Nutrition Care Process in Montana WIC

“The Nutrition Care Process (NCP) is designed to improve the consistency and quality of individualized care for clients and the predictability of the client outcomes. It is not intended to standardize nutrition care for each client, but to establish a standardized process for providing care. There are four steps in the process: nutrition assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation.”

Montana Dietetic Interns have specific competencies that are expected to be met during their community rotations related to the Nutrition Care Process while working with Registered Dietitians (RD) in the WIC rotation.

Those competencies are:

- Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered.
- Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.
- Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.
- Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.

A brief review of the Nutrition Care Process:

Nutrition Assessment

The nutrition assessment is a systematic method for obtaining, verifying and interpreting data needed to identify nutrition related problems, their causes and their significance. From the nutrition assessment data, the RD is able to determine whether a nutrition diagnosis or problem exists. The assessment terms are identified and grouped into five domains:

- Food/nutrition –related history
- Anthropometric measurements
- Biochemical data, medical tests and procedures
- Nutrition-focused physical findings
- Client history

Nutrition assessment leads to the appropriate determination of whether a nutrition diagnosis/problem exists. If so, the RD correctly diagnoses the problem and creates a PES (Problem, Etiology, Signs/Symptoms) statement.
**Nutrition Diagnosis**

Nutrition diagnosis is a critical step between nutrition assessment and nutrition intervention. The purpose of a standardized nutrition diagnosis language is to describe nutrition problems consistently. Nutrition diagnoses typically fall into three domains: intake, clinical and behavioral-environmental.

The diagnosis is written as a PES (Problem, Etiology, Signs/Symptoms) statement. The RD is responsible for treating the nutrition diagnosis or problem (e.g. excess CHO intake). The etiology is the most specific root cause. The intervention will address the etiology and thus resolve or improve the problem. The signs/symptoms will measure if the problem is resolved or improved. They will be used to measure the impact of the intervention. The signs and symptoms should be specific enough that they can measure/evaluate changes at the next visit to document resolution or improvement of the problem or diagnosis.

**Nutrition Intervention**

The interventions are specific actions used to remedy a nutrition diagnosis/problem. These interventions are intended to change a nutrition–related behavior, environmental condition or aspect of nutritional health. The RD collaborates with the client and other health care providers during the nutrition intervention.

Nutrition intervention consists of two interrelated components – planning and implementation. Planning involves prioritizing the nutrition diagnoses; conferring with the patient; consulting practice guides and policies; jointly establishing goals; and defining the nutrition prescription and identifying specific nutrition intervention. Implementing the nutrition intervention is the action phase, which includes carrying out and communicating the plan of care and continuing the data collection and revising the intervention based on the client response.

The intervention is almost always aimed at the etiology of the nutrition diagnosis/problem identified in the PES statement. In very specific instances, the nutrition intervention is directed at reducing/eliminating the effects of the signs and symptoms.

**Nutrition Monitoring and Evaluation**

The purpose of nutrition monitoring and evaluation is to quantify progress made by the client in meeting nutrition care goals. Nutrition monitoring and evaluation tracks client outcomes relevant to the nutrition diagnoses and intervention plans and goals.”

Nutrition Care in Montana WIC Program

WIC clients have a nutrition assessment as part of their certification for program eligibility. This assessment is done by a Competent Professional Authority (CPA) which may be a Registered Dietitian, depending upon the clinic staff. Clients determined to have a high priority nutritional risk are referred to a RD for a nutrition consultation for a follow up visit.

The Montana WIC Program’s MSpirit system uses the SOAP format for nutrition assessment and certification. The SOAP format is optional for follow up visits and nutrition consultation with the RD. The MSpirit SOAP note format or the general note option can be used for the Nutrition Care Process.

Comparison of SOAP and NCP documentation

<table>
<thead>
<tr>
<th>SOAP note</th>
<th>NCP note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S = Subjective</strong>&lt;br&gt;Self-reported information, history</td>
<td><strong>Assessment</strong> data collected: Food and nutrition history, RD and self-reported data, anthropometric, Hgb, age, weeks gestation comparison to growth standards/percentiles</td>
</tr>
<tr>
<td><strong>O = Objective</strong>&lt;br&gt;Ht, wt, Hgb, WIC Computer/CPA assigned Nutrition Risk Codes</td>
<td><strong>Nutrition Diagnosis</strong>: PES statement</td>
</tr>
<tr>
<td><strong>A = Assessment</strong>&lt;br&gt;CPA/RD assessment of the nutritional history, data, growth, etc</td>
<td><strong>Intervention</strong>: Nutrition counseling, motivational interviewing aimed at impacting the diagnosis</td>
</tr>
<tr>
<td><strong>I: Intervention/Nutrition Education provided</strong>&lt;br&gt;Counseling/Nutrition Education provided&lt;br&gt;Referrals made&lt;br&gt;<strong>Goal: Client goal</strong></td>
<td><strong>Goal: Client goal</strong></td>
</tr>
<tr>
<td><strong>P = Plan</strong> for follow up to goals and education and plan for future nutrition education.</td>
<td><strong>Monitoring and Evaluation</strong>: Plan to monitor signs and symptoms or progress in achieving goals.</td>
</tr>
</tbody>
</table>
**WIC Charting Requirements**

According to the Montana State Plan and Policies 6-3, the WIC SOAP note must include a “WIC Nutrition Care Plan” which includes at a minimum:

A. The date the visit took place (automated);
B. The name of the individual receiving the education (if different than the participant or parent/guardian/caretaker);
C. Nutrition concern addressed in an interactive discussion;
D. Progress made in resolving nutrition concern or risk (if not first visit);
E. Nutrition education provided;
F. A goal agreed upon by the participant or parent/guardian/caretaker of the infant child participants;
G. The plan for future intervention;
H. Referrals/care coordination;
I. Staff signature/credentials; and
J. The computer access ID of the staff person writing the care plan (automated)

**Typical follow up note**

S: Subjective: Any new information, F/U to previous: goal, nutrition education and referrals. (items B and D go here)
O: Objective data: ht/wt/hgb – automated
A: Assessment: RD assessment of data
I: Intervention: Discussion of growth/weight gain and nutrition education provided (items C, E and H go here)
GOAL: Participants goal as a result of the nutrition intervention(item F goes here)
P: Plan: Nutrition education plan for future appointments (item G goes here)
Sign name, credentials (item I goes here)
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Nutrition Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for food-supplements, knowledge deficit, delayed growth, decreased Hgb (anemia)</td>
<td>Increased nutrient needs (specify)___________</td>
</tr>
<tr>
<td>Food prepared with added fat, sodium, rapid wt gain</td>
<td>Decreased nutrient needs (specify)___________</td>
</tr>
<tr>
<td>Anemia, decreased appetite, lack of interest in food, inappropriate food choices, chronic dieting behavior, decreased Hgb, vegetarianism, closely spaced pregnancies, fatigue/weakness, pale skin, excessive milk, tea, coffee intake, anabolism (pregnancy, growth spurts)</td>
<td>Inadequate mineral intake of iron</td>
</tr>
<tr>
<td>Infant crying, latching on &amp; off, infant lethargy, infant with decreased feeding frequency/duration, early cessation of feeding, fewer than 6 wet diapers in 24 hr, lack of satiety after feeding, mother with lack of confidence w BF, lack of facilities or accommodations for BF in community or at work, mother is concerned about BF/lack of support, premature baby, inverted nipples, thrush, breast surgery, depression, engorgement, failure to thrive</td>
<td>Breastfeeding difficulty</td>
</tr>
<tr>
<td>Abnormal digestive enzymes; avoidance or limitation of total intake or intake of specific foods or food groups due to GI symptoms e.g. bloating, cramping, pain, diarrhea; Anorexia, nausea, vomiting, constipation or abdominal pain; conditions associated with a diagnosis or treatment, e.g. malabsorption, diverticulitis, Crohn’s disease, inflammatory bowel syndrome/disease, cystic fibrosis, celiac disease, infection; surgical procedures, e.g. gastrectomy, gastric bypass, bowel resections</td>
<td>Altered GI function</td>
</tr>
<tr>
<td>Verbalizes inaccurate or incomplete information; provides inaccurate or incomplete response to questionnaire; no prior knowledge of need for food and nutrition related recommendations; Demonstrates inability to apply food and nutrition related information e.g. prepare infant feedings as instructed.</td>
<td>Food and nutrition related knowledge deficit</td>
</tr>
<tr>
<td>Report of observations of:</td>
<td>Undesirable food choices</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Intake inconsistent with DRIs, US Dietary Guidelines, My Plate, (omission of entire nutrient groups, disproportionate intake (e.g. juice for young children)</td>
<td></td>
</tr>
<tr>
<td>Inaccurate or incomplete understanding of the guidelines</td>
<td></td>
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<tr>
<td>Inability to apply guideline information</td>
<td></td>
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<tr>
<td>Inability to select (e.g. access) or unwillingness or disinterest in selecting food consistent with the guidelines</td>
<td></td>
</tr>
</tbody>
</table>

| Increase physical activity, anabolism/growth, increased muscle mass, unintentional weight loss | Increased Energy expenditure |
| Energy from energy dense or high fat foods/beverages, increased BMI, weight gain, increased blood glucose, depression, obesity/overweight, excess intake from enteral nutrition, medications that increase appetite | Excessive energy Intake |
| Lack of interest in food, weight loss, no weight gain, poor dentition, highly variable calorie intake, dieting, medication that suppress appetite, knowledge deficit, depression, disordered eating, lack of access to food. | Inadequate energy intake |
| Energy for energy dense or high fat foods/beverages, binge eating patterns, highly variable calorie intake, weight gain, increased blood glucose levels, increased Hgb A1c. | Excessive oral food/beverage intake |
| Insufficient energy intake, anorexia, nausea, vomiting, changes in appetite or taste, economic constraints limit availability of appropriate foods, weight loss, now weight gain, poor dentition, dieting, medications that suppress appetite. | Inadequate oral food/beverage intake |

*Anne Bennett/Adapted form AND IDNT Reference Manual 2009*
Examples of PES Statement in the WIC setting

Overweight/High maternal weight gain:
Excessive energy intake r/t frequent consumption of fast foods/high kcal snack foods AEB BMI/age in the 97\textsuperscript{th} percentile
Limited adherence to nutrition-related recommendation r/t milk and juice consumption AEB MOC offering 5+ cups of whole milk a day and 3+ cups of juice/ BMI in the 98\textsuperscript{th} percentile
Physical inactivity r/t mandatory bed rest AEB weight gain above expected weight gain curve by 6#.

Underweight/Inadequate weight gain:
Inadequate oral food/beverage intake r/t recent illness/poor appetite AEB failure to meet minimum expected weight gain, and 2 channel drop in weight/age on growth grid in last 3 months
Limited Food acceptance r/t late introduction of advanced textures AEB 13 months of age consuming mostly baby foods and table foods of smooth textures/wt/age below the 5\textsuperscript{th}\%ile

Breastfeeding:
Breastfeeding difficulty r/t premature infant with inefficient suck AEB infant born at 32 weeks, latching resistance and need to supplement with bottle
Food and nutrition knowledge related deficit r/t lack of understanding infant feeding cues AEB MOC waiting 4 hours to feed without acknowledging infants signs of hunger/infant not back to birth wt by 2 weeks.
<table>
<thead>
<tr>
<th>Common Examples</th>
<th>Intervention Terminology</th>
<th>Details of</th>
</tr>
</thead>
</table>
| **Dx:** Increased energy expenditure  
Excessive fat intake  
Inadequate oral food intake; inadequate energy intake  
Undesirable food choices | Domain: Food and/or Nutrient Delivery  
1. General healthful diet  
2. Modify distribution, type, or amount of food and nutrients within meals or at specified time  
3. Specific foods/beverages or groups | Meals are defined as regular eating events that include a variety of foods consisting of grains and or starches, meat and/or meal alternates, fruit & vegetables & dairy. Snacks served between regular meals. Recommend, implement or order an appropriate distribution of type or quantity of food & nutrients within meals or at specified times Identify specific food/beverages or groups for meals & snacks. |
| **S/S:**  
Hgb/anemia, weight change, dental caries, changes in physical activity, intake of inappropriate foods, Client hx of obesity, diabetes | | |
| **Dx:** Food & Nutrition related knowledge deficit Harmful belief/attitudes about food or nutrition related topics  
Any diagnoses related to inadequate, excessive, inappropriate or inconsistent intake | Domain: Nutrition Education  
1. Purpose of the Nutrition  
2. Education  
3. Priority Modification  
4. Survival information | Instruction or training intended to build or reinforce basic nutrition-related knowledge. Discuss purpose of nutrition education. Intervention Communicate relationship between nutrition and health issues/disease Begin instruction of nutrition issue of most concern to client’s health & well being Provide basic nutrition –related education info |
<table>
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<tr>
<th>Dx:</th>
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<tbody>
<tr>
<td>Undesirable food choices</td>
</tr>
<tr>
<td>Physical inactivity</td>
</tr>
<tr>
<td>Any diagnoses related to inadequate, excessive, inappropriate, or inconsistent intake</td>
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<table>
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<tr>
<th>S/S:</th>
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<tbody>
<tr>
<td>Inability to problem solve</td>
</tr>
<tr>
<td>Disbelief in ability to accomplish nutrition recommendations</td>
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<tr>
<td>Negative self-talk</td>
</tr>
<tr>
<td>Evidence of inadequate, excessive, inappropriate intake, related to needs</td>
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<tr>
<td>Unable to describe strategies or recognize need for change</td>
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<table>
<thead>
<tr>
<th>Domain: Nutrition Counseling</th>
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<tbody>
<tr>
<td><strong>1. Problem Solving</strong></td>
</tr>
<tr>
<td>Supportive process, characterized by collaborative counselor-client relationship, to set priorities, establish goals, and create individualized action plans</td>
</tr>
<tr>
<td>Brainstorm several solutions</td>
</tr>
<tr>
<td>Discuss pros and cons</td>
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<tr>
<td>Techniques to decrease resistance</td>
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<table>
<thead>
<tr>
<th>Dx:</th>
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</thead>
<tbody>
<tr>
<td>Inadequate oral food and beverage intake</td>
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<tr>
<td>Involuntary wt loss</td>
</tr>
<tr>
<td>Overweight/obesity</td>
</tr>
<tr>
<td>Limited access to foods</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>S/S:</th>
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</thead>
<tbody>
<tr>
<td>unacceptable growth rates, lack of access to foods</td>
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<table>
<thead>
<tr>
<th>Domain: Coordination of Nutrition Care</th>
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<tbody>
<tr>
<td><strong>1. Referral to:</strong> Community agencies/programs or other providers</td>
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<tbody>
<tr>
<td>Collaboration with or referral to others such as MD, DDS, SW, OT/SPL, RN, food banks, SNAP, housing assistance, shelter, etc.</td>
</tr>
</tbody>
</table>

*Anne Bennett/Adapted form AND IDNT Reference Manual 2009*
Monitoring and Evaluation

Nutrition Monitoring and Evaluation answers the question: “Is the nutrition intervention strategy working to resolve the nutrition diagnosis, its etiology and or signs and symptoms?”

Monitor Progress

1. Check participants understanding & compliance with nutrition intervention
2. Determine whether the intervention is being implemented as prescribed
3. Provide evidence that the nutrition intervention is or is not changing the participant’s behavior or status
4. Identify other positive or negative reasons for progress or lack of progress
5. Support conclusions with evidence

Evaluate Outcomes

1. Compare monitoring data with the nutrition prescription/goals or reference standard to assess progress and determine future action
2. Evaluate impact of the sum of all interventions on overall participant health outcomes.

Many thanks to the Anne Bennett, RD, MPH of Tri-County Health Department and her toolkit and presentation to the National WIC Association 26th Annual Conference May 25, 2009, accessed from the WIC Works website May 2014

http://www.nal.usda.gov/wicworks/Sharing_Center/NCP_Success_WIC.pdf
Sample WIC notes in SOAP and NCP formats:

Below are some hypothetical notes which contain more content in the Subjective portion than normal WIC notes for training purposes.

Interns may develop their NCP competencies by writing notes in a Word document (rather than in the WIC MSpirit System) for their portfolio. Client information must have no identifying information in compliance with HIPPA and WIC requirements. (See agency/WIC confidentiality policies.)

<table>
<thead>
<tr>
<th>SOAP</th>
<th>NCP</th>
</tr>
</thead>
</table>
| **Subjective:**  
Child was seen by RD today due to inadequate growth, underwt.  
Mom reports that she drinks Danimals drinkable yogurt all day long (up to 8/day if they let her). Mom is upset that she only wants to drink yogurt and is upset with the weight loss. Danimals yogurt has 70 kcal.  
Mom reports that child/family eat regular meals together and that child receives snacks/grazes all day long. Typical breakfast is PB and honey, toast with butter and jelly, water, juice (cranapple, V8). Lunch is usually a sandwich (ham and cheese or subway). Dinner might be hot dogs, steamed veggies, chips. | **Assessment:**  
Child is 3 years, 5 months, female. Mom reports that she drinks Danimals drinkable yogurt all day long (up to 8/day if they let her). Mom is upset that she only wants to drink yogurt and is upset with the weight loss. Danimals yogurt has 70 kcal.  
Mom reports that child/family eat regular meals together and that child receives snacks/grazes all day long. Typical breakfast is PB and honey, toast with butter and jelly, water, juice (cranapple, V8). Lunch is usually a sandwich (ham and cheese or subway). Dinner might be hot dogs, steamed veggies, chips. |
| **Objective:**  
04/15/2014 39 4/8 inches 30 pounds 13 ounces. Height for age percentile: 80.49%  
Weight for age percentile: 35.29%  
01/15/2014 39 1/8 inches 31 pounds 3 ounces. Height for age percentile: 85.74%  
Weight for age percentile: 49.65%  
01/15/2014 HGB: 12.0 HCT: 0 Lead: 0 E.P.:0 | **Ht/Wt History:**  
04/15/2014 39 4/8 inches 30 pounds 13 ounces. Height for age percentile: 80.49% - last 3 measurements were 86th% (1/14), 80th% (6/13), 73rd% (1/13)  
Weight for age percentile: 35.29% - last 3 measurements were 50th% (1/14), 81st% (6/13), 63rd% (1/13)  
BMI: 1/13 – 16, 47%; 6/13 – 16.5, 65%, 1/14- 14.3, 10%, 4/14-13.9, 5%  
01/15/2014 HGB: 12.0 HCT: 0 Lead: 0 E.P.:0 |
| **Assessment:**  
Child’s wt for age percentile continues to decline. Ht for age percentile has also decreased but presently is still generally in the same channel. | **Nutrition Diagnosis:**  
1. Inadequate oral food/beverage intake RT limited food acceptance AEB failure to meet minimum expected weight gain, and 2 channel drop in weight/age on growth grid in last 10 months.  
2. Limited food acceptance RT minimal food choices consumed AEB mother’s report of child on yogurt jag. |
**Intervention:**
Discussed child's wt for age percentile and reviewed growth charts. Discussed strategies for increasing calories such as using whole milk yogurt instead of Danimals, providing whole milk, adding oil to steamed veggies, etc.Reviewed My Plate for preschooler as general guide for healthy eating/food choice. Discussed the importance of continuing to provide adequate time and opportunity for child to eat. Discussed reducing grazing to allow child to build an appetite/eat more at scheduled meal times. Encouraged mom to continue to do her best and to not turn feeding into a battle.

**GOAL:**
Provide calorie dense foods at all snacks and mealtimes. Continue to see RD.

**Plan:**
Midcert in July.
Monitor growth
F/U Goal
Calorie booster
Feeding Relations
Preschool My Plate

Dietetic Intern

**Nutrition Intervention:**
1. Discussed child's wt for age percentile and reviewed growth charts.
2. Discussed strategies for increasing calories such as using whole milk yogurt instead of Danimals, providing whole milk, adding oil to steamed veggies, etc.
3. Reviewed My Plate for preschooler as general guide for healthy eating/food choice.
4. Discussed the importance of continuing to provide adequate time and opportunity for child to eat.
5. Discussed reducing grazing to allow child to build an appetite/eat more at scheduled meal times.
6. Encouraged mom to continue to do her best and to not turn feeding into a battle.

**GOAL:**
1. Provide calorie dense foods at all snacks and mealtimes.

**Nutrition Monitoring/Evaluation:**
1. Wt/Ht/Growth grids/BMI
2. Food/beverage intake

Dietetic Intern
**SOAP**

**Subjective:**
Child has been struggling with allergies. He conclusively has a peanut allergy (anaphylactic rxn that resulted in ER visit). He has an Epipen and daycare has one for him. Mom feels comfortable using it in case of emergency. Family has become avid label readers and removed all peanut/nut products from household. Milk allergy is more nuanced, not yet conclusively diagnosed. Child tolerates yogurt, cheese and milk based formula but has a rash and black circles under eyes when drinks whole milk. Last visit, RD recommended trialing evaporated milk and heated milk. Mom did not trial heated milk; child would not drink evaporated milk. Child drinks Go and Grow formula, little bit of breast milk from mom’s supply. Mom no longer breastfeeding.

Child being seen by pediatrician for allergies and they are awaiting an appt with allergist.

**Objective:**
04/15/2014 31 3/8 inches 22 pounds 8 ounces. Height for age percentile: 72.76% Weight for age percentile: 52.71%
03/07/2014 30 5/8 inches 21 pounds 15 ounces. Height for age percentile: 66.77% Weight for age percentile: 55.77%
03/07/2014 HGB: 12.6 HCT: 0 Lead: 0 E.P.:0
Risk Factors Assigned on 03/07/2014
428 Diet Risk Assoc w Complementary Fdg Practice (12-23 mo)

**Assessment:**
Child has been struggling with allergies. He conclusively has a peanut allergy (anaphylactic rxn that resulted in ER visit). He has an Epipen and daycare has one for him. Mom feels comfortable using it in case of emergency. Family has become avid label readers and removed all peanut/nut products from household. Milk allergy is more nuanced, not yet conclusively diagnosed. Child tolerates yogurt, cheese and milk based formula but has a rash and black circles under eyes when drinks whole milk. Last visit, RD recommended trialing evaporated milk and heated milk. Mom did not trial heated milk; child would not drink evaporated milk. Child drinks Go and Grow formula, little bit of breast milk from mom’s supply. Mom no longer breastfeeding.
Child being seen by pediatrician for allergies and they are awaiting an appt with allergist.

**Ht/Wt History:**
04/15/2014 31 3/8 inches 22 pounds 8 ounces. Height for age percentile: 72.76% Weight for age percentile: 52.71%
03/07/2014 30 5/8 inches 21 pounds 15 ounces. Height for age percentile: 66.77% Weight for age percentile: 55.77%
03/07/2014 HGB: 12.6 HCT: 0 Lead: 0 E.P.:0
Risk Factors Assigned on 03/07/2014
428 Diet Risk Assoc w Complementary Fdg Practice (12-23 mo)
Ht for age/wt for age appropriate. Child remains in growth channels.
Family dealing with allergies appropriately, receiving appropriate care. Yogurt and cheese will provide nutrients of concern from dairy group.
Assessment:
Ht for age/wt for age appropriate. Child remains in growth channels. Family dealing with allergies appropriately, receiving appropriate care. Yogurt and cheese will provide nutrients of concern from dairy group.

Intervention:
Discussed growth, reviewed growth charts. Discussed nutrients of concern when foods must be eliminated. Discussed plant based fats to include in absence of nuts. Discussed keeping a food journal to aid in detecting foods of concern. Provided list of things to include in food journal. Discussed possibility of including soy milk in place of whole milk.

Offered home visit RD consult - declined

GOAL: Complete allergy testing

Plan:
Medical update in July. Monitor Growth Review results of allergist visit. F/U tolerance to dairy or soy Recertification in September

Nutrition Diagnosis:
1. Food and nutrition related knowledge deficit related to reactions when child drinks whole milk as evidenced by rash and dark circles under eyes.
2. Less than optimal intake of unsaturated fats related to peanut/nut allergy as evidenced by limited intake of plant based fats.

Nutrition Intervention:
1. Discussed growth, reviewed growth charts.
2. Discussed nutrients of concern when foods must be eliminated, in this case calcium and bone building nutrients present in milk. Discussed possibility of including soy milk in place of whole milk.
3. Discussed keeping a food journal to aid in detecting foods of concern. Provided list of things to include in food journal.

GOAL: Utilize food journal to aid in determining food allergies. Follow through with allergist appointments.

Nutrition Monitoring/Evaluation:
1. Wt/Ht/Growth grids/BMI; Medical update in July
2. Food Journal/results of allergist visit
3. Foods that provide bone building nutrients and unsaturated fats
4. Recertification in September
### SOAP

**Subjective:**
Client is 35 weeks gestation and feels the baby is going to come any day. She was in the ER last week and has been seen by MD who says everything is normal. She is doing well with her goal of consuming 1 c yogurt/day and has also found that she tolerates lactose free milk. She requests a change to lactose free milk on food prescription. She is planning to breastfeed "if I can". She says that she knows breastfeeding is best for her and baby but is planning to use formula if it doesn't go well with breastfeeding. Her sister is a lactation consultant and is available to help her.

**Objective:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight (lbs)</th>
<th>Height (in)</th>
<th>Other Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/28/2014</td>
<td>207</td>
<td>61 3/8</td>
<td></td>
</tr>
<tr>
<td>03/31/2014</td>
<td>201</td>
<td>61 3/8</td>
<td></td>
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<tr>
<td>01/27/2014</td>
<td>201</td>
<td>61 3/8</td>
<td></td>
</tr>
<tr>
<td>12/06/2013</td>
<td>191</td>
<td>61 3/8</td>
<td>13 ounces</td>
</tr>
<tr>
<td>11/01/2013</td>
<td>189</td>
<td>61 3/8</td>
<td>13 ounces</td>
</tr>
<tr>
<td>10/02/2013</td>
<td>188</td>
<td>61 3/8</td>
<td>10 ounces</td>
</tr>
<tr>
<td>10/02/2013</td>
<td></td>
<td></td>
<td>HGB: 14.0 HCT: 0</td>
</tr>
</tbody>
</table>

**Risk Factors Assigned on 10/02/2013**
- 111 Overweight Women
- 133 High Maternal Weight Gain
- 332 Closely Spaced Pregnancies

**Assessment:**
Client has gained 19 lbs since first appt. Wt gain is appropriate for pre-pregnant BMI. Client is doing well with goal of increasing calcium rich foods. Her intention to breastfeed is good but she is ready to use formula if she perceives she cannot breastfeed.

### NCP

**Assessment:**
Client is 35 weeks gestation and feels the baby is going to come any day. She was in the ER last week and has been seen by MD who says everything is normal. She is doing well with her goal of consuming 1 c yogurt/day and has also found that she tolerates lactose free milk. She requests a change to lactose free milk on food prescription. She is planning to breastfeed "if I can". She says that she knows breastfeeding is best for her and baby but is planning to use formula if it doesn't go well with breastfeeding. Her sister is a lactation consultant and is available to help her. Her intention to breastfeed is good but she is ready to use formula if she perceives she cannot breastfeed.

**Wt/Ht History:**

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</tr>
<tr>
<td>03/31/2014</td>
<td>201</td>
<td>61 3/8</td>
<td></td>
</tr>
<tr>
<td>01/27/2014</td>
<td>201</td>
<td>61 3/8</td>
<td></td>
</tr>
<tr>
<td>12/06/2013</td>
<td>191</td>
<td>61 3/8</td>
<td>13 ounces</td>
</tr>
<tr>
<td>11/01/2013</td>
<td>189</td>
<td>61 3/8</td>
<td>13 ounces</td>
</tr>
<tr>
<td>10/02/2013</td>
<td>188</td>
<td>61 3/8</td>
<td>10 ounces</td>
</tr>
<tr>
<td>10/02/2013</td>
<td></td>
<td></td>
<td>HGB: 14.0 HCT: 0</td>
</tr>
</tbody>
</table>

**Risk Factors Assigned on 10/02/2013**
- 111 Overweight Women
- 133 High Maternal Weight Gain
- 332 Closely Spaced Pregnancies

**Nutrition Diagnosis:**
1. Overweight related to energy imbalance as evidenced by pre-pregnant BMI 35.2
2. Food and nutrition knowledge related deficit r/t intention to use formula as a back-up as AEB client report that she will breastfeed “if she can”.
3. Inadequate calcium intake related to increased demands in pregnancy as evidenced by patient report of not consuming many high calcium foods, intolerance to cow’s milk.
**Intervention:**
- Discussed calcium rich foods and changed food prescription to lactose free milk at client’s request.
- Discussed breastfeeding: very few women are truly not able to produce adequate milk and usually adjustments in latch and feeding routine can help to ensure adequate supply. Provided client with new breastfeeding helpline and informed of other resources to support feeding. Encouraged client to make use of these and to ask questions at any point. Discussed colostrum as appropriate early milk and skin to skin contact to help with milk let down.

Referred to Breastfeeding Peer Counselor/PHN

**GOAL:**
Initiate breastfeeding and utilize resources as needed to support early and exclusive breastfeeding.

**Plan:**
Certify as breastfeeding mom and initial cert for baby in June.
Notice of eligibility given
F/U with Peer Counselor

**Nutrition Intervention:**
1. Client has gained 19 lbs since first appt. Wt gain is appropriate for pre-pregnant BMI (15 lbs for whole pregnancy recommended).
2. Discussed calcium rich foods and changed food prescription to lactose free milk at client’s request. Client is doing well with goal of increasing calcium rich foods.
3. Discussed breastfeeding: very few women are truly not able to produce adequate milk and usually adjustments in latch and feeding routine can help to ensure adequate supply.
4. Provided client with new breastfeeding helpline and informed of other resources to support feeding. Encouraged client to make use of these and to ask questions at any point.
5. Discussed colostrum as appropriate early milk and skin to skin contact to help with milk let down.

**GOAL:** Initiate breastfeeding and utilize resources as needed to support early and exclusive breastfeeding.

**Nutrition Monitoring/Evaluation:**
1. Continue to monitor weight gain.
2. Continue to monitor intake of calcium rich foods, client goal to consume 1 cup yogurt/day.
3. Breastfeeding status
4. Certify as breastfeeding mom and initial cert for baby in June.
<table>
<thead>
<tr>
<th><strong>SOAP</strong></th>
<th><strong>NCP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjective:</strong></td>
<td><strong>Assessment:</strong></td>
</tr>
<tr>
<td>19 year old woman substantially breastfeeding. She reports some constraints on breastfeeding including while her baby is at daycare (he receives formula). Mom reports she is getting enough food though her SNAP and TANF benefits are a work in progress. She takes prenatal when she remembers. She has not been to a dentist because she cannot afford it. Reports she has reduced the amount of junk food she is bringing into the house. She eats some vegetables. Eats iceberg lettuce. Does not see any areas for improvement.</td>
<td>19 year old woman, substantially breastfeeding. She reports some constraints on breastfeeding including while her baby is at daycare (he receives formula). Mom reports she is getting enough food though her SNAP and TANF benefits are a work in progress. She takes prenatal when she remembers. She has not been to a dentist because she cannot afford it. Reports she has reduced the amount of junk food she is bringing into the house. She eats some vegetables. Eats iceberg lettuce. Does not see any areas for improvement. She has made some improvements on diet - reducing junk food brought into home.</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
<td><strong>Ht/Wt History:</strong></td>
</tr>
<tr>
<td>No wt taken today.</td>
<td>191 lbs at 8 weeks gestation, BMI 35 191 lbs 2 months post partum, BMI 34.9</td>
</tr>
<tr>
<td><strong>Assessment:</strong></td>
<td><strong>Nutrition Diagnosis:</strong></td>
</tr>
<tr>
<td>Mom continues to substantially breastfeed despite barriers and constraints. Has made some improvements on diet - reducing junk food brought into home.</td>
<td>1. Overwt RT energy imbalance AEB BMI 34.9, pre pregnant BMI 35. 2. Breastfeeding difficulty RT limitations on times she can breastfeed AEB client report of job constraints. 3. Food and nutrition related knowledge deficit RT inadequate intake of non-starchy vegetables AEB no leafy greens in diet. 4. Imbalance of nutrients related to regular consumption of low nutrient containing foods AEB client report of regular junk food consumption outside the house, low intake of non-starchy vegetables. 5. Nutrition related referrals related to dental health AEB client needs low cost/free dental support/ lack of dental insurance.</td>
</tr>
</tbody>
</table>
**Intervention:**
- Discussed the benefits of continuing to breastfeed and recognized the constraints she is dealing with. Reinforced that she is legally allowed to breastfeed in public.
- Discussed eating more vegetables, specifically trying more nutrient dense lettuces (romaine, green leaf) and trying some other greens.
- Discussed the ability to use WIC and SNAP benefits at the farmer’s market and taking advantage of the special farmer market benefits that come out in July.
- Provided PHC number as a low cost dental option.

**GOAL:**
Try some other lettuces and greens. Consider using benefits at the Farmer’s Market.

**Plan:**
- Mid Cert in July.
- Monitor Breastfeeding status
- Return Lactina pump to WIC
- Breastfeeding My Plate
- Dietary Guidelines
- Achieving Desirable Postpartum Weight

**Nutrition Intervention:**
1. Discussed the benefits of continuing to breastfeed and recognized the constraints she is dealing with. Reinforced that she is legally allowed to breastfeed in public.
2. Discussed eating more vegetables, specifically trying more nutrient dense lettuces (romaine, green leaf) and trying some other greens.
3. Discussed using WIC and SNAP benefits at the farmer’s market and taking advantage of the special farmer market benefits that come out in July.
4. Provided PHC number as a low cost dental option.

**GOAL:**
Try some other lettuces and greens. Consider using benefits at the Farmer’s Market.

**Nutrition Monitoring/Evaluation:**
1. Client wt/BMI
2. Breastfeeding pattern
3. Eating pattern, specifically non-starchy vegetables
4. Mid Cert in July. Return Lactina pump to WIC
**SOAP**

**Subjective:**
Baby is 4 months old, substantially breastfed. Receives formula after breastfeedings. He wasn't gaining at first, but has started to improve. He is holding his head, but not yet sitting unsupported. Watches mom when she eats but is not yet showing interest in her foods.

**Objective:**
05/05/2014 24 6/8 inches 12 pounds 14 ounces. Height for age percentile: 30.68%
Weight for age percentile: 4.83%
02/03/2014 21 2/8 inches 7 pounds 15 ounces.

**Risk Factors Assigned on 02/03/2014**
103 Underweight or at risk of underweight
14 At risk of overweight (due to mom's BMI)
701 In. < 6 Mo. & Mom is on WIC or would have been Elig. - Preg.

**Assessment:**
Ht and Wt are tracking in growth curves, slightly decreased from Feb measurements. Home health is monitoring growth and pleased with progress.

**Intervention:**
Discussed/reviewed growth charts. Discussed feeding pattern for 4-6 month olds and signs to look for as he progresses to a readiness for solid foods. Discussed recommendation to continue with breast milk/formula to 6 months. Provided "It's Time to Feed Me" handout and discussed first foods and introducing them one at a time as well as timing of introduction.

**GOAL:**
Watch for signs of readiness for solid foods. Continue with breast feeding as much as possible and supplement with formula.

**Plan:**
Mid cert in July.
Continue to monitor growth
Infant feeding guidance
Introduction of solids/table foods

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**NCP**

**Assessment:**
Baby is 4 months old, substantially breastfed. Receives formula after breastfeedings. He wasn't gaining at first, but has started to improve. He is holding his head, but not yet sitting unsupported. Watches mom when she eats but is not yet showing interest in her foods.

**Ht/Wt History:**
05/05/2014 24 6/8 inches 12 pounds 14 ounces. Height for age percentile: 30.68% Weight for age percentile: 4.83%
02/03/2014 21 2/8 inches 7 pounds 15 ounces.

**Risk Factors Assigned on 02/03/2014**
103 Underweight or at risk of underweight

Ht and Wt are tracking in growth curves, slightly decreased from Feb measurements. Home health is monitoring growth and pleased with progress.

**Nutrition Diagnosis:**
1. Food and nutrition related knowledge deficit
   RT introducing solid foods AEB client report that she is unsure what to feed/when; not sure how to recognize child's readiness for table foods.

**Nutrition Intervention:**
1. Discussed/reviewed growth charts.
2. Discussed feeding pattern for 4-6 month olds and signs to look for as he progresses to a readiness for solid foods. Provided "It's Time to Feed Me" handout and discussed first foods and introducing them one at a time as well as timing of introduction.
3. Discussed recommendation to continue with breast milk/formula to 6 months.

**GOAL:**
Watch for signs of readiness for solid foods. Continue with breast feeding as much as possible and supplement with formula.

**Nutrition Monitoring/Evaluation:**
1. Growth pattern
2. Breastfeeding pattern
3. Transition to solid foods
4. Mid cert in July.