Nutrition Education Documentation Series: Minnesota WIC policy allows different options for documenting Nutrition Education. This provides flexibility for each local agency to determine what works best for them. However, we often hear questions about what is expected and what is recommended. Over the last few weeks, ideas and information for Documentation Best Practices have been included in the WIC Wednesday Update. This week we will cover best practices for documenting High Risk Individual Nutrition Care Plans.

The High Risk Individual Nutrition Care Plan (INCP) Policy MOM, Section 6.6, states that an INCP must be developed and documented specifically addressing high-risk condition(s) identified and must include:

- Assessment of individual’s overall situation including nutrition status, needs, and any problem;
- Review of health services for the high-risk condition being provided elsewhere;
- Specific goals/recommendations regarding the high-risk condition;
- Referrals to healthcare providers and other programs and services as needed; and
- Plans for follow-up visits.

Now let’s put this High Risk policy into action!

- The plan should specifically address the high-risk condition(s). Focus the documentation of your assessment, goals/recommendations and follow-up plans around the high-risk condition(s).
- As you complete the ABCDE assessment, think critically about what factors might be contributing to the high-risk condition. Here are some examples:
  - **Scenario #1** - A pregnant woman in her 1st trimester is assigned risk factors 131, Low Maternal Weight Gain and 132, Maternal Weight Loss during Pregnancy and meets the High Risk Criteria. Assess and document those factors that may be contributing to the weight loss. Is the woman experiencing nausea and/or vomiting? Is she eating less or skipping meals? Does she have adequate access to food? Document your assessment, focusing on what may be contributing to the weight loss. In this scenario, the woman indicates “she is too nauseous to eat. Just eating a couple times a day”.
  - **Scenario #2** - A 3 year old child is above the 95% BMI and has gained 10 pounds in the last 6 months. Risk Factor 113, Obese is assigned and he meets the High Risk Criteria. Assess and document those factors that may be contributing to the rapid weight gain. What is the child’s meal and snack pattern? What types of beverages is the child drinking? What is the child’s activity pattern? Has there been any major changes in the child’s life that may be affecting his weight? Document your assessment, focusing on what may be contributing to the rapid weight gain. In this scenario, the parents share that “both parents are working and rely on elderly grandmother to watch the child. She has limited mobility so the child spends most of the day watching TV. He snacks a lot, but parents are not sure what he is eating for snacks.”
• Using your PCS skills and techniques, determine specific goals/recommendations with the participant/caregiver for addressing the high-risk condition. Here is some specific documentation for our high risk participants:
  o **Scenario #1** - In discussion with the pregnant woman, she sets a goal to “Eat small amounts, 6-8 times/day. Try crackers, toast and dry cereal when nauseated.” Document these specific goals/recommendations.
  o **Scenario #2** – After discussing the child’s current activity level and snacking habits, the parents decide to “have some active family time after work and on weekends. Discussed some options such as take a walk, go to the park, check out Community Education programs for open gym and pool times. Will send a healthy snack (fruit, yogurt, cereal, graham crackers) for the son to the grandmother’s house every day.” Document these specific goals/recommendations.

• Review the health care that the participant is receiving elsewhere. Are they receiving appropriate services to help alleviate the high risk condition? Do they need any referrals to other services?
  o **Scenario #1** - The pregnant woman is receiving regular prenatal care and the physician is aware of her nausea and weight loss. She doesn’t require a health care referral. However, she does express concern about having enough food for her family when her Food Support runs out. “Gave information for the Community Food Shelf and she plans to go this week.”
  o **Scenario #2** - The 3 year old child is due for a well-child checkup. “Parents will schedule a well-child checkup. Referral sent to physician regarding child’s weight status.”

• Plan for follow-up visit. Document timeline for follow-up and include key areas for follow-up.
  o **Scenario #1** – “Follow-up scheduled for December. Check weight. Ask about nausea, frequency of eating. Did she receive assistance from food shelf? If time, ask about milk intake.”
  o **Scenario #2** – “Follow-up scheduled for February. Follow up on the well child checkup and the referral to physician. Ask about physical activity and snacking.”

**Suggested Activity**

At a staff meeting, review your documentation procedures for **High Risk INCPs** and ask the following questions:

• Do High Risk INCPs focus on the high risk condition(s)? Does each INCP identify factors that may be contributing to the high risk condition(s)?
• Are goals/recommendations specific and tailored to the individual and their identified needs/concerns?
• Is the plan for follow-up clear, i.e., another CPA can quickly determine the plan and provide appropriate follow-up?
• On the next page, review the SOAP documentation method. Since HuBERT has a SOAP template, SOAP is the focus of this memo. Your agency may use another documentation method as outlined in your Nutrition Education Plan. Most importantly, the method needs to meet all the requirements for INCP documentation.
• On the last page, see the INCPs written for the two scenarios in this memo. Since HuBERT has a SOAP template, these INCPs were written using the SOAP method.
  o Discuss how the assessment and education information is documented in these two example. What might you do differently?
  o Discuss if there is adequate information in each note to provide continuity of care. Could you open one of these records and provide follow-up?
**SOAP Documentation**

**S** stands for **Subjective** and may include:
- Information collected from talking with an individual
- An individual’s thoughts or feelings
- An individual’s description of his or her problems
- Dietary intake or reported food habits

**O** stands for **Objective** and includes:
- Facts you collect, tangible findings and your clinical observations;
- Physical findings;
- Factual information regarding background, history;
- HuBERT auto populates some participant data into the template for “O”, including anthropometric data, bloodwork and risk factors. The CPA may add other objective data as needed.

**A** stands for **Assessment** and includes:
- Your assessment or impression of the individual’s overall situation;
- Summary and evaluation of diet and nutritional status;
- Meaning of the information collected; and
- Problem definition or interpretation.

**P** stands for **Plan** and includes:
- Specific goals and recommendations regarding the high risk condition(s);
- Any additional information that is needed and plan for obtaining that information;
- Referrals that were made;
- Recommendations, plans and timeline for follow-up visits; and
- Educational materials used and/or given to the individual.
Scenario #1: Pregnant woman in 1st Trimester with Maternal Weight Loss

S: Has nausea all day long, vomits occasionally. She reports she is too nauseous to eat. Just eating a couple times a day. Mostly drinking water, doesn’t like milk. Drinks milk 1 time/day. Struggles with feeding family when they run out of Food Support. Plans to breastfeed.

O: 11/20/15 64 5/8 inches, 123 pounds 4 ounces
    11/20/15 HGB: 12.4
    Risk Factors Assigned on 11/30/15
    131 Low Maternal Weight Gain
    132 Maternal Weight Loss during Pregnancy
    401 Failure to meet Dietary Guidelines for Americans

A: Weight loss of 7 pounds, may be due to nausea/infrequent eating and inadequate food resources.

P: Goal is to eat small amounts, 6-8 times a day. Avoid empty stomach. Try crackers, toast and dry cereal when nauseous. Gave information for the Community Food Shelf and she plans to go this week. Follow-up scheduled for December. Check weight. Ask about nausea, frequency of eating. Did she receive assistance from food shelf? If time, ask about milk intake.

Scenario #2: Three year old child >95% BMI, showing rapid weight gain on growth chart

S: Parents surprised by rapid weight gain. Both parents working and rely on elderly grandmother to watch child. She has limited mobility so the child spends most of day watching TV. He snacks a lot, but parents are not sure what he is receiving for snacks. Due for well-child checkup.

O: 11/20/15 41 7/8 inches, 46 pounds 4 ounces
    Height for age percentile: 97.33%
    Weight for age percentile: 99.37%
    11/20/15 HGB: 12.5
    Risk Factors Assigned on 11/30/15
    113 Obese (Children 2-5 Years of Age)
    401 Failure to meet Dietary Guidelines for Americans

A: BMI 97.48%. Rapid weight gain may be due to high screen time, low activity, excessive snacking.

P: Goal is to have some active family time after work and on weekends. Discussed some options such as take a walk, go to the park, check out Community Education programs for open gym and pool times. Will send a healthy snack (fruit, yogurt, cereal, graham crackers) for the son to the grandmother’s house every day. Parents will schedule well-child checkup. Referral sent to physician regarding child’s weight status.

Follow-up scheduled for February. Follow up on the well child checkup and the referral to physician. Ask about physical activity and snacking.