**Medium / High-Risk #2**

SOAP/ADIME Note:

**Reflection Questions**

1. What did you feel like the WIC Counselor did well?
2. What is the participant's main concern and/or problem? What did the WIC counselor do to address it during the appointment?
3. What might you have done differently (e.g., additional information you would have liked to collect, additional education you may have provided, etc.)?

**Medium / High-Risk #3**

SOAP/ADIME Note:





## Module 4: Scheduling Medium and High-Risk Appointments

**Trainer Note:** It is recommended for you to review the competencies below with trainees.

### Module 4 Competencies:

1. Identify important factors for scheduling the next visit when the assigned medium and/or high-risk codes are resolved or not resolved,
2. Identify appropriate actions for rescheduling missed appointments.
3. Choose an appropriate food benefit issuance interval based on Arizona WIC policy for missed appointments and declined referrals.
4. Apply learning from modules 1-4 covered in this course to complete case study questions for each WIC category: women, infants and children assigned medium and high-risk codes.

### Module 4, Activity 1: Scheduling in HANDS, Missed Appointments, Declined Referrals

Directions: Answer the following questions. You may refer to Module 4, slides 2-4 in the course to aid you in answer the questions.

#### Questions

1. What scheduling factors should be considered when scheduling the next visit after completing a medium or high-risk appointment? (Choose all that apply)
  - ☐ Resolved vs. not resolved status for assigned medium or high-risk code(s).
  - ☐ The timeframe for monitoring outcomes and evaluating progress toward expected outcomes.
  - ☐ Participant availability or preferences for scheduling the next visit
  - ☐ Next appointment type, such as low risk or high-risk appointment.
2. When should the red high-risk heart icon be changed to green? (Choose the best answer)
  - a. When the participant agrees to set a goal to improve an outcome related to the medium or high-risk(s) assigned.
  - b. When the risk is determined to be resolved and no longer needs to be referred to a WIC Nutritionist/NDTR, RD/RDN, State-Approved Nutritionist, or IBCLC for the next visit.
  - c. When the WIC Nutritionist/NDTR, RD/RDN, State-Approved Nutritionist, or IBCLC completes the medium or high-risk appointment and writes a SOAP or ADIME note.
  - d. When the participant misses the scheduled medium or high-risk appointment.

3. What should be done in the case that a participant assigned medium and/or high-risk WIC codes misses their appointment? (Choose the best answer)
  - a. Allow the participant to contact the clinic at their convenience to reschedule.
  - b. Contact the participant to schedule a low-risk appointment.
  - c. Contact the participant to schedule a medium or high-risk appointment as appropriate.
  - d. Remotely issue food benefits for one month at a time until the participant reschedules the appointment.
4. How soon should a missed appointment be rescheduled for a participant assigned medium and/or high-risk WIC codes? (Choose the best answer)
  - a. Within the same month if possible.
  - b. In three months to give the participant more time to prepare.
  - c. The next appointment should be scheduled when a mid-certification appointment can be completed.
  - d. It is not necessary to reschedule missed appointments for a participant assigned medium and/or high-risk WIC codes.
5. How should repeated missed appointments be handled for a participant assigned medium and/or high-risk WIC codes? (Choose the best answer)
  - a. Inform the participant that food benefits cannot be issued until they attend the scheduled medium or high-risk appointment.
  - b. Issue no more than 1 month of benefits at a time until the participant is able to attend the scheduled medium or high-risk appointment.
  - c. Change the red high-risk heart icon to green and schedule as a low-risk appointment.
  - d. Issue no more than 3 months of benefits until the participant is able to attend a medium or high-risk appointment.
6. Which of the following statements below accurately describes the Arizona WIC policy about scheduling participants who declined the referral for a medium or high-risk appointment? (Choose the best answer)
  - a. "Participants who decline High or Medium-Risk appointments shall be issued up to one month of Food Benefits. The declined service shall be recorded on the Notes screen of HANDS."
  - b. "Participants who decline High or Medium-Risk appointments shall not be issued Food Benefits. The declined service shall be recorded on the Notes screen of HANDS."
  - c. "Participants who decline High or Medium-Risk appointments shall be issued up to three months of Food Benefits. The declined service shall be recorded on the Notes screen of HANDS."
  - d. "Participants who decline High or Medium-Risk appointments shall be contacted on a month-by-month basis until they attend their individual medium or high-risk appointment. The declined service shall be recorded on the Notes screen of HANDS."

## Module 4, Activity 2: Putting it all together - Case Study Practice

<b>Case Studies:</b>
Medium-Risk Woman: 335 Multi-fetal Gestation Case Study Medium-Risk Woman: 344 Thyroid Disorders Case Study High-Risk 302 Woman: Gestational Diabetes Case Study
Medium-Risk Infant: 115 Weight for Length $\geq$ 98th percentile Case Study Medium-Risk Infant: 142.2 Early Term Delivery Case Study High-Risk Infant: 362 Developmental Delay, Sensory or Motor Disabilities Interfering with the Ability to Eat Case Study
Medium-Risk Child: 201.1 Low Hemoglobin Case Study Medium-Risk Child: 344 Thyroid Disorders Case Study High-Risk Child: 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat Case Study

### Directions:

Read each case study of a medium-risk or high-risk participant and answer the following questions. You may also refer to the [Nutrition Risk Manual](#) if needed.

### Medium-Risk Woman: 335 Multi-fetal Gestation Case Study

#### General Information

Margaret is a 15-week pregnant mom-to-be of twins (WIC Code 355 Multi-fetal Gestation). Her weight gain chart indicates she has so far been gaining the recommended amount of weight.

#### Initial Assessment

- Margaret explains that she doesn't have any medical concerns and her OBGYN said her pregnancy is progressing normally so far.
- She doesn't take any medications, but does take a daily prenatal vitamin.
- When you ask her to recall everything that she ate/drank yesterday she tells you:
  - Breakfast: Frozen waffles / strawberries / coffee
  - Lunch: Fast food meal (hamburger, French fries, chocolate shake)
  - Dinner: Tacos (ground hamburger, tomatoes, lettuce, cheese, salsa)
  - Snacks: String cheese, orange, smoked almonds
  - Fluids: ~60 oz water throughout the day, 1 cup of coffee, 16oz chocolate shake
- She expressed that she would like to breastfeed, but is concerned that she won't be able to breastfeed both babies, and will likely need to feed them formula.



## Medium-Risk Woman: 344 Thyroid Disorders Case Study

### General information

Della is 12 weeks pregnant and has a 14-month-old toddler. During a OBGYN visit 2 months ago to confirm her pregnancy, a health assessment and lab tests were completed, and she was diagnosed with hyperthyroidism. Last month she had a certification appointment at which time she was assigned WIC Risk Code 344 Thyroid Disorders.

### Initial Assessment

- She's never had thyroid-related issues before and she's not sure how this will affect her pregnancy.
- She has a follow-up appointment already scheduled with her OBGYN in a few days.
- Since she was Dx with a mild case of hyperthyroidism, her doctor did not prescribe any medication or provide any instructions about what to eat during her pregnancy.
- Della constantly feels hungry and has a nearly insatiable appetite, and is concerned about the 8-pound weight gain seen at her last clinic visit. She said planning healthier meals and snacks has been difficult since she is also busy looking after her toddler.
- When you ask her to recall everything that she ate/drank yesterday she tells you:
  - Breakfast: scrambled eggs with sausage
  - Lunch: Salad with grilled chicken
  - Dinner: Spaghetti with meatballs
  - Snacks: Chips, pretzels, and cookies.
  - Fluids: ~120 oz water

### Questions

1. What questions would you ask to continue your assessment with Della?
  
  
  
  
  
  
  
  
  
  
2. How does hyperthyroidism affect mom/baby's health during pregnancy? You may refer to the [Nutrition Risk Manual](#) if needed.

3. What would your nutrition intervention be for Della? You may refer to the [Nutrition Risk Manual](#) if needed.
4. How many months of food benefits would you recommend be issued to Della before her next WIC appointment, and why?
5. Would you recommend that Della continue to be seen as a medium-risk or low-risk participant, and why?

## High-Risk 302 Woman: Gestational Diabetes Case Study

### General information

Trisha is 30 weeks pregnant and was diagnosed four weeks ago with gestational diabetes, (GDM) WIC Risk Code 302.

### Initial Assessment

- Trisha says that her doctor told her what she needs to eat (lean meats, non-starchy vegetables, fruit in moderation) and what she needs to avoid (sweets, desserts, candy, juice, soda, and anything with sugar) to control her GDM, but did not prescribe her with any medication.
- She goes on to say that she has tried to cut all these things out of her diet, but it's been difficult so she hasn't really changed much about the way she eats yet. She's never really liked vegetables so she is at a loss for what vegetables to eat.
- When you ask her to recall everything that she ate/drank yesterday she tells you:
  - Breakfast: Cinnamon Toast Crunch cereal with 1% cow's milk
  - Lunch: Peanut butter and jelly sandwich / apple / strawberry yogurt
  - Dinner: Ramen soup / Soda



## Medium-Risk Infant: 115 Weight for Length greater than or equal to the 98th percentile Case Study

### General Information

You are seeing Amanda and her 11-month-old baby, Ellis who has been assigned WIC Code 115 (greater than or equal to 98<sup>th</sup> percentile weight-for-length).

Ellis' weight and length collected last month (10 months of age):

- Length: 28" (Length-for-age 17.3 percentile)
- Weight: 23 lbs, 12 oz (Weight-for-age 100 percentile)
- Wt-for-length 99.4 percentile

Current (11 months of age) weight and length:

- Length: 29.5 (Length-for-age 56.6 percentile)
- Weight: 26 lbs, 0 oz (Weight-for-age 98.2 percentile)
- Wt-for-length 99.4 percentile

### Initial Assessment

- Amanda tells you that Ellis had a checkup with the doctor 2 months ago and didn't have any concerns regarding Ellis' weight or health.
- Amanda doesn't have any concerns regarding Ellis' weight or health either.
- Amanda tells you that the doctor thought Ellis was having reflux at a past checkup, so he suggested putting cereal in the bottle.
- For the past 2 months Amanda has been putting 1 tbsp of cereal in the bottles that Ellis drinks.
- 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, and small bites of whatever the family is eating (pizza, mashed potatoes, casseroles, etc.)
- Amanda also says that she prepares a night bottle for Ellis and allows him to go to sleep drinking from the bottle.

### Questions

1. What questions would you ask to continue your assessment with Amanda?



2. What would your nutrition intervention be for Ellis? You may refer to the [Nutrition Risk Manual](#) if needed.
  
3. How many months of food benefits would you recommend be issued to Ellis before his next WIC appointment, and why?
  
4. Would you recommend that Ellis continue to be seen as a medium-risk or low-risk participant, and why?

## Medium-Risk Infant: 142.2 Early Term Delivery Case Study

### General information

Maria has brought her 2-month-old baby girl, Loren, into her medium-risk appointment today. Loren was born at 38 weeks gestation.

#### Birth Measurements:

- Weight: 7 lbs, 6 oz (53<sup>rd</sup> percentile)
- Length: 20" (67<sup>th</sup> percentile)
- Wt-for-length: 53rd percentile

#### Current measurements (2 months):

- Weight 10 lbs, 0 oz (6th percentile)
- Length 22.0" (10 percentile)
- Wt-for-length: 22nd percentile

**Initial Assessment**

- Maria says that everything is going great and she loves being a new mom.
- She says that she feels like her baby is growing well, and during Loren's last doctor's visit, the pediatrician said that Loren was growing well.
- 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. 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.

**Questions**

1. What concerns do you have based on your initial assessment?
2. What questions would you ask to continue your assessment with Maria?
3. What would your nutrition intervention be for Loren? You may refer to the [Nutrition Risk Manual](#) if needed.
4. How many months of food benefits would you recommend be issued to Loren before her next WIC appointment, and why?

5. Would you recommend that Loren continue to be seen as a medium-risk or low-risk participant, and why?

## **High-Risk Infant: 362 Developmental Delay, Sensory or Motor Disabilities Interfering with the Ability to Eat 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.

### **Initial Assessment**

- Brandon tells 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. The feeding therapist recommended a slow advancement of solids based on indicators that Jackson is ready to advance.
- When Jackson was 6 and 7 months of age, he 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.
- 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.

### **Questions**

1. What questions would you ask to continue your assessment with Brandon?

2. What would your nutrition intervention be for Jackson? You may refer to the [Nutrition Risk Manual](#) if needed.
3. How many months of food benefits would you recommend be issued to Jackson before his next WIC appointment, and why?
4. Would you recommend that Jackson continue to be seen as a high-risk or low-risk participant, and why?

## Medium-Risk Child: 201.1 Low Hemoglobin Case Study

### General information

You're meeting with Melanie, the mother of a 4-year-old child, Clancy, who's been assigned WIC Code 201.1 (Low Hemoglobin in the Nutritionist range).

Clancy's previous lab data collected at 3 ½ -years of age:

- Weight 30 lbs (Weight/age percentile: 15.1)
- Height 37 ½" (Height/age percentile: 19.2)
- BMI: 14.9 (BMI percentile: 23)
- Hgb: 8.2

Clancy's current lab data:

- Weight 31.5 lbs (Weight/age percentile: 12.8)
- Height 39 ½" (Height/age percentile: 32.3)
- BMI: 14.2 (BMI percentile: 8)
- Hgb: 8.7

**Initial Assessment**

- Melanie says she wishes Clancy would eat more at mealtimes because she knows that he is not gaining as much weight as he should.
- The doctor encouraged Melanie to offer Clancy Pediasure with his meals, but she tells you she decided not to follow that recommendation stating that she works too hard to prepare his meals, and didn't want him to only drink Pediasure.
- The doctor also recommended a daily multivitamin due to low hemoglobin but she has not started offering it yet, saying that she would like him to get his nutrients in the food he eats.
- When you ask Melanie to recall everything that Clancy ate/drank yesterday she tells you:
  - Breakfast: Scrambled eggs / deli turkey meat / 1% cow's milk (very small amount of eggs eaten)
  - Lunch: Grilled salmon / brown rice / strawberry yogurt / 1% cow's milk (no salmon and very small amount of rice eaten)
  - Dinner: Grilled chicken breast / sweet potatoes / blueberries / 1% cow's milk (very small amount of chicken and sweet potatoes eaten)
  - Snacks: Popcorn (plain)
  - Fluids: ~6 oz 1% milk, ~20 oz water

**Questions**

1. What questions would you ask to continue your assessment with Melanie?
  
  
  
  
  
  
  
  
  
  
2. What would your nutrition intervention be for Clancy? You may refer to the [Nutrition Risk Manual](#) if needed.
  
  
  
  
  
  
  
  
  
  
3. How many months of food benefits would you recommend be issued to Clancy before his next WIC appointment, and why?

4. Would you recommend that Clancy continue to be seen as a medium-risk or low-risk participant, and why?

## Medium-Risk Child: 344 Thyroid Disorders Case Study

### General Information

You're meeting with Audra and her 3-year-old son Hugo who has been assigned WIC Code 344 Thyroid Disorders. Since Hugo was diagnosed with hypothyroidism 4 months ago, his growth has plateaued.

### Initial Assessment

- Audra is concerned about Hugo's growth and weight
- After being diagnosed with hypothyroidism, Hugo has been taking thyroid medication (Synthroid -side effects include changes in appetite/weight loss) daily at least 30 minutes before breakfast as prescribed.
- The doctor recommended higher calorie foods due to the medication.
- The doctor told her the medication dosage may go down in the future.
- Mom says he eats 3 meals/day and eats a lot of meat but not many vegetables. Snacks include all fruits, cheese, and crackers. Drinks water all day and milk twice a day and very little juice, if any.
- Hugo is picky sometimes. He doesn't like wet or mushy foods like hot cereal. Generally, Hugo eats what is served at meals but avoids things like when the family eats oatmeal. She wishes he would try more vegetables but he usually refuses them.

### 2.5 year-old height/weight measurements

- Weight: 27.5 lbs (Weight/age percentile: 22.0)
- Height 34.0" (Height/age percentile: 9.0)
- BMI/Age percentile: 64.0

### 3-year-old height/weight measurements (current):

- Weight: 26 lbs (Weight/age percentile: 3.1)
- Height 34.5" (Height/age percentile: 2.1)
- BMI/Age percentile: 16.4

### Questions

1. Do you have any concerns about Hugo's medication and eating habits?
2. What questions would you ask to continue your assessment with Audra?
3. What would your nutrition intervention be for Hugo? You may refer to the [Nutrition Risk Manual](#) if needed.
4. How many months of food benefits would you recommend be issued to Hugo before his next WIC appointment, and why?
5. Would you recommend that Hugo continue to be seen as a medium-risk or low-risk participant, and why?

## High-Risk Child: 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat Case Study

### General Information

You are meeting with Molly and her 4-year-old son Jaxon who was assigned code 362 for autism spectrum disorder (ASD) during his last certification appointment. He is within normal limits for his height and weight.

### Initial Assessment

- Molly says that feeding Jaxon has been challenging since he has very selective eating habits.
- He prefers crispy foods, such as chips, fish sticks, and toast, but only if prepared in a specific way. He will also eat some crisp fruits and vegetables but does not like eating any “mushy” fruits or vegetables.
- After hearing from many other parents of children with ASD that have tried gluten-free (GF) diets and seen great improvement in their children’s behavior, Molly has been trying out a GF diet for him for the past 2 weeks, which she believes is really helping him.
- She cooks regular meals for the family, but also cooks separate GF meals specifically for Jaxon. However, Molly is feeling overwhelmed by the changes required to switch to gluten-free foods.
- She explains that she has been purchasing products specifically labeled as gluten free, and has been avoiding products that she knows contain wheat, barley, and rye, but isn’t sure if she should be avoiding other ingredients.
- She has not spoken with Jaxon’s pediatrician regarding any nutrition recommendations.
- When you ask her to recall everything that Jaxon ate/drank yesterday she tells you:
  - Breakfast: Rice Chex with 1% cow’s milk
  - Lunch: GF fish sticks / celery with ranch dressing / 1% cow’s milk
  - Dinner: GF chicken strips / apple slices / 1% cow’s milk
  - Snacks: Potato chips / Rice Cakes / 1% cow’s milk
  - Fluids: 36 oz 1% milk, ~30 oz water

### Questions

1. What questions would you ask to continue your assessment with Molly?



2. What would your nutrition intervention be for Jaxon? You may refer to the [Nutrition Risk Manual](#) if needed.
  
3. How many months of food benefits would you recommend be issued to Jackson before his next WIC appointment, and why?
  
4. Would you recommend that Jackson continue to be seen as a high-risk or low-risk participant, and why?