Introduction to Medium and High-Risk Nutrition Services

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

1.1 Welcome

Notes:

Welcome to the Introduction to Medium and High-Risk Nutrition Services Course.

To see a list of keyboard shortcuts, please press Shift+?
To close the shortcut screen, press ESC.

To assist you, you'll need to complete one of two guidebooks depending on your job duties.

WIC Nutritionists and NDTRs will complete the Introduction to Medium Risk Nutrition Services Guidebook.

RDs/RDNs and State Approved Nutritionists, will complete the Introduction to Medium and High-Risk Nutrition Services Guidebook. At your trainer's direction, complete the guidebook incrementally as

you complete each module of this course or after you complete the entire course.

1.2 Course Introduction

Notes:

This course consists of four modules. First, we'll discuss your responsibilities and scope of practice as you provide medium and/or high-risk nutrition services to WIC participants.

Then, we'll focus on how you can use the Nutrition Care Process to provide consistent, high-quality medium and high-risk nutrition services.

Next, we'll review how to write notes to document your medium and/or high-risk appointments.

Finally, we'll close with the following topics: reviewing options for participants following their medium or high-risk appointment, how to 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/or high-risk nutrition services.

Let's get started!

1.3 WIC Nutrition Services Standards
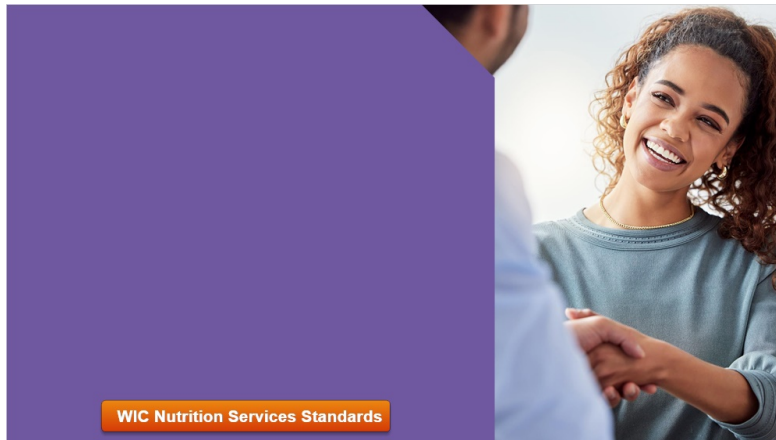
Notes:

The WIC Nutrition Services Standards is a document created by the Food and Nutrition Services (FNS) branch of USDA and contains guidelines from the federal level regarding how nutrition services should be provided at WIC state and local agencies.

Section 3, Standard 3, Section N states "The local agency ensures that the nutritionist performs the following roles and responsibilities: Refers high-risk participants to other health-related and social services, as necessary.

Prescribes food packages to high-risk participants, as appropriate. Develops individual care plans for high-risk participants.

Coordinates nutrition education, including breastfeeding promotion and support that is responsive to the identified needs and/or interests of each high-risk participant.

Documents providing referrals and conducting appropriate follow-up to referrals to high-risk participants. And…

Tracks high-risk participants' progress in improving their health and documents for outcomes."

If you are interested in reviewing the WIC Nutrition Services Standards document, you can click on the 'Nutrition Services Standards' button here or access it via the 'Resources' section of this course.

1.4 High Quality Medium/High Risk WIC Services

Notes:

The WIC program understands the seriousness of medium and/or high-risk WIC codes assigned to our participants and wants to ensure they receive the highest quality services.

You are a critical resource for participants with assigned medium and/or high-risk WIC codes.

Your role is to ensure that each participant receives personalized comprehensive participant-centered services.

You'll accomplish this by providing education, using your Motivation Interviewing (MI) skills to help participants resolve their ambivalence regarding making health behavior changes, and working with

participants to develop plans to resolve or manage their WIC codes.

1.5 Medium/High-Risk Nutrition Services vs Medical Nutrition Therapy

Notes:

The medium and high-risk nutrition services we provide at WIC and our approach to counseling participants are unique within the field of nutrition.

While we still create nutrition care plans and write formal notes, our primary role is to support WIC participants in reaching their health goals. Therefore, the WIC nutrition care plan is created in the context of the participant's environmental and educational limitations, their interests, and cultural preferences with consideration to where the participant is in the stages of change. Contrast that with an inpatient dietitian practicing Medical Nutrition Therapy (MNT) who creates a more clinically focused treatment plan for their patients based on their medical needs.

Per federal regulations, you are not allowed to provide MNT to participants while they are being paid by the WIC grant. It is important to clarify which services are within the WIC scope of practice and which are not.

Six topics illustrate the differences between medium and high-risk nutrition services and MNT.

Click on each photo to reveal how each topic is managed. Note the differences and similarities between WIC medium and high-risk nutrition services and MNT as you learn more.

Clinical Measurements (Slide Layer)
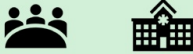
Assessments (Slide Layer)

Treatment Plan (Slide Layer)

Prescribed Nutrient Intake (Slide Layer)

Follow Up Appointments (Slide Layer)

Introduction to Medium and High-Risk Nutrition Services

Medical Privacy (Slide Layer)

Medical Privacy   Close

WIC Services

WIC notes are not technically considered
medical records, but follow more stringent
rules for confidentiality than HIPAA.

Medical Nutrition Therapy

Notes are medical records and are
subject to HIPAA.

Both
Document services provided using SOAP or ADIME format.

1.6 Participant-Centered Services for Medium/High-Risk Education

Notes:

The most important thing to remember when providing medium and high-risk nutrition services is to remain focused on the participant.

Your role is to partner with participants by providing evidence-based information in an individualized, caring way and to help them formulate and reach their own health goals.

1.7 Counseling for Medium/High-Risk Education

Notes:

During your conversations with WIC participants assigned medium and/or high- risk WIC codes, you'll utilize what you've learned in the assessment and counseling course to provide participant-centered services.

You'll use your professional discretion to assess the severity of each assigned WIC code and encourage WIC participants to create nutrition interventions to address their WIC codes and associated concerns.

This includes using the "Ask-Tell-Ask" strategy when providing nutrition education and using OARS to promote participants' use of "change talk" to increase their likelihood of making behavioral changes.

1.8 Coordination of Care - Non-WIC Health Professionals

Notes:

Even though there are differences between MNT and the medium and high-risk nutrition services provided by WIC, you can work collaboratively with other healthcare providers to improve the overall wellness of the population we serve. You'll work to ensure that the information you provide is consistent with existing care plans created by other healthcare professionals.

For example, if a participant tells you that they were diagnosed with Type 2 Diabetes, and they met with an outpatient RDN, it would be important to discuss what information they've already received from the outpatient RDN to ensure that the participant receives congruent information.

Participants who are especially likely to require WIC professionals' collaboration with other healthcare providers are those with medical conditions related to metabolic disorders or developmental delays.

If participants are being seen by an RDN or other health professional outside of WIC, it's best practice to coordinate care with the participant's consent. This typically includes communicating with the non-WIC RDN or another health professional to understand the participant's individual care plan and confirm that nutrition education,

foods, and referrals provided by WIC are consistent with that care plan.

1.9 Considerations for Assigned Medium or High-Risk
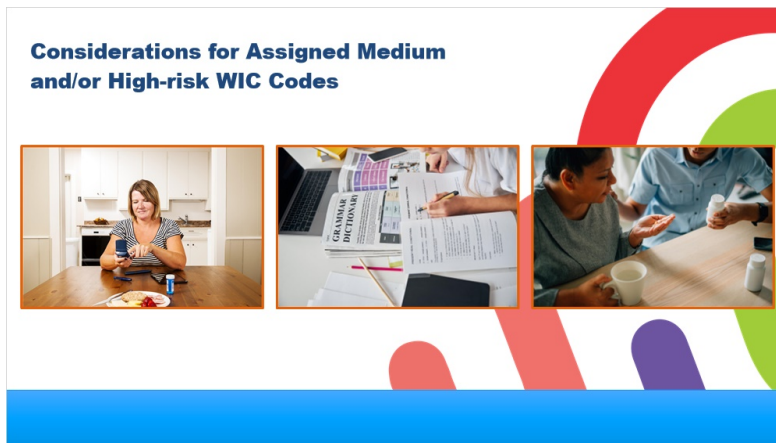
Notes:

Let's explore considerations when working with participants who have been assigned medium and/or high-risk WIC codes.

Click on the images to reveal the questions you should consider.

Question 1 (Slide Layer)

Question 1:
Has the WIC participant been prescribed special foods, formula, and/or nutritional supplements that are able to be issued by the Arizona WIC Program?

Question 2 (Slide Layer)
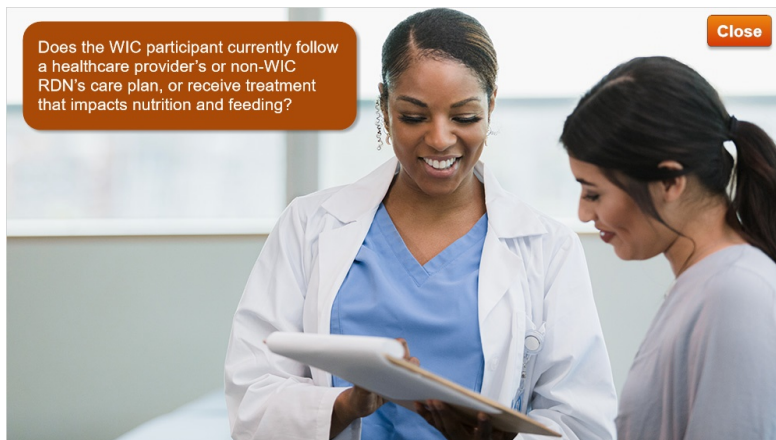
Question 2:
Does the WIC participant currently follow a healthcare provider's or non-WIC RDN's care plan, or receive treatment that impacts nutrition and feeding?

Question 3 (Slide Layer)

Question 3:

Does the WIC participant follow any care or treatment plans that require monitoring and evaluation beyond the scope of the WIC program?

1.10 Medical Advisement During Medium or High-Risk

Notes:

Sometimes during medium and high-risk appointments, ARs will share recommendations from another healthcare provider that don't align with current evidence-based guidelines.

For example, a parent of a 4-month-old tells you that their child's pediatrician told them to start adding infant cereal to the infant's formula at night.

In these situations, proactively share recommendations made by nationally recognized, evidence-based public healthcare organizations.

Furthermore, encourage participants to discuss the information you provide with their heathcare provider.

1.11 Tips for Contacting Other Healthcare Providers

Notes:

Contacting other healthcare providers can be a little stressful and frustrating at times, but building a relationship with providers or their staff from whom you get frequent requests can make all the difference.

Your agency may have relationships established with some providers already, so you may want to check in with your local agency supervisor on this topic.

When contacting a healthcare provider:

- State clearly who you are and share your qualifications.

- Ask to speak with the health care provider indicated by the participant. If they are not available, you can work with one of their staff members.

- Be sure to verify that the information requested is being communicated directly from the healthcare provider.

- Before you call, pinpoint your specific questions so a provider knows exactly what they can do to help.

For example, you may be seeking a written reply to answer a question, or a request to send documentation, or a response by

phone or email to clarify instructions previously provided to the participant by the provider.

Finally, be persistent. Providers may not realize the importance or urgency of a WIC program request.

Internal communication within provider organizations may be interrupted or delayed unintentionally, so make a plan to follow up regularly until they respond.

1.12 Staff Qualifications

Notes:

Staff that have completed Stage 4a of the new employee training plan are eligible to counsel participants assigned low-risk WIC codes.

If you're a WIC Nutritionist or NDTR, State policy indicates you are eligible to counsel participants assigned low and medium-risk WIC codes.

If you're an RD/RDN, or State-Approved Nutritionist, State policy indicates you are eligible to counsel participants assigned low, medium, and high-risk WIC codes.

If you're an IBCLC, State policy indicates you may provide high-risk services only in the case that WIC Codes 602 and/or 603 are the only high-risk WIC codes assigned.

1.13 WIC Risk Codes
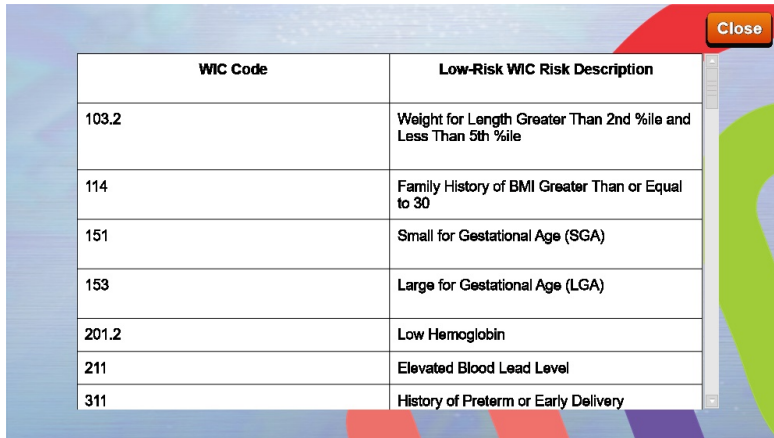

Notes:

Click on the Low, Medium, and High-Risk WIC Codes buttons to review the lists of each tier of risk stratification in the Arizona WIC Program.

You can also click the "When to Refer" button to review the comprehensive list of all medium and high-risk WIC codes.
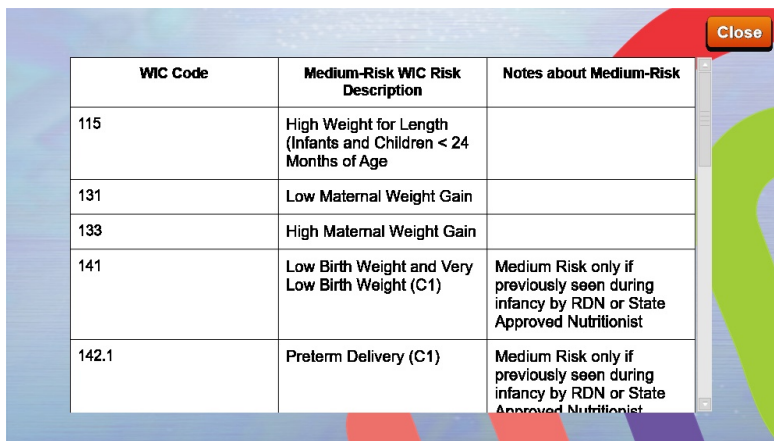
Low WIC Codes (Slide Layer)

WIC Code	Low-Risk WIC Risk Description
103.2	Weight for Length Greater Than 2nd %ile and Less Than 5th %ile
114	Family History of BMI Greater Than or Equal to 30
151	Small for Gestational Age (SGA)
153	Large for Gestational Age (LGA)
201.2	Low Hemoglobin
211	Elevated Blood Lead Level
311	History of Preterm or Early Delivery

Low-Risk WIC Codes
Scroll through the list to review all the low-risk WIC codes within the Arizona WIC Program.

Medium WIC Codes (Slide Layer)

WIC Code	Medium-Risk WIC Risk Description	Notes about Medium-Risk
115	High Weight for Length (Infants and Children < 24 Months of Age	
131	Low Maternal Weight Gain	
133	High Maternal Weight Gain	
141	Low Birth Weight and Very Low Birth Weight (C1)	Medium Risk only if previously seen during infancy by RDN or State Approved Nutritionist
142.1	Preterm Delivery (C1)	Medium Risk only if previously seen during infancy by RDN or State Approved Nutritionist

Medium Risk WIC Codes
Scroll through the list to review all the medium-risk WIC codes within the Arizona WIC Program.
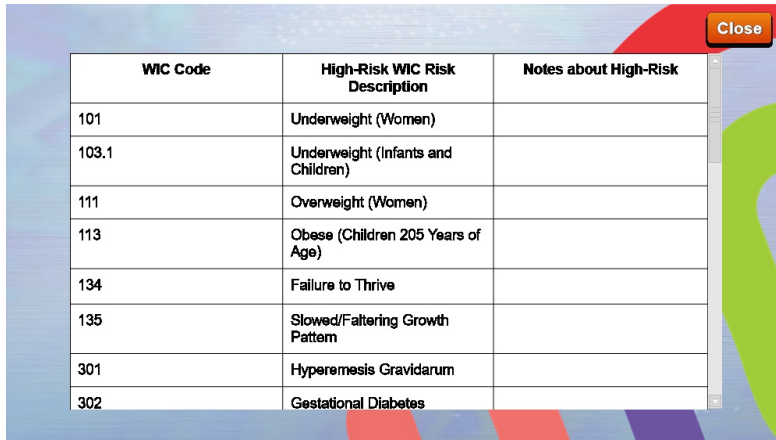
High WIC Codes (Slide Layer)

WIC Code	High-Risk WIC Risk Description	Notes about High-Risk
101	Underweight (Women)	
103.1	Underweight (Infants and Children)	
111	Overweight (Women)	
113	Obese (Children 205 Years of Age)	
134	Failure to Thrive	
135	Slowed/Faltering Growth Pattern	
301	Hyperemesis Gravidarum	
302	Gestational Diabetes	

High-Risk WIC Codes
Scroll through the list to review all the high-risk WIC codes within the Arizona WIC Program.

1.16 Module 1: Summary

Notes:

This brings us to the end of module one.

In this module, we examined the responsibilities and scope of practice for staff that provide medium and/or high-risk nutrition services.

We explored the differences between WIC medium and/or high-risk nutrition services and MNT.

We discussed how to coordinate with other healthcare professionals regarding treatment plans.

We ended with a review of the qualifications required to provide low, medium and/or high-risk nutrition services in the AZ WIC program, as well as which WIC codes are classified as low, medium, and high-risk.

2. Module 2: Using the Nutrition Care Process
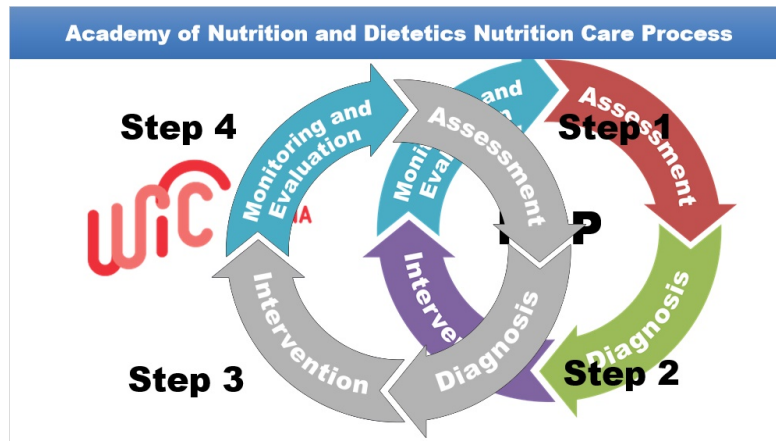
2.1 Module 2 Introduction
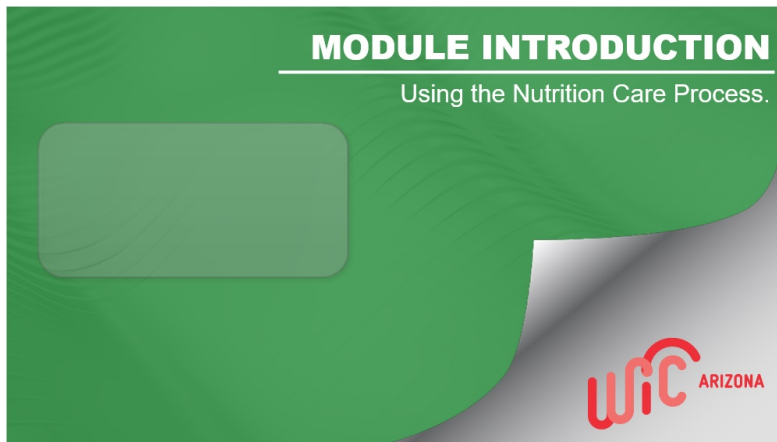
Notes:

Welcome to Module 2, Using the Nutrition Care Process.

In this module we'll examine how to utilize the Nutrition Care Process or NCP when providing medium and/or high-risk nutrition services.

2.2 Nutrition Care Process

Notes:

WIC recognizes that participants assigned medium and/or high-risk WIC codes need consistent, high-quality nutrition services, no matter which WIC staff person they meet with or what clinic they visit.

To ensure quality of care, the Arizona WIC Program follows the NCP, a comprehensive system for providing high-quality nutrition services.

Based on the Academy of Nutrition and Dietetics standards, the Nutrition Care Process is a four-step approach for nutrition problem-solving.

It involves:

- Nutrition Assessment,

- Nutrition Diagnosis,

- Nutrition Intervention, and

- Nutrition Monitoring and Evaluation.

We'll learn more about each throughout this module.
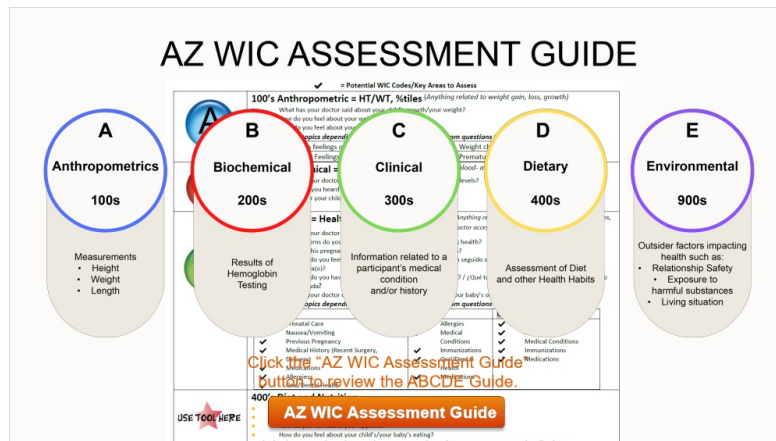
2.3 WIC Nutrition Assessment

Notes:

Welcome to the WIC Nutrition Care Process.

Let's review each step of the process together!
The process starts with the Nutrition Assessment.

The purpose of nutrition assessment is to collect information needed to identify nutrition-related problems. It also determines the cause (or causes) and significance of those problems.

When completing medium or high-risk appointments, you'll often know the WIC codes assigned to the participant prior to meeting them. In these cases, gather any applicable information related to the causes and effects of those WIC codes during your nutrition assessment. While a single nutrition assessment reflects a participant's status at a moment in time, the process of nutrition assessment in WIC is an ongoing, methodical approach used to discover patterns in a participant's status and progress over time.

## 2.4 WIC Nutrition Assessment - Assessment Models

Notes:

Official Nutrition Care Process Terminology organizes information obtained during nutrition assessment into five domains.

These are Food and/or Nutrition-related history, Anthropometric Measurements, Biochemical Data, Medical Tests and Procedures, Nutrition-Focused Physical Findings, and Participant History.

At WIC, we use our own slightly different assessment model to more closely align with the information needed by WIC staff to provide nutrition services.

As you learned in the Assessment and Counseling course, this is referred to as the ABCDE assessment model and includes assessing anthropometric, biochemical, clinical, dietary, and environmental information.

## *2.5 WIC Nutrition Assessment - Meeting with Participants*
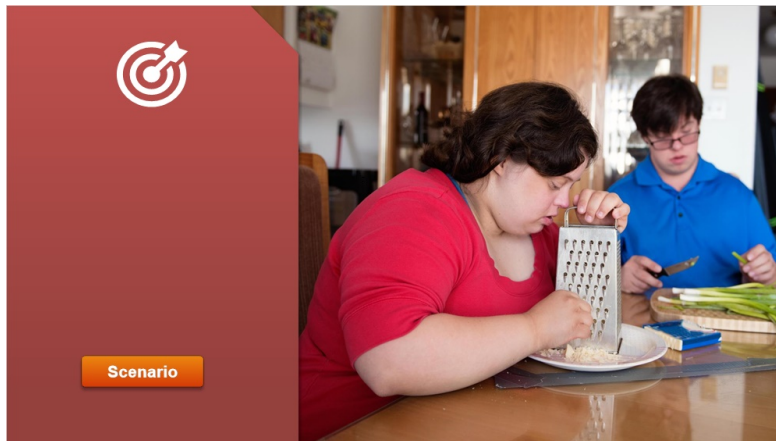
Notes:

When you meet with participants assigned medium and/or high-risk WIC codes, you'll tailor your assessment questions to find out more information about the medium and/or high-risk WIC codes they've been assigned and how these WIC codes affect their overall health and nutrition.

Remember that WIC Nutrition Assessments are participant centered. In addition to focusing on the WIC codes assigned, it's also important to focus on other topics the participant would like to discuss related to their health and nutrition.

Click the 'Scenario' button to hear an example scenario.

Scenario (Slide Layer)
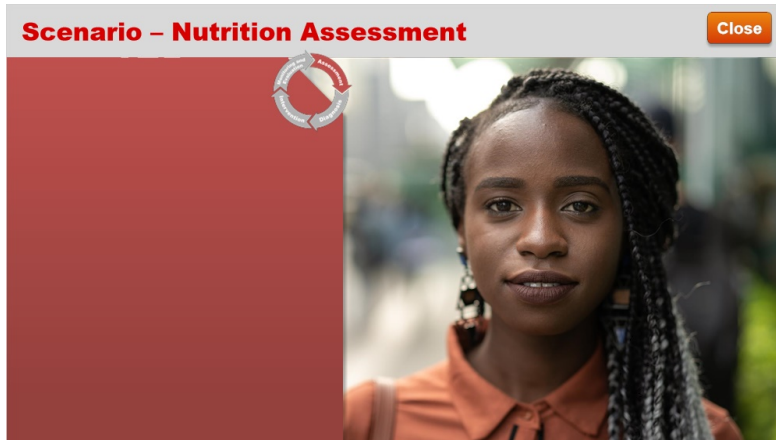
Scenario:
Consider the following scenario.

The participant you are meeting is assigned WIC Code 201 (Low Hemoglobin).

The best practice is to focus your assessment questions to find out more about the participant's typical dietary patterns, any medical conditions that may be related to their low hemoglobin measurement, and to determine what symptoms the person is experiencing.
By focusing the assessment this way, you can pinpoint the most likely reason or reasons why they have low hemoglobin.

2.6 WIC Nutrition Diagnosis

Nutrition Diagnosis

Notes:

A nutrition diagnosis is a statement describing a nutrition problem. A nutrition diagnosis is separate from a medical diagnosis determined by a physician. Most importantly, it attempts to identify the cause or causes of signs and symptoms observed.

A nutrition diagnosis, sometimes referred to as a PES statement, consists of three different components.

"P" is the problem, which is often related to the WIC code. "E" represents the etiology, which is the most likely root cause of the problem. "S" refers to the overall signs and symptoms indicating the existence of the nutrition problem.

We'll learn more about how to write PES statements in ADIME notes a little later.
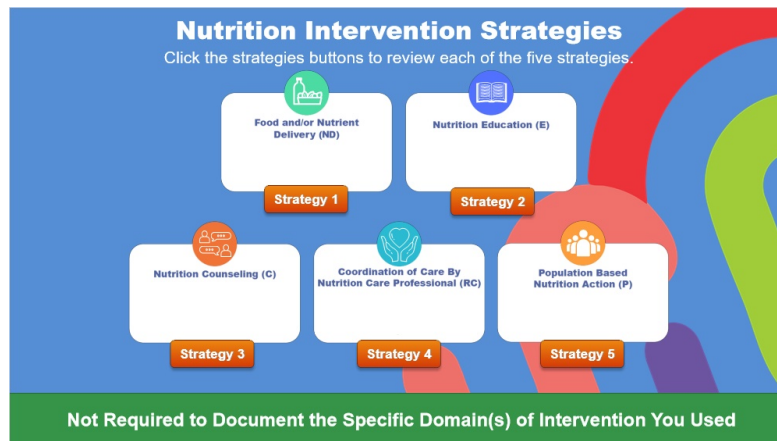
2.7 WIC Nutrition Intervention

Notes:

After completing the nutrition assessment and diagnosis, you'll work with the participant to develop a nutrition intervention that brings together the nutrition assessment, any pertinent nutrition education you provided, and the participant's interests and goals.

Each nutrition intervention consists of two components: planning and implementation.

You'll work with each participant to develop health goals as well as a plan to meet their individual goals.

2.8 WIC Nutrition Intervention - Strategies

Notes:

Keep in mind, effective nutrition interventions are always participant centered.

Often, they involve diet changes, physical activity, and/or lifestyle behaviors designed to correct or manage the problem.

To address the cause and reduce symptoms, an intervention must be sustainable and attainable. Participant collaboration and involvement in a well-designed intervention ensures their success.

Nutrition Intervention strategies are categorized into 5 Domains: Food and/or Nutrient Delivery (ND), Nutrition Education (E), Nutrition Counseling (C), Coordination of Nutrition Care by A Nutrition Care Professional (RC), and Population-based Nutrition Action (P).

While you are not required to document the specific domain(s) of intervention you used during a medium or high-risk appointment, a description of each domain is included here to give you an idea of what kinds of nutrition interventions you'll use during each medium or high-risk appointment.

Click the strategies buttons to review each of the five strategies.
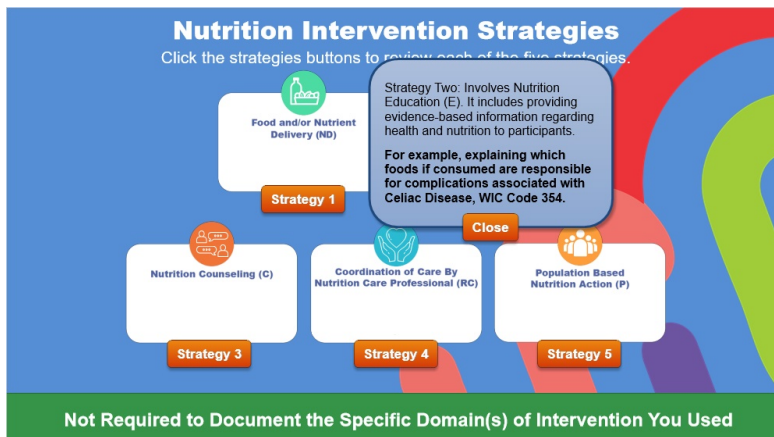
Strategy 1 (Slide Layer)
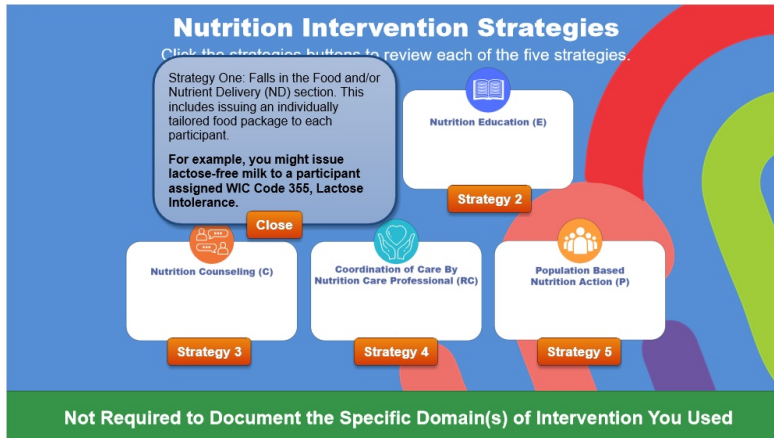
Strategy 1:
Strategy one falls in the Food and/or Nutrient Delivery (ND) section. This includes issuing an individually tailored food package to each participant.

For example, you might issue lactose-free milk to a participant assigned WIC Code 355, Lactose Intolerance.
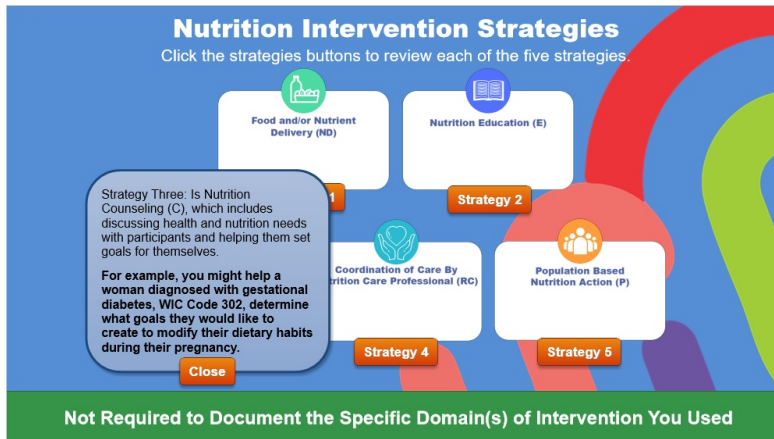
Strategy 2 (Slide Layer)

Strategy 2:
Strategy two involves Nutrition Education (E). It includes providing evidence-based information regarding health and nutrition to participants.

For example, explaining which foods if consumed are responsible for complications associated with Celiac Disease, WIC Code 354.

Strategy 3 (Slide Layer)

Strategy 3:
Strategy three is Nutrition Counseling (C), which includes discussing health and nutrition needs with participants and helping them set goals for themselves.

For example, you might help a woman diagnosed with gestational diabetes, WIC Code 302, determine what goals they would like to create to modify their dietary habits during their pregnancy.

Strategy 4 (Slide Layer)
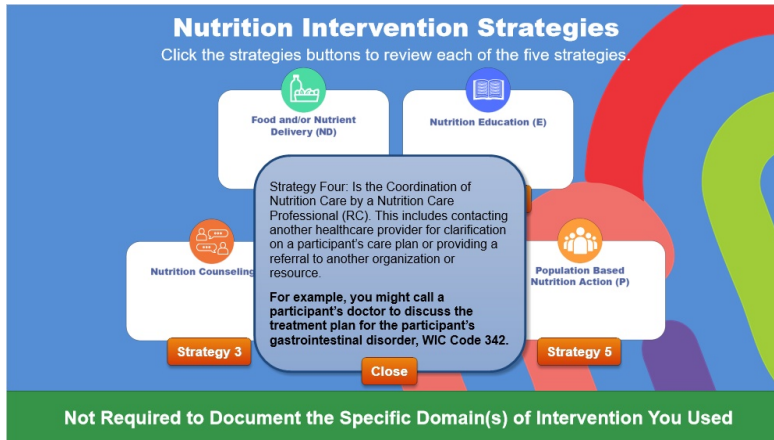
Strategy 4:

Strategy four is the Coordination of Nutrition Care by a Nutrition Care Professional (RC). This includes contacting another healthcare provider for clarification on a participant's care plan or providing a referral to another organization or resource.

For example, you might call a participant's doctor to discuss the treatment plan for the participant's gastrointestinal disorder, WIC Code 342.

Strategy 5 (Slide Layer)
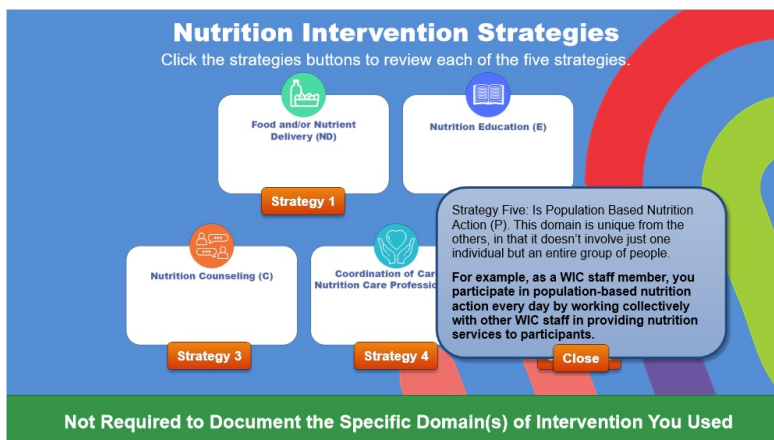
Strategy 5:

Strategy five is Population Based Nutrition Action (P). This domain is

unique from the others, in that it doesn't involve just one individual but an entire group of people.

2.9 WIC Monitoring and Evaluation

Notes:

Once it's clear to you and the AR what the intervention is, you'll develop a plan to monitor and evaluate the participant's progress toward resolving or managing the nutrition diagnosis.

Nutrition monitoring involves a scheduled or pre-planned follow-up point to review the participant's status.

For each participant, you'll develop a plan to continue to assess topics pertinent to the participant's assigned WIC codes and how to monitor the participant's progress towards resolving their nutrition diagnosis, including their stage of change.

2.10 WIC Monitoring and Evaluation - Professional Discretion

Notes:

You'll also use your professional discretion to decide if the participant should still have medium or high-risk appointments in the future or if it would be appropriate for them to have low-risk appointments. If you recommend that the participant have low-risk appointments in the future, you'll also want to consider under which circumstances the participant should be referred back to the RD/RDN or State-Approved Nutritionist for the previously assigned WIC codes.

You'll also decide the frequency of their follow-up appointments. Typically, you'll select an interval between 1 and 3 months to align with benefits issued. For example, you may want to see an infant with a slowed or faltering growth pattern (WIC Code135) each month until their growth pattern has stabilized.

2.11 WIC Monitoring and Evaluation - Example

Notes:

For participants with breastfeeding complications (WIC Code 602/603), best practice is to follow up with them the same day or as soon as possible after the referral is received. Breastfeeding difficulties are extremely time sensitive and need immediate attention.

Based on the participant's progress during monitoring and evaluation, the nutrition intervention may be adjusted as medical symptoms, diagnoses, and treatments change.

2.14 Module 2: Summary
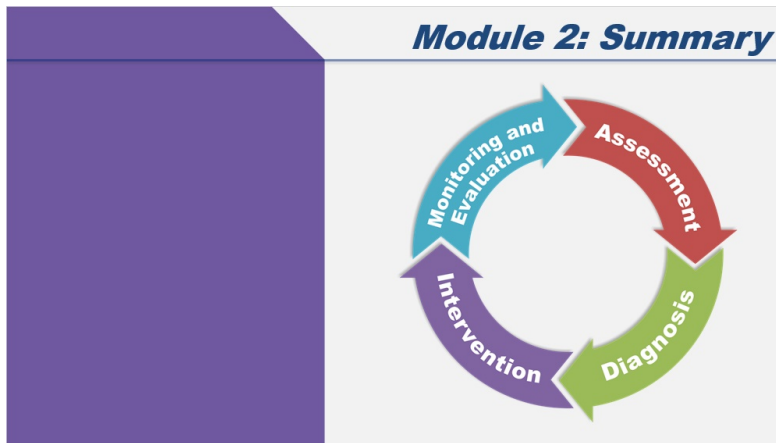
Notes:

This concludes module two.

In this module, we closely examined how to utilize the four components of the Nutrition Care Process when providing medium and/or high-risk nutrition services: Nutrition Assessment, Diagnosis, Intervention, and Monitoring and Evaluation.

3. Module 3: Documenting Medium and High-Risk Appointments
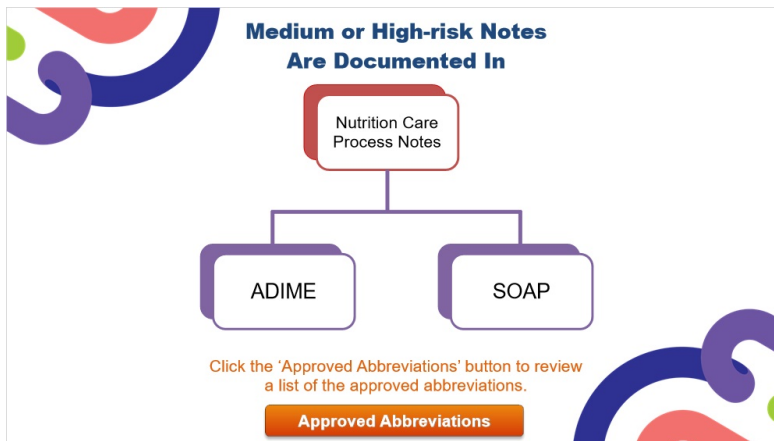
3.1 Module 3 Introduction
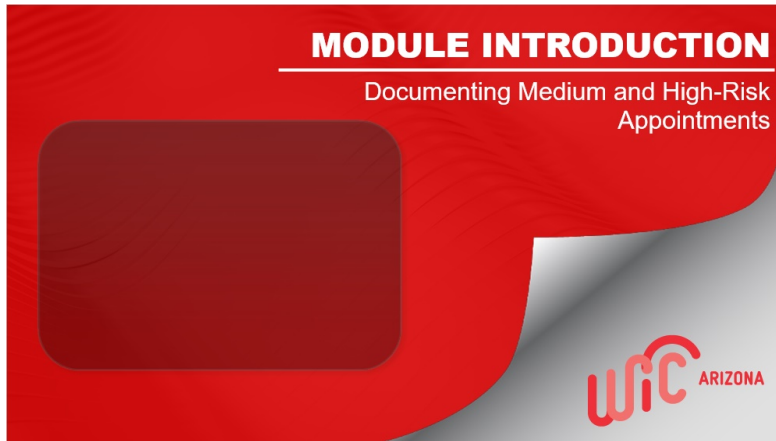
Notes:

Welcome to Module 3.

In this module we'll introduce the two accepted note formats in the Arizona WIC Program for documenting medium and high-risk appointments: ADIME and SOAP. We will also explore where information should be recorded in each format.

3.2 Nutrition Care Process Notes

Notes:

At WIC, medium and high-risk appointments are documented in either the ADIME or SOAP format, so in this course, we'll discuss how to incorporate the NCP into both ADIME and SOAP notes. Like other note types, only approved abbreviations are acceptable.

Feel free to click the 'Approved Abbreviations' button to review a list of the approved abbreviations that you can use in your notes.

3.3 Nutrition Care Process Policies

Notes:

Some local agencies have specific policies regarding which note format to use, and some local agencies may provide additional resources for writing notes.

Examples include online access to the electronic Nutrition Care Process Terminology (eNCPT) website or physical copies of the International Dietetics & Nutrition Terminology (IDNT) Reference Manuals.

Be sure to check with your immediate supervisor about your local agency's policies and additional resources for note writing.

3.4 ADIME Note
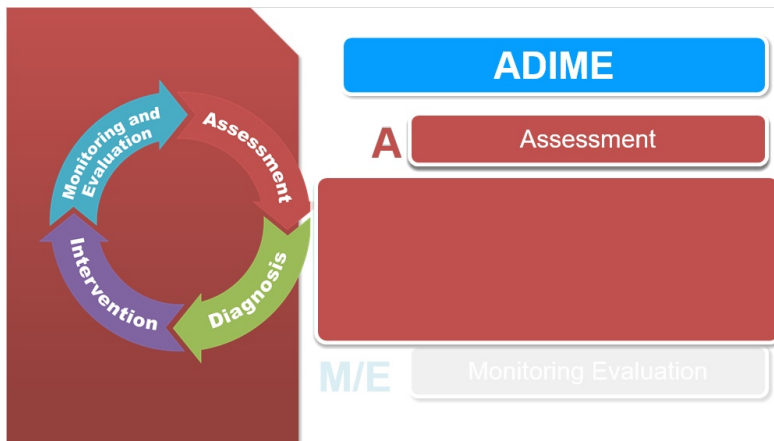
Notes:

Each part of an ADIME note (assessment, diagnosis, intervention, monitoring, and evaluation) has been developed to incorporate the four steps of the NCP:
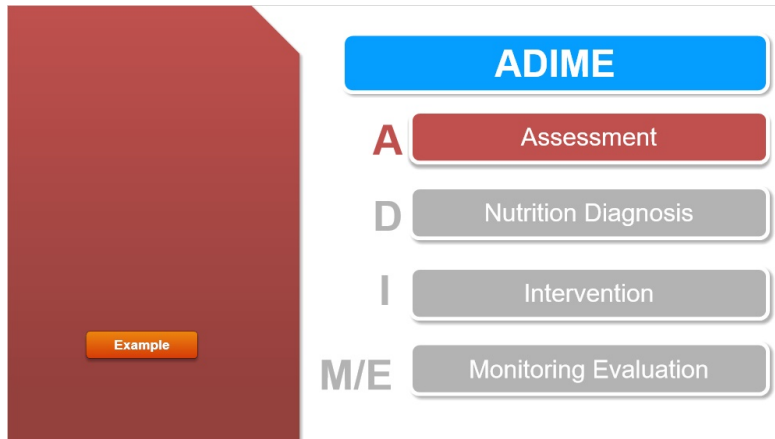
1. Nutrition Assessment

2. Nutrition Diagnosis

3. Nutrition Intervention, and

4. Nutrition Monitoring and Evaluation.

Let's start with the A- Assessment step.

The A-Assessment includes important information learned during the nutrition assessment.

Some information you may want to write in this section could include the AR's thoughts, feelings and/or motivations, the medium and/or high-risk WIC codes assigned to the participant, or the nutrition information the participant provides, such as breastfeeding frequency, formula amount, and food and nutrition history.

3.5 ADIME: Assessment - Continued

Notes:

You can include any pertinent clinical information shared by the participant, including measurable data such as lab results, height, weight, hemoglobin, or blood glucose. You should note whether lab values were able to be verified by viewing documentation or if they were reported verbally by participants. If you find that anthropometric and biochemical information has already been recorded on the Medical Tab, you may write "See Medical Tab" in your ADIME note. You can also include prior interventions recommended by the participant's healthcare provider, or any new WIC codes assigned and why you assigned them.

Click the 'Example' button to view an example of an A - Assessment.

Example (Slide Layer)


Example:
The AR isn't concerned about C4's weight right now but is worried about how his fast growth might affect his physical and mental health as he gets older. AR explained that C4 is allowed to eat snacks from the snack cabinet whenever he wants and will often eat things like chips, candy, and sugary drinks. AR stated that C4 will only eat very small amounts of food during the meals that she offers, which is frustrating for her. Child has BMI at the 97th percentile based on most recent anthropometric measurements collected on 8/7.

3.6 ADIME: Diagnosis
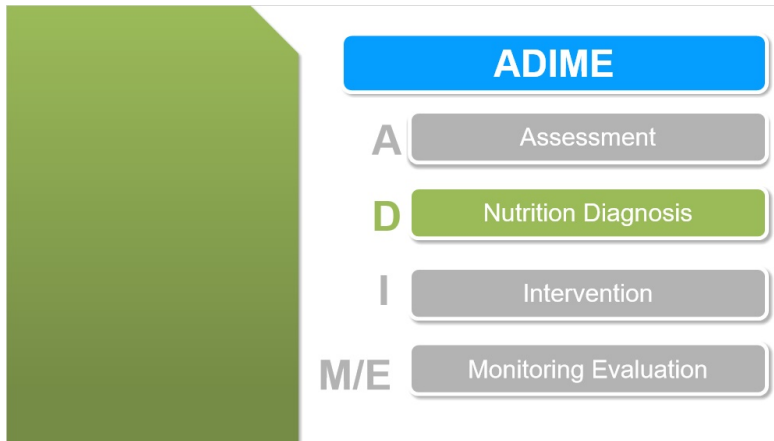
Notes:

In the "Diagnosis" or "D" portion of your ADIME note, you'll include your nutrition diagnosis in the form of a PES statement.
There are 3 steps in D - Diagnosis to follow.

Step One - locate an appropriate Nutrition Diagnosis term from the IDNT reference manual or eNCPT website to include in the "Problem" or "P" section of your PES statement.

Keep in mind that the nutrition diagnosis you write is more specific to the nutritional concerns that participants experience, as compared to a medical diagnosis.

Also, the nutrition diagnosis you write may or may not include the assigned medium or high-risk WIC code and could possibly be included in the P, E, or S sections of the PES statement, depending on the situation.

3.7 ADIME: Diagnosis - Step 2
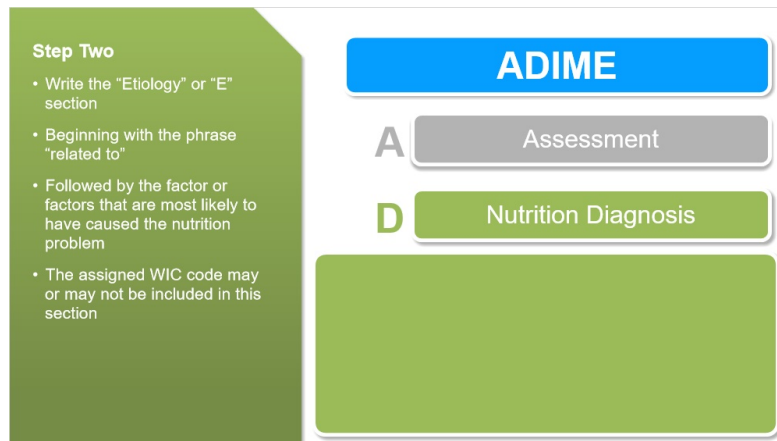
Notes:

Step Two - write the "Etiology" or "E" section beginning with the phrase "related to," followed by the factor or factors that are most likely to have caused the nutrition problem. The assigned WIC code may or may not be included in this section.

For example, Failure to Thrive is a medical diagnosis that may or may not be related to a nutrition problem such as "inadequate oral intake" or "increased nutrient needs." If you choose not to include the assigned WIC code in the "E" section, indicate the underlying cause of the Nutrition Diagnosis instead. The "Etiology" section will be the basis for the nutrition intervention that you create with the participant.

3.8 ADIME: Diagnosis - Step 3
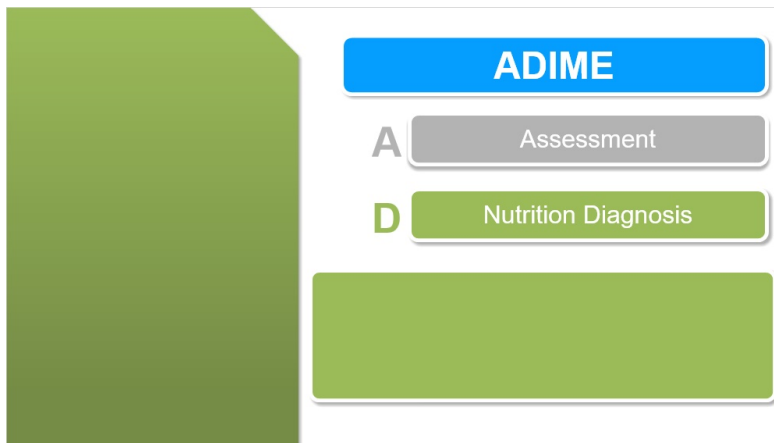
Notes:

Step Three - You'll end your PES statement with the "S" or "Symptoms" section, by including the information that serves as your evidence of the Nutrition Problem, beginning with the phrase "as evidenced by" followed by any symptoms the participant described during the nutrition assessment related to the nutrition problem.

For example, limited adherence to nutrition-related recommendations related to food and nutrition knowledge deficit, as evidenced by AR report of C4 consuming diet high in highly processed, calorie-dense foods.

3.9 Example PES Statements

Notes:

If you'd like to see a more thorough list of example PES statements for many different medium and/or high-risk WIC codes that have been developed by the Arizona WIC Program, click the 'View PES Examples' button.

Feel free to use or modify these statements if they are specifically applicable to the participants you're counseling, but you can also use this document as a reference when creating other PES statements for your medium and/or high-risk notes.

3.10 ADIME: Intervention
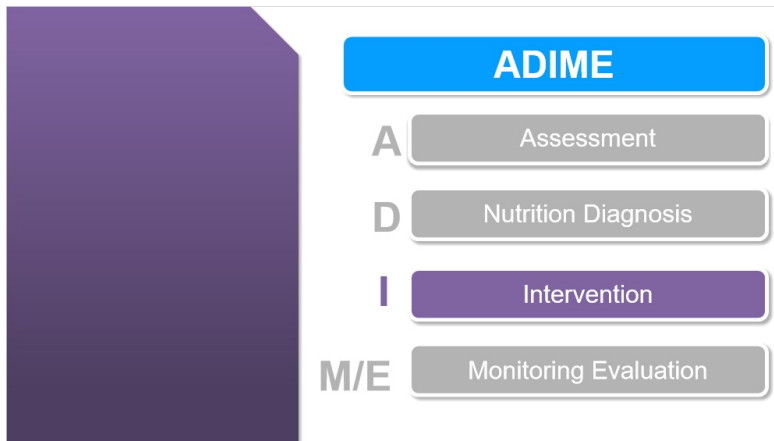
Notes:

In the "Intervention" or "I" portion of your ADIME note, you'll include information about the nutrition intervention.

Be sure to detail the nutrition plan as well as how it should be implemented. Some information that you may write in the intervention section includes nutrition education you provided (including any additional handouts you provide), the foods tailored, and any special formulas or foods issued.

3.11 ADIME: Intervention - Breastfeeding

Notes:

If you are working with a breastfeeding participant, you'll include information related to your breastfeeding assessment in your note, such as the education offered, amount of breastfeeding, and breast pump info (if applicable) including type of pump, reason for issuing, and required education provided.

You can include the nutrition/breastfeeding goals developed by the participant as well as their plan for how to reach these goals, the reason for a category change, and any referrals made to other organizations and/or professionals.
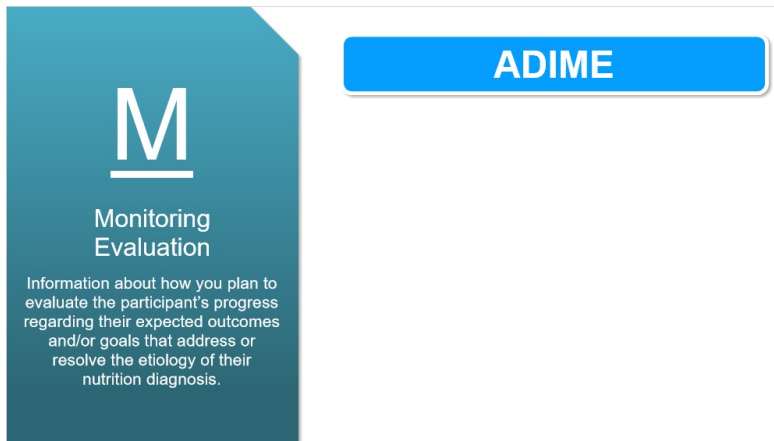
3.12 ADIME: Intervention Example
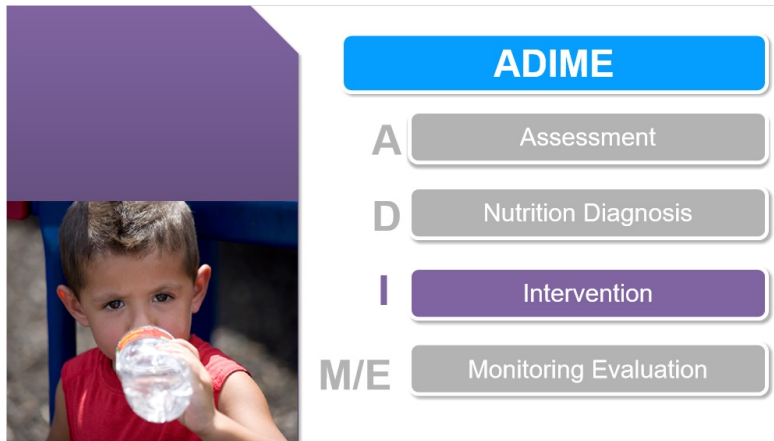
Notes:

For example, the AR developed goals of only allowing C4 to eat foods offered during all meals and snacks, and to only allow water in-between meals and snacks.

3.13 ADIME: Monitoring and Evaluation

Notes:

In the "Monitoring and Evaluation" or "M and E" portion of your ADIME note, be sure to include information about how you plan to evaluate the participant's progress regarding their expected outcomes and/or goals that address or resolve the etiology of their nutrition diagnosis.
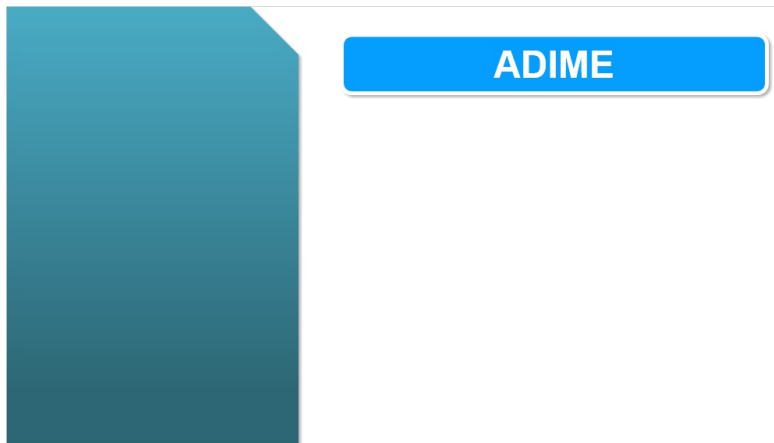
3.14 ADIME: Monitoring and Evaluation Continued

Notes:

Include nutrition and/or breastfeeding education provided (including handouts if provided), foods tailored, and special formulas/foods issued.

The expected timeframe for the participant's next appointment (generally either 1, 2, or 3 months).

Identify if the next appointment will be considered a low, medium or high-risk appointment. This will determine which WIC staff member they will see at their next appointment.

You also may indicate the next appointment type (e.g., in-person, phone, virtual or self-paced online nutrition education).

And finally, add any important topics to follow-up with the participant during their subsequent appointments.

3.15 ADIME: Monitoring and Evaluation Example
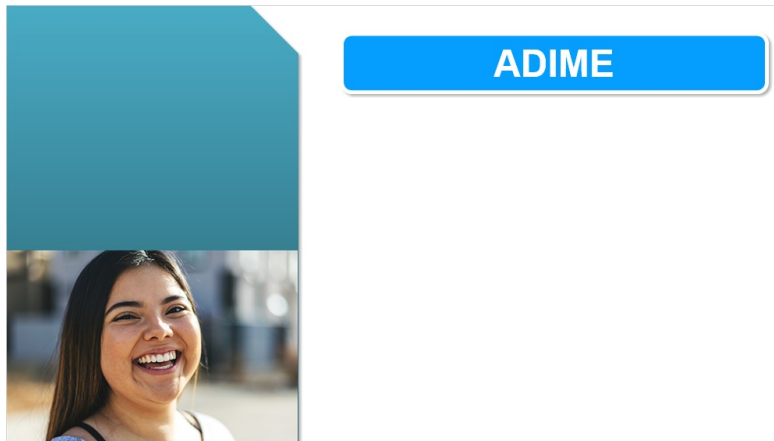
Notes:

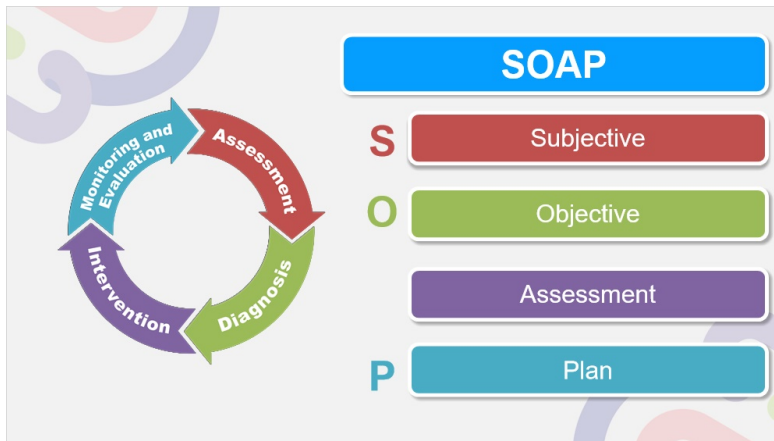For example, the next appt is low-risk phone appointment in 3 months. Discuss if AR has been able to consistently provide meals in accordance with the Division of Responsibility and ask about changes made to C4's eating habits, including consumption of water only in between meals and less sugary drinks.

3.16 SOAP Notes

Notes:

The four steps of the NCP (1. Nutrition Assessment, 2. Nutrition Diagnosis, 3. Nutrition Intervention, and 4. Nutrition Monitoring and Evaluation) can also be documented using SOAP notes.

The SOAP note format separates information into four sections - S - (Subjective), O - (Objective), A - (Assessment), and P - (Plan).

Let's start with the Subjective or "S" portion first.

3.17 SOAP: Subjective

Notes:

The Subjective or "S" portion of a SOAP note includes subjective information provided by the participant.

"Subjective" means information that is based on personal experience and not on verifiable facts. Most of the information you will write in this section of the note is information the participant provides.
This could include the AR's thoughts, feelings, and or motivations, breastfeeding amount, formula amount, food and nutrition history.
It could also include any verbal anthropometric, biochemical, or lab test information obtained from ARs that is based on their personal memory.

And finally, the "S" section of a SOAP note can include any subjective observations you make regarding a participant.

Click the 'Example' button for an example of the subjective section in a SOAP note.

Example (Slide Layer)
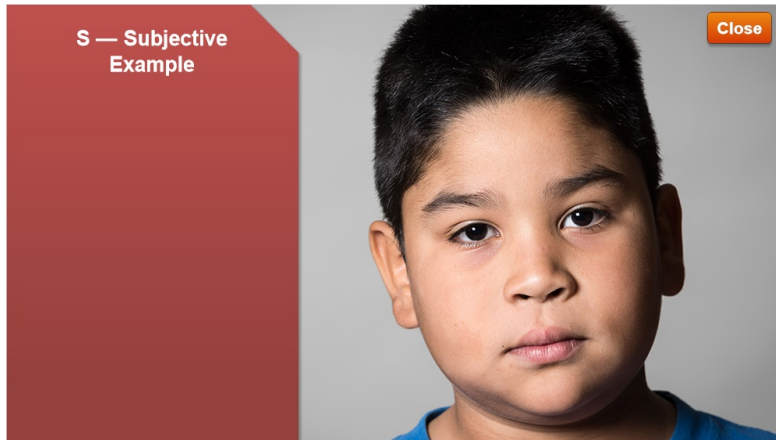
Example:
The AR isn't concerned about C4's weight right now but is worried about how his slow growth might affect his physical and mental health as he gets older. AR explained that C4 is allowed to eat snacks from the snack cabinet whenever he wants and will often eat things like chips, candy, and sugary drinks. AR stated that C4 will only eat very small amounts of food during the meals that she offers, which is frustrating for her.

3.18 SOAP: Objective Information
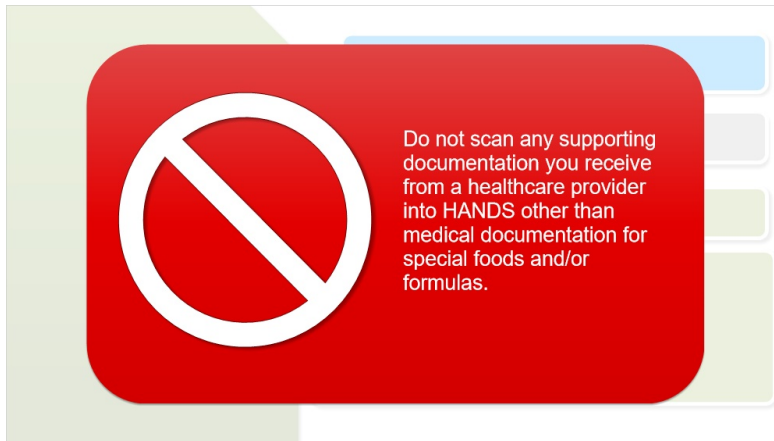
Notes:

The Objective or "O" portion of a SOAP note includes information collected about the participant. "Objective" indicates information based on verifiable facts and not personal experience.

The "O" section typically contains less information than the prior "S" section. Some information you may want to write in this section of the note includes any anthropometric and biochemical information collected by the WIC program.

You may also include any other measurable, documented information that you receive from the participant. For example, documents completed by the participant's healthcare provider could include measurements, results of lab tests and/or data about healthcare procedures.

Please do not scan any supporting documentation you receive from a healthcare provider into HANDS other than medical documentation for special foods and/or formulas.

3.19 SOAP: Objective Information Continued

Notes:

Since most objective information collected during medium and high-risk appointments is already located on the "Medical" screen in HANDS, it's acceptable to write, "See Medical Screen" in the "O" section of your SOAP note if you do not have any objective information to add beyond what has been collected by WIC.

Click the 'Example' button for an objective information example.

Example (Slide Layer)

Example:

An example of the objective section in a SOAP note could be something like this:

O: Child has BMI at the 97th percentile based on most recent anthropometric measurements collected on 8/7.

3.20 SOAP: Assessment
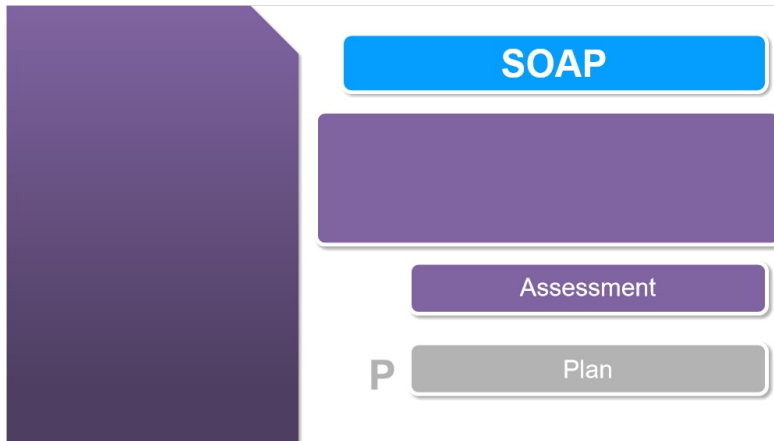
Notes:

The Assessment or "A" portion of a SOAP note includes your assessment of the participant's condition and nutrition diagnosis.

Information you could include would be the medium and/or high-risk WIC codes for which the participant was referred to you, or any new WIC codes you assign and why.

You can include nutrition education you provided, (including handouts if provided), the foods tailored, or any special formulas/foods issued.

3.21 SOAP: Assessment Continued

Notes:

If you are working with a breastfeeding participant, you'll also include information related to your breastfeeding assessment in your note such as the education offered, amount of breastfeeding, and breast pump info (if applicable) including type of pump, reason for issuing and required pump education provided.

You could also include your Nutrition Diagnosis (PES Statement) or any referrals made to other organizations/professionals.

Click the 'Example' button for an assessment example.

Example (Slide Layer)
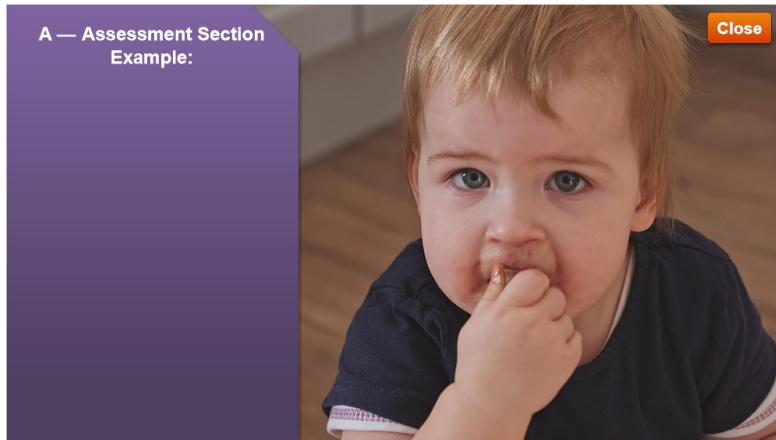
Example:
An example of the Assessment portion of a SOAP note would read.
A: 113 Obese (Children 2-5 Years of Age) Limited adherence to nutrition-related recommendations related to food and nutrition knowledge deficit, as evidenced by AR report of C4 consuming diet high in highly processed, calorie-dense foods. Explained to AR Ellyn Satter's Division of Responsibility and the benefits of only allowing C4 to eat foods offered during meals and snacks. Assigned WIC Code 425.2 (Routinely feeding a child any sugar-containing fluids) due to AR's report of C4's high consumption of sugary beverages.

3.22 SOAP: Plan Information
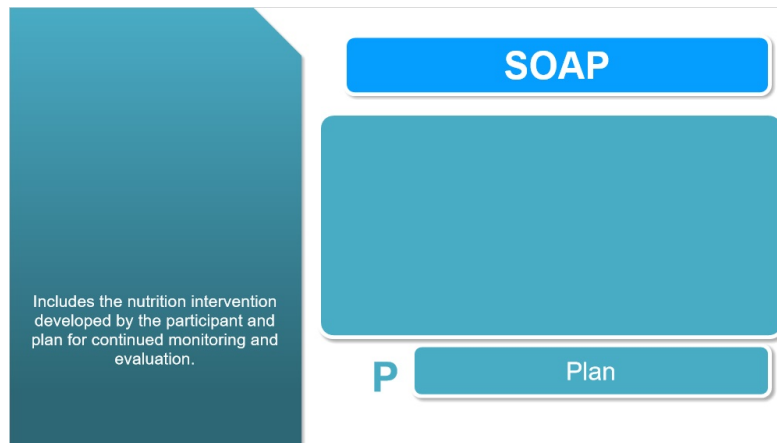
Notes:

The Plan or "P" portion of a SOAP note includes the nutrition intervention developed by the participant and plan for continued monitoring and evaluation.

You could include information such as nutrition and breastfeeding goals developed by the participant as well as their plan for how to reach their goals.

You can also document your plan for evaluating the participant's progress regarding their expected outcomes and/or goals.

You could include any referrals made to other organizations or healthcare professionals.

3.23 SOAP: Plan Information Continued

Notes:

Finally, you can document the expected timeframe for the participant's next appointment (generally either 1, 2, or 3 months), if the next appointment will be considered a low, medium or high-risk appointment, the next appointment type (e.g., in-person, phone, virtual or self-paced online nutrition education) and any important topics to check-in with the participant about during subsequent appointments.

Click the 'Example' button for a plan example.

Example (Slide Layer)

Example:
An example of the Plan Information section of a SOAP note might read.

P: AR developed goals of only allowing C4 to eat foods offered during all meals and snacks, and to only allow water in-between meals and snacks. Next phone appointment is low risk in 3 months. Discuss if AR has been able to consistently provide meals in accordance with the Division of Responsibility and ask about changes made to C4's eating habits, including consumption of water only in between meals and less sugary drinks.

3.24 Comparing ADIME and SOAP

ADIME	SOAP
NUTRITION **A**SSESSMENT	**S**UBJECTIVE
NUTRITION **D**IAGNOSIS	**O**BJECTIVE
NUTRITION **I**NTERVENTION	**A**SSESSMENT
NUTRITION **M**ONITORING/ **E**VALUATION	**P**LAN
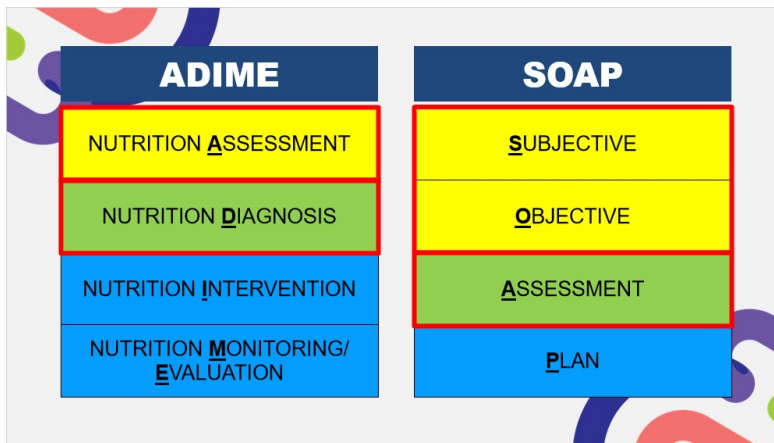
Notes:

As you have seen, SOAP and ADIME notes are used to gather and document similar information. However, the specific organization of each is different. In this comparison graphic, you see the same color for sections that contain the same information.

For example, the Assessment section in an ADIME note contains the same information as the Subjective and Objective sections of a SOAP note.

Even though SOAP and ADIME notes have similarly named sections, that does not mean those sections are identical. Consider that the Assessment section in SOAP note has information that is most like the 'Diagnosis' section of an ADIME note.

3.25 SOAP and ADIME Comparison Chart

SOAP and ADIME Comparison

SOAP	ADIME
S = Subjective data gathered during assessment • AR's thoughts/feelings/motivations • Information the participant provides, including breastfeeding and/or formula amount, and food and nutrition history. • Verbal anthropometric, biochemical or lab test information obtained from participants that is based on the AR's personal memory. • Subjective observation made regarding a participant O = Objective data gathered during assessment • Anthropometric and Biochemical information collected by the WIC program • Other measurable information provided by the participant (for example,	A = Assessment data summary including subjective and objective data • AR's thoughts/feelings/motivations • The medium and/or high-risk WIC codes for which the participant was referred • Nutrition information the participant provides, including breastfeeding frequency and/or formula amount, and food and nutrition history • Any pertinent clinical information shared by the participant, including measurable information such as lab results, height, weight, hemoglobin, blood glucose, etc. If information has already been recorded in the Medical Tab, it is acceptable to write "See Med tab for anthropometric/hematology measurements" or something similar.

SOAP and ADIME Comparison Chart
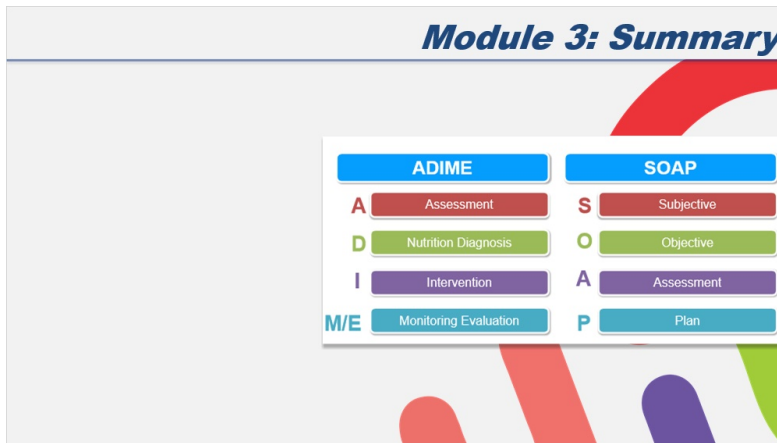
Notes:

This table compares the specific information that is commonly included in SOAP and ADIME notes. Please carefully review this document, being sure to compare where important information is intended to be documented in each respective note type. This document can also be located on the new employee training section of azwic.gov or in the resources section of this course.

3.28 Module 3: Summary

Notes:

This brings us to the end of module three. In this module, we discussed how to document the medium and/or high-risk nutrition services you provide in either ADIME or SOAP note formats.

Keep in mind, you will follow the format that is directed by your local agency. Be sure to ask your supervisor which format is used within your local agency (either ADIME, SOAP, or both) and what note-writing resources may be available to you.

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

4.1 Module 4 Introduction
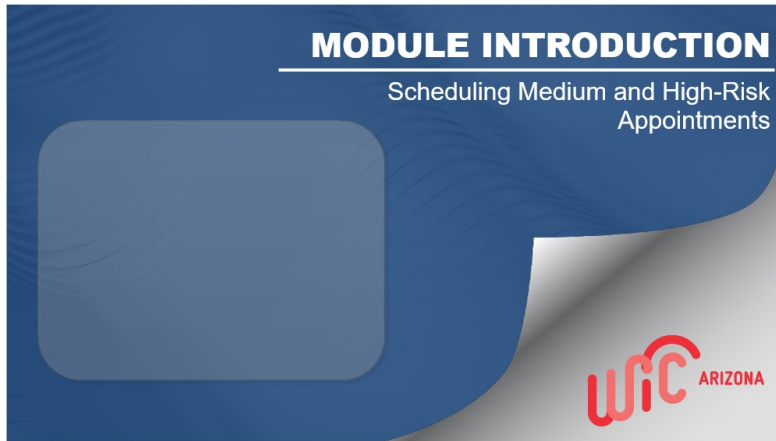
Notes:

Welcome to Module 4. We'll be reviewing options for participants following their medium or high-risk appointment.

We will also discuss how to address situations if participants miss or decline their medium or high-risk appointments.

Finally, we will share other resources that may be useful to you while providing medium and/or high-risk services.

4.2 Scheduling Next Visit
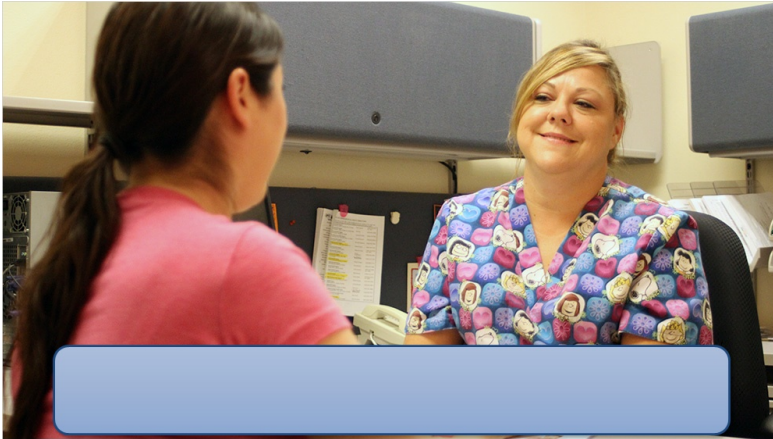
Notes:

After completing the nutrition care process with the participant, you'll schedule their next visit.

Based on the information gathered during your visit, you can either determine if the medium and/or high-risk WIC codes have been resolved or are being managed or if there is a need to continue medium and/or high-risk nutrition services.

If you determine that the WIC code is resolved or is being maintained, the next appointment will be scheduled as low-risk. If not, the next appointment should be scheduled as medium or high-risk.

4.3 Scheduling in HANDS
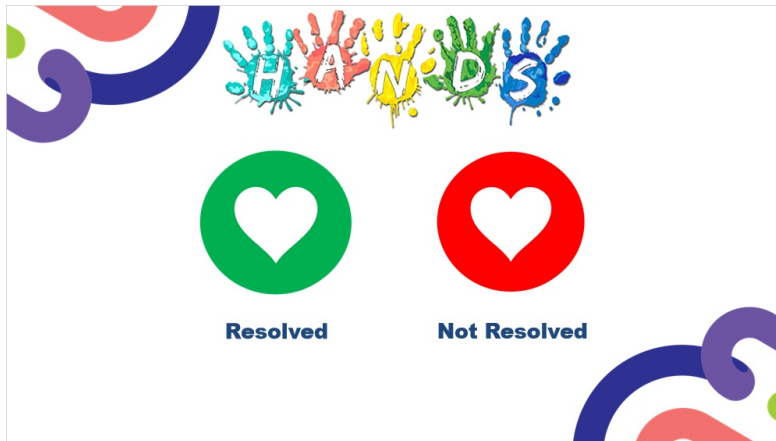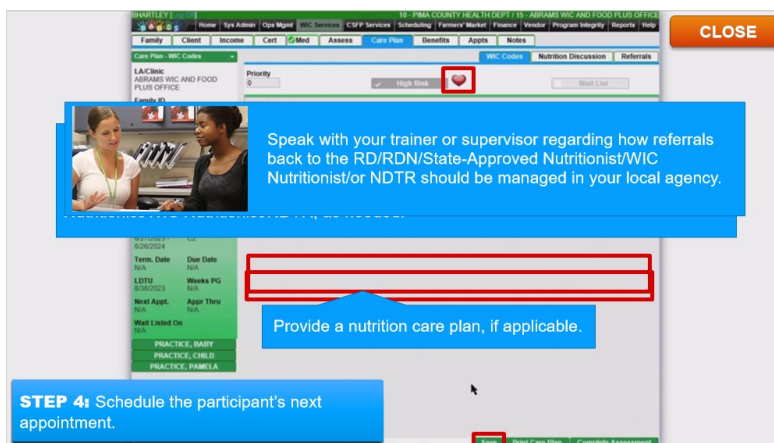

Notes:

Let's look at the steps you'll take in these different situations using the Arizona WIC HANDS system.

Click on each button to learn more.

Resolved (Slide Layer)

Resolved:
STEP 1, Change the red High-Risk Heart icon in the Care Plan screen in HANDS to green and click the 'Save' button on the bottom

of the screen.

STEP 2, Document in your note that the medium or/high-risk WIC code has been resolved or is being maintained and write that the next appointment will be considered low risk. Provide a nutrition care plan (if applicable) to follow for the future low-risk appointments.

Chapter 7 of the Policy and Procedure manual also indicates that "The Local Agency shall develop written procedures providing the Nutrition Education Specialists with guidance for referral back to the RD/RDN/State-Approved Nutritionist/WIC Nutritionist/NDTR, as needed,".

Please speak with your trainer or supervisor regarding how referrals back to the RD/RDN/State-Approved Nutritionist/WIC Nutritionist/or NDTR should be managed in your local agency.

STEP 3, Indicate the appropriate span of time until the next visit with the participant - for example, three months - in your note.

STEP 4, Schedule the participant's next appointment in accordance with your local agency's scheduling practices.

Unresolved (Slide Layer)
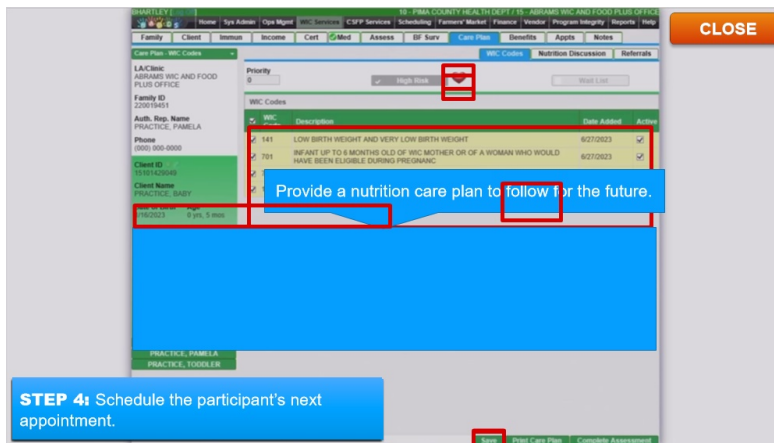
Not Resolved:
STEP 1, Change the red High-Risk Heart icon in the Care Plan screen in HANDS to green and click the 'Save' button on the bottom of the screen. Then, click the heart icon again to turn it back to red.

Click the 'Save' button one more time.

Completing this process will indicate on the HANDS High-Risk Report that the participant was seen, but also communicates to staff that they need continued medium and/or high-risk follow up for the current cert period.

STEP 2, Document in your note that the medium and/or high-risk WIC code has not yet been resolved or managed and that follow-up by the WIC Nutritionist/NDTR/ RD/RDN or State Approved Nutritionist is required.

STEP 3, Indicate the appropriate span of time until the next visit with a WIC Nutritionist/NDTR/ RD/RDN or State Approved Nutritionist - for example, one month - in your note.
Provide a nutrition care plan to follow for the future medium or high-risk appointment.
STEP 4, Schedule the participant's next medium or high-risk appointment in accordance with your local agency's scheduling practices.

4.4 Missed Appointments

Notes:

When a participant assigned medium and/or high-risk WIC codes misses their appointment, they should be contacted to reschedule as soon as possible.

Their rescheduled appointment should happen within the same month their original appointment was scheduled. If this is not possible, reschedule the participant for the following month.

The family may continue to receive benefits on a month-by-month basis until they complete their individual medium or high-risk appointment.

4.5 Declined Referrals

Participant Declines the Offer of a Medium or High-risk Appointment

Notes:

Many participants value the opportunity to meet with a WIC Nutritionist/NDTR/ RD/RDN or State-Approved Nutritionist; however, some participants may decline these services.

The Arizona WIC Policy states, "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."

If a participant declines the offer of a medium or high-risk appointment a WIC Nutritionist/ NDTR, RD/RDN, or State-Approved Nutritionist, may turn their red High-Risk Heart green after confirming that there is a note in HANDS documenting the declined referral.

Please consult with your local agency supervisor about any other local agency-specific policies or procedures regarding declined referrals.

4.6 Useful Resources

Notes:

As you begin to provide medium and/or high-risk nutrition services, it's likely that you'll encounter situations where you are unsure what to do or say. Every WIC participant is unique, especially those assigned medium and/or high-risk WIC codes.

As you get more experience providing medium and/or high-risk nutrition services, you will become increasingly familiar using evidenced-based resources and communicating related information with participants.

To set you up for success, let's review some evidenced-based resources to help you navigate these situations. All the links found here can also be found in the "resources" menu in the upper right-hand corner of this course.

4.7 Useful Resources Continued
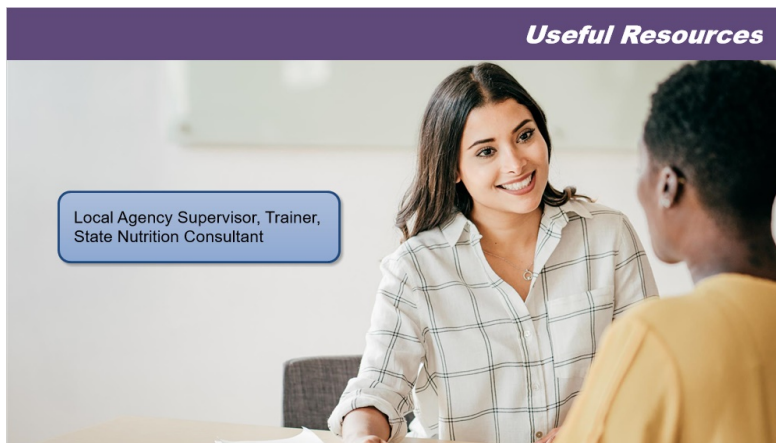
Notes:

AZWIC.gov - the "WIC Manuals" section has links to the Nutrition Risk Manual, its associated WIC Code Cheat Sheets, and the Nutrition Care Guidelines. Select any of the four WIC Code Cheat Sheet buttons to see the WIC codes that can be assigned to each WIC participant category or click the "WIC Code Cheat Sheet All Categories" button to view the comprehensive list of all WIC codes.

These are excellent resources to help you understand the justifications for each WIC code as well as some evidenced-based recommendations you can provide to participants assigned the respective WIC codes.

The "continuing education" section of azwic.gov also has links to the Code Education Webinars which provide additional information and evidence-based recommendations regarding several commonly assigned WIC codes.

The American Academy of Pediatrics hosts two websites, healthychildren.org, which focuses on providing parent-focused support, and aap.org, which focuses on healthcare provider support.

The American College of Obstetricians and Gynecologists (ACOG) website (acog.org), provides a wealth of information for women across their lifespan including pregnancy and perinatal care.

When writing notes, consider referencing sample PES statements developed by the Arizona WIC Program.

You can also refer to the IDNT Reference manual or the eNCPT site if your local agency provides access to it.

Finally, refer to your local agency supervisor, trainer, or state nutrition consultant. They can provide more information regarding best practices for completing medium and high-risk appointments.

4.10 Course Summary

Notes:

Let's end with a quick recap of some of the key takeaways from this course.

Providing participant-centered services is essential to providing high-quality medium and/or high-risk nutrition services.

WIC follows the Nutrition Care Process, a four-step approach for nutrition problem-solving that includes Assessment, Diagnosis, Intervention, and Monitoring and Evaluation.

Medium and high-risk notes can be written in either the ADIME or SOAP format.

After meeting with participants assigned medium and/or high-risk WIC codes, you can determine if the WIC code has been resolved or is being maintained or if the participant requires continued follow-up by a WIC Nutritionist/NDTR, RD/RDN, or State-Approved Nutritionist.

There are a variety of evidenced-based resources available to assist you in providing medium and/or high-risk nutrition services including:

the Nutrition Risk Manual, the WIC Code Cheat Sheets, the Nutrition Care Guidelines, and the Code Education Webinars.

Click 'Continue' to complete the course.

4.11 Congratulations
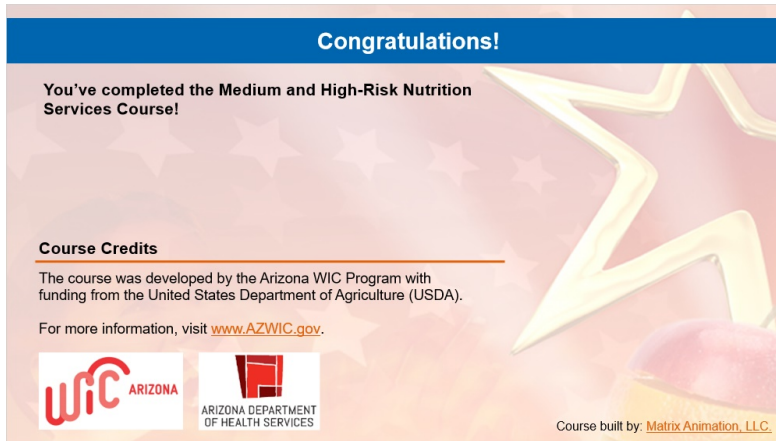
Notes:

Congratulations!

You've completed the Introduction to Medium and High-Risk Nutrition Services Course!

You've already received credit for completing this course, so feel free to close this course and return to the LMS.