WIC CPA Guidebook

Nutrition Assessment
Nutrition Documentation
Nutrition Risk

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Florida Department of Health
WIC Program

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Comprehensive WIC Nutrition Assessment

The Florida WIC program uses a standardized process of collecting nutrition assessment information for all clients. This will help assure that all applicants are assessed in a consistent manner. A comprehensive nutrition assessment is needed to identify nutrition risks, assign an appropriate food package, and guide WIC client-centered nutrition services after the assessment has been completed. A comprehensive nutrition assessment will allow the Competent Professional Authority (CPA) to individualize nutrition services provided to each client.

The following components must be used in completing a comprehensive nutrition assessment:

- **Observe client and review** client's anthropometric, biochemical, clinical/medical, dietary, and economic/family data.
- **Ask pertinent questions** to clarify, probe for additional information, or follow-up on information client or parent/caregiver has written or verbalized.
- **Listen** to and **affirm** the client or parent/caregiver.
- **Use critical thinking** to determine:
  - ✓ nutrition risk and food package
  - ✓ possible contributing factors to the nutrition risk
  - ✓ client's or parent/caregiver's understanding of the health or nutrition risks and readiness to change behavior
  - ✓ client-centered approach to inform client or parent/caregiver of the identified nutrition risk(s) and/or barriers to positive health outcomes.
- **Document** the findings.

The following are steps that should be included in a nutrition assessment:

1. **Visually observe** the client, when present. For example, observe:
   - Physical appearance (e.g. if appears pale, listless, has rash, obvious tooth decay, etc.)
   - Parent-child interaction
   - What parent/caregiver is feeding the child in the office
   - If bottle is present: What is in the bottle? Is older child sucking on a bottle in the office? etc.
2. Look at the **anthropometric data** obtained and **review the growth chart or prenatal weight gain grid** either on the computer or one that has been manually plotted. Use critical thinking skills to ask:
   - Are there concerns - underweight, overweight, a change in growth patterns?
   - Does the weight/height today seem to match what you see when you look at the client?
   - Does the data make sense? If not, reweigh and/or re-measure the client.
   - Were there problems or unusual circumstances in weighing or measuring? If so, this should be documented. For example: "child was very fussy and moving during measuring" or "child has a cast on right arm so unable to weigh." Unknown is to be checked if a child has a cast and you are not able to get a correct weight.
   - FL-WiSE will assign a risk code based on anthropometric data that meets nutrition risk criteria. If there appears to be an error in referral data received and input into FL-WiSE, the ? on the anthropometric data line should be checked. This will prevent a computer generated risk code that is based on questionable data. Document in client record.

3. Look at **hemoglobin/hematocrit data**. Is it within normal limits or is there a concern? If not within the normal range, use critical thinking to ask:
   - Is data questionable and needs to be re-checked?
   - What additional questions do you need to ask regarding health history and diet?
   - Has there been a significant change since the last measurement (if applicable) or is there perhaps an error in measurement?
   - Has the child been sick?
   - Is an immediate referral necessary?
4. Ask questions about **health or prenatal history**.
   - Is there a medical referral or formula request?
   - Is information up-to-date?
   - Is information complete?
5. Consider the client/caregiver responses to medical and nutrition questions**.** Use the written client or parent/caregiver's responses as a springboard for further questions. Use critical thinking to ask:
   - What are the **client or parent/caregiver's concerns**?
   - What additional questions need to be asked?
   - What probing questions should be asked that may help to explain what might cause or contribute to the anthropometric or hematological data seen?
   - Are there any medical or dental issues identified?
   - Should a referral be given?
   - What **amounts and types of foods are eaten and what is frequency** of eating? For example, if the parent says the child drinks "juice" at meals, ask how much juice the child drinks in a day and the kind of "juice" the child drinks.
   - Does the family lack money to purchase food?
   - Is there a lack of understanding/knowledge?
   - Are there cultural or family patterns that impact the client's choices? Who else lives in the household that makes decisions about the foods purchased, prepared, or offered to the client?
   - How do these issues impact the client's health or nutritional status?
6. Assess what you need to consider and ask (medical conditions, allergies, intolerances, refusal to consume specific foods, alternative ways to prepare foods, environmental factors) before you suggest a specific **food package** for this client.
7. Refer to the *Interpretive Guidelines* in this CPA Guidebook for possible **factors to consider**. The last column of the description of each risk has factors/considerations to use in assessment and counseling.
8. **For High Risk and Medically High Risk Clients:**
   a. It is not always appropriate for nutritionists and nutrition educators to follow the VENA model of client-led discussion, due to the needs of clients who are at high risk and medically high risk. The CPA still needs to involve these clients/caregivers in discussion and goal setting. However, because of the high risk status of the client and licensure requirements, it is essential that the CPA appropriately address **all** high risk issues with the client/caregiver, either during the certification visit or include this as part of the plan of follow up.
   b. Use critical thinking to assess and discuss with client/caregiver possible causes (etiology) and results or symptoms of her/his nutrition risk conditions. For example, consider:
      - How is the risk condition affecting the nutrition/health status of the client? For example, child has dental pain. Does this impact the child's ability to eat solid foods?

- How are the client's dietary habits affecting his/her risk condition? For example, a pregnant woman has a low hemoglobin level. Does she eat high iron foods? Does she drink large amounts of tea?
- Do cultural beliefs, knowledge, or financial status impact nutrition risk? For example, infant is underweight. Are there cultural beliefs that may impact the foods that are fed to the baby? Does the parent understand why infant should be fed on demand rather than by the clock? Does the family run out of money before the end of the month so they are watering down formula to make it last longer?

9. **Inform client or parent/caregiver** (high risk and low risk) in an affirming, client-centered manner of the risk factors and barriers to positive health outcomes that have been identified. Give client opportunity to have input as to which issues to discuss further and what goal(s) they are willing to consider.

For information about documenting nutrition education, see the Documentation section of the CPA Guidebook, WIC Manual DHM 150-24, Chapter 6, and FL-WiSE training modules.

10 Tips for a Client-Centered Approach to Nutrition Assessment and Counseling

I. Establish rapport. (Positive Connection with Clients)

- Welcome client/caregiver and introduce yourself
- Demonstrate caring attitude and offer help when appropriate

Mutual trust and understanding: A process whereby we help others better handle *their* concerns

NEEDED SKILLS: Encouragement, Collaboration, Critical Thinking, Active Listening

II. Acknowledge and consider client's feelings and emotions in the counseling provided.

Emotional Triggers	What Women WANT
A strong, loving family	To be close to her baby
To know they are good mothers	To have a strong family
A sense of success	To be a good mother
Being happy	To be listened to
Feeling love	Access to other mothers
	Consistent information, sensitive to her situation and culture

III. Use open-ended questions and probing questions (extending, clarifying, and/or reflecting).

WHAT What are the things that are most important to you today?
What does your mother tell you about feeding your baby?
What have you heard about how often to feed?
What worries you the most?
What snacks does your child usually eat?

HOW How do you feel about your child's growth?
How does your family stay active?

TELL ME Tell me some ways you know your toddler is hungry.
Tell me about a typical day at your house.

IV. Use tone of voice, facial expressions, and body language (non-verbal communication) to convey client acceptance.

Tools for Connections: Body language	Tools for Connection: Pacing
Eye contact	Body language pacing
Nodding	Rate of speech
Responding	Gestures
Acknowledging	Leaning away or closer
Smiling	Pacing by finding common ground

"Never miss a good chance to be quiet."

V. Use critical thinking skills (gathers information, asks probing questions, assesses data, involves client in agenda setting and goal setting).

Remain focused on relevant information while maintaining rapport

Words from WIC moms:
*"*Be warm and caring. I'll listen better."
"Always have a smile for me and for my children."
"Don't make me feel you are judging or criticizing me."
"Respect my culture. I may not think like you do, but we may both be right."
"Treat me like a person, not a number."
"Talk WITH me, not AT me. Don't be abrupt or blunt as that upsets me."
"Admit it if you struggle with weight, too. I like to know that you're a real person."

VI. Affirm clients.

How affirmation connects:

- Builds trust
- Reassures her that she is not alone
- Helps her feel valued as a mother
- Helps her feel more secure (not threatened) so that she can "hear" your education
- Doesn't mean you *agree* with her

<u>Works best when it ties into the emotional motivation that mothers value most.</u>
It sounds like you're trying to be a very good mother.
I am so proud of you for sticking with it.
You're not alone. Other mothers have worried about this/experienced this too.
I felt that way too.
That's a very common reaction.
I'm glad you've given this some thought.
I'm glad your mom is there to help you.
I can see you have a lot going on, thanks for making your family's health a top priority.
Being a good mom is a struggle some days.
I'm glad you've talked to your doctor about this.
It's obvious your baby really loves you.
I can see how much you love your baby.
I'm glad you made WIC a priority today.

VII. Identify risk factors.

- For Low Risk Clients: Talk about the risk factors that are most relevant and/or important to the discussion.
- For High and Medically High Risk Clients: Identify and inform client/caregiver of all risk factors.
- Inform client/caregiver of the risk factor(s) in a constructive and sensitive manner.
- Describe nutrition risks as potential barriers to positive health outcomes, and not in a way that make them feel like they are being judged or are bad parents.

VIII. Use client-centered counseling. "Advice" given is specific to client and limited (client request or interest, medical need, stage of growth).

Identify and explore client's concerns.
Explore feelings and attitudes about the concern, identify their strengths, and troubleshoot barriers.

Principles for Sharing Information that Build on the Connection

- Give consistent information.
- Keep it simple.
- Target your message to what's relevant.
- Give information in small bites.
- Make it visual.
- Provide demonstration opportunities when possible.
- Repeat the information in varied ways.

IX. Assess client's readiness to change and then help client choose appropriate goal(s). Goals are client-centered and SMART (Specific, Measurable, Achievable, Realistic, and Timed).

Clients FEEL ➔ THINK ➔ DO

Acknowledge any success or progress the client has made towards nutrition or health goals. Acknowledge concerns and barriers too.

Assess where the client is at within "the stages of change" continuum.

Work with the client to determine one thing to work on until we see them again.

X. Close on a positive note.

Express appreciation for their time.
Let them know you look forward to hearing how things go.

Adapted from Florida VENA training presented by Every Mother, Inc. 2008

Sample Springboard Questions and Statements

Use Open-Ended Questions

- How
- What
- Why
- Tell me about
- Describe for me

Pregnant Women

- How is your pregnancy going? Can you tell me about the prenatal care that you are receiving? What has your doctor said about this pregnancy?
- Tell me about the changes you have noticed in your body or your breasts.
- What do you think about breastfeeding?
- What does your family say about breastfeeding?
- What are your questions or concerns about breastfeeding?
- What you eat and drink makes a big difference in yours and your baby's health and your energy level. Let's talk about how you are eating.

Breastfeeding Women

- How is breastfeeding going for you?
- What are your questions or concerns about breastfeeding?
- What does your family say about breastfeeding?
- What do you think about your weight?
- What questions do you have about health care, supplements, or medications?
- It is best not to use tobacco and other drugs and to limit alcohol when you are breastfeeding. What do you think about this?
- What you eat and drink makes a big difference in your health, your energy level, and how you feel about yourself. Let's talk about how you are eating now that you are home with the new baby.

Postpartum Women

- Keeping yourself healthy is important so you can take care of your baby. Have you had your postpartum check-up yet or when is it scheduled?
- Most women are anxious to return to their pre-pregnancy weight or a desirable postpartum weight. Let's see what your weight is today. What weight would you like to be?
- Some women have medical conditions or problems during their pregnancies that continue to affect their nutrition and dietary needs after the pregnancy ends. Has your doctor told you that you have any medical conditions or health problems now? Medications and supplements can also affect your nutrition and health. What questions do you have about your health care, supplements, or medications?
- Using tobacco, alcohol, and other drugs can affect your health and the health of your family. Can we talk about this a little more?
- What you eat and drink makes a big difference in your health, your energy level and how you feel about yourself. Let's talk about how you're eating now that you are home with a new baby.
- How does your family stay active?

Infants

- (If being breastfed) I am so glad you decided to breastfeed your baby – it's the best for your baby and it is the best choice for you, too! Sometimes, especially in the first few weeks of breastfeeding, things happen that make breastfeeding challenging. Tell me how breastfeeding has been going for you.
- (If giving any formula) Tell me how you are preparing your baby's formula.
- During the first year, babies grow and change so much! It is helpful to know that everything is OK – that's one of the reasons regular check-ups are so important for babies. When is the last time your baby went to the doctor?
- Sometimes babies have medical conditions or other health issues that affect their nutrition and dietary needs. Has a doctor ever told you that your baby has any medical conditions or illnesses? Medications and supplements can also affect your baby's nutrition and health. What questions do you have about your baby's health care, supplements, or medications?
- Weighing and measuring babies is one way to see whether babies are growing and healthy. What do you think about your baby's weight?
- Your baby's diet will change several times during the first year as she or he moves from breastfeeding/bottle feeding to cereal and baby foods and then to table foods. Let's talk about what your baby is eating now.
- Feeding your baby is such a wonderful opportunity for both of you to get to know each other. Tell me how you know when your baby is hungry? And, when you know your baby is full?
- When is the last time your baby got his or her shots?

Children 1-2 years

- Children are healthier when they see the doctor for check-ups. When is the last time your child was seen by the doctor?
- How do feel about the way your child is growing?
- When is the last time your child got his or her shots?
- Children need to feel good in order to grow and learn. If they don't feel well, they may not grow or learn as well. How is your child's overall health?
- Safety is always an issue with children. Parents worry that their children will get hurt. What questions or concerns do you have about your child's safety?
- Children need the right foods to grow strong. This is a great time to help them learn good eating habits. How are you helping him or her develop good eating habits? Do you eat meals with your child?
- Just like adults, children need to feel a sense of accomplishment. They want to learn how to feed themselves and do a good job with it. How do you feel about the way your child is learning to feed him or herself?

Children 2-5 years

- Children grow and change so fast. That's why check-ups continue to be important. When did your child have his/her last check-up?
- How do feel about the way your child is growing?
- How has your child's health been lately?
- When is the last time your child got his or her shots?
- Children this age love to explore. That's how they learn. Parents must balance the need for safety with the importance of letting their child have many opportunities to learn. What safety issues do you have questions or concerns about?
- Children are very proud of themselves as they work on their eating skills. How is your child doing with feeding himself or herself?
- How do you feel about the foods your child is eating?

WIC Low Risk Documentation Guidelines

Documentation must be consistent, clear, easily understood, organized, complete, and concise. Each client record must present a complete picture of the client contact that is readable and understandable, so it will not be misinterpreted by the reader. Documentation should enable WIC staff to follow-up on prior contacts and to track behavior change and other outcomes over time.

Each certification contact (group or individual), individual nutrition education contact, and individual breastfeeding contact [by International Board Certified Lactation Consultants (IBCLC), Certified Lactation Counselors (CLC), and Competent Professional Authority (CPA) staff], must be recorded in the client's FL-WiSE record immediately following the contact, or at least by the end of the clinic day.

Where to document: Low risk individual counseling/education at certification and low risk follow-up contacts are to be documented in the Nutrition Education section, NE tab of FL-WiSE.

All nutrition education contacts must be documented in the FL-WiSE system of the Nutrition Education section in the NE screen. The fields for documentation include:

- Date of the contact and the staff ID are pre-filled by the FL-WiSE system.
- Topic: CPA is to choose the main topic discussed with the client.
- Note: CPA **must** document an individual note about discussion with the client.
- Goal(s): Type in the goal(s) established with the client/parent/caregiver.
- The documented goal(s) will be printed on the client's VOC/ID card. Goals must be documented in English. Goals may also be documented in the client's language if the CPA is fluent in writing in the client's language.
- CPA must select applicable Method and Title.
- Date Met column is to be completed if previous goal has been met or no longer applicable. It also may be used to indicate goal is to be continued. See section in CPA Guidebook on Goal(s) Setting and Documentation Policy and Procedures.

Format for documentation:
Three formats are acceptable for documenting low risk nutrition education and counseling in the Note field on the NE screen:

1. Narrative documentation
2. SOAP notes (space is limited for SOAP notes)
3. Use of a stamp documentation format. (Not recommended as space is limited for use of a documentation stamp.) If used, a local agency standard format is to be used, individualized to the client, copied, and pasted into the Note field. Data in the FL-WiSE system must be entered as free text.

Minimum Documentation Requirements at certification of low risk clients. Documentation is required on the NE screen in the Nutrition Education section.

- When documenting low risk individual nutrition education and counseling on the NE screen, today's date and the staff ID pre-fill.
- The major nutrition or breastfeeding education topic discussed is to be selected from the Topic field on the NE screen drop down selection in the Nutrition Education section.
- The assessment and counseling information for low risk clients is to be documented in the Note field. Information located elsewhere in the client's record is not required to be documented in the Notes field nor must the SOAP or narrative

specify where the information is documented since the FL-WiSE system provides a consistent format for documentation.

- **Client-centered Goal(s)** established with the low risk client/caregiver. The goal(s) are to be followed up on with written documentation and appropriate date during a second individual nutrition education contact within the certification period and/or at the mid-certification assessment, as appropriate. All clients (both those certified individually and in groups) must have goal(s) established and must be followed up on with written documentation and appropriate date during a second nutrition education contact and/or at the mid-certification assessment.
- CPA must select applicable Method and Title.
- Alternatively, if the Nutrition note is extensive, the CPA can write a SOAP note on the Care Plan screen. The CPA should indicate on the top of the Care Plan screen: "This documentation is for a low risk client." If the CPA chooses to document on the Care Plan screen, a line on the NE screen will still need to be completed. The CPA is to select the major topic discussed, the Note should indicate "See care plan screen" and the client's goal is to be added.

Other areas to be documented at certification: in FL-WiSE in the NE section in the Note field. Information obtained to validate a self-reported medical condition that is a WIC nutrition risk. In most cases, if there is adequate information to validate a medical condition, the client will be determined to be high risk. An exception is lactose intolerance, which is assigned a low nutrition risk code.

- Request from the health care provider for confirmation documentation of a self-reported medical condition.
- Referrals if given (for example referral to Medicaid, health care provider, food assistance program or SNAP, food bank, etc.) Referrals to Medicaid **are** required to be documented.
- Any plans for a specific second contact (if before the mid-certification), such as to follow-up anthropometric or hematological measurements, or to document the method or who is to provide the second nutrition education contact.
- Rationale if food package is tailored for the individual participant.
- Educational materials provided to the participant or parent/caregiver may also be documented in the client record, if desired.

Follow-up on Data Received After Certification Completed

- A Competent Professional Authority (CPA) is to timely review, assess, and document the assessment of the following information:
    - ✓ The findings from hematological data obtained after the certification appointment.
    - ✓ Requested referral data or information, or updated health data.
- The local agency needs to ensure that any follow-up health or referral data brought in by the client is given to a CPA for a timely review.
- Hematological and anthropometric data must be documented in FL-WiSE on the Lab/Anthro screen. Hematological and anthropometric data added during a certification period and entered on the lab/anthro screens will generate new risk codes in the FL-WiSE system on the Nutrition Risk screen if Assign Risk button is selected on the same day the new data is entered.
- The assessment of the information must be documented by the CPA in narrative format or SOAP format in the Note field of the NE screen of FL-WiSE. If the hematological data is low, appropriate nutrition education should be provided and follow-up planned, if appropriate.

Follow-up low risk client contact:
If the low risk client receives a second individual nutrition education contact during the certification period:

- The follow-up contact should address the goals and any plans for follow-up established at the certification contact.
- Second and subsequent individual nutrition education contacts within a certification period for low risk clients that is not the mid-certification assessment may be documented in narrative format or SOAP format in the Note field of the NE screen of FL-WiSE.

Mid-Certification Assessment

- **Assessment:**
  - ✓ Review Lab/Anthro Screens.
  - ✓ Complete Mid-Certification Assessment Nutrition History Screens.
  - ✓ Assign risks if appropriate.
  - ✓ Assess progress on goal and any information requested.
  - ✓ Evaluate food package if appropriate, needs to be changed.
- **Counseling and documentation**
  - ✓ The mid-certification assessment nutrition contact is discussed with client/caregiver and documented on the Nutrition Education NE screen.

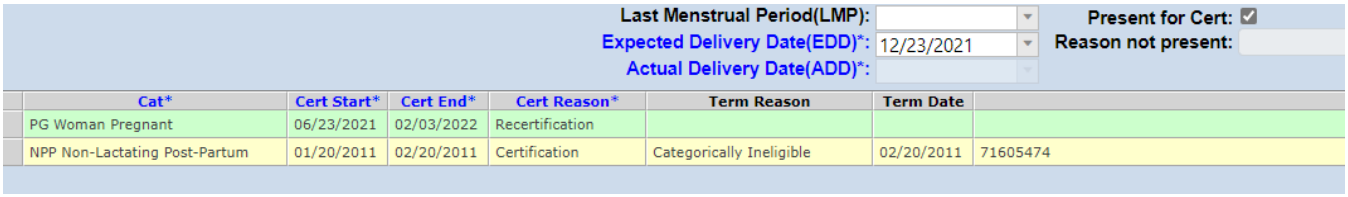
Note: This is not a comprehensive policy covering all requirements for documentation. Please refer to WIC Manual DHM 150-24, Chapter 6 for additional information. See next section for details of documenting a low risk contact in FL-WiSE.

Low Risk Documentation in FL-WiSE

An example will be shown of a pregnant woman who is certified for WIC at 13 weeks gestation.

Cert Action

The CPA needs to review the Cert Action screen for each client.

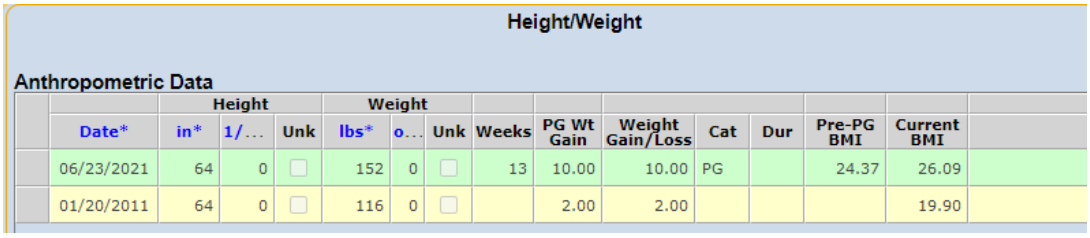


Last Menstrual Period(LMP):
Expected Delivery Date(EDD)*: 12/23/2021
Actual Delivery Date(ADD)*:
Present for Cert:
Reason not present:

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	
PG Woman Pregnant	06/23/2021	02/03/2022	Recertification			
NPP Non-Lactating Post-Partum	01/20/2011	02/20/2011	Certification	Categorically Ineligible	02/20/2011	71605474

Lab/Anthro

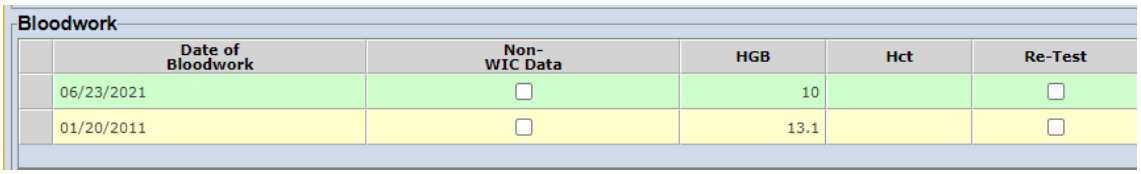
The CPA needs to review the information on the Anthropometric and Bloodwork screens for each client.



Height/Weight

Anthropometric Data

	Height			Weight									
Date*	in*	1/...	Unk	lbs*	o...	Unk	Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Dur	Pre-PG BMI	Current BMI
06/23/2021	64	0	☐	152	0	☐	13	10.00	10.00	PG		24.37	26.09
01/20/2011	64	0	☐	116	0	☐		2.00	2.00				19.90



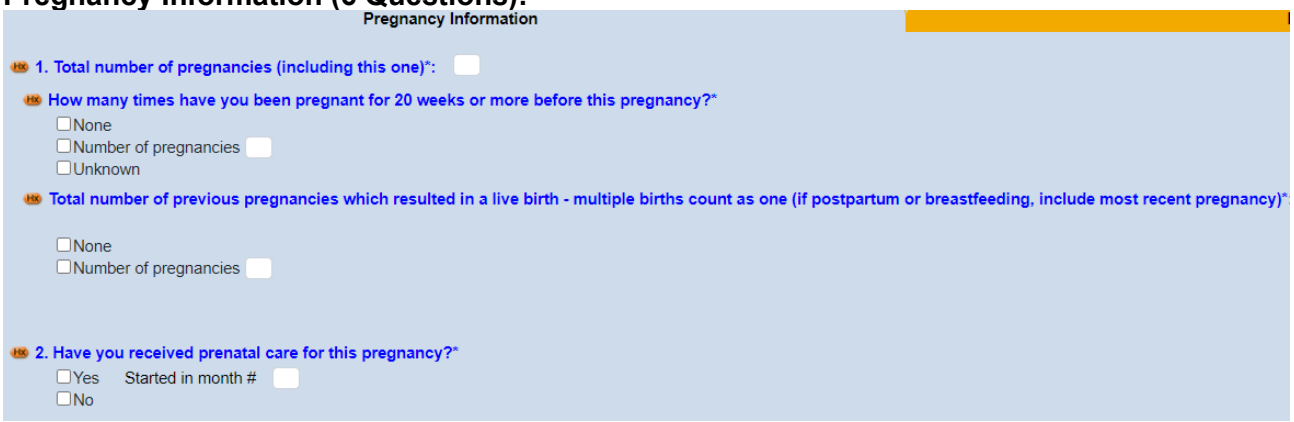
Bloodwork

Date of Bloodwork	Non-WIC Data	HGB	Hct	Re-Test
06/23/2021	☐	10		☐
01/20/2011	☐	13.1		☐

Medical/Nutrition History

The CPA will then complete the Medical screens for each client, which includes Pregnancy Information and Medical Information.

Pregnancy Information (6 Questions):



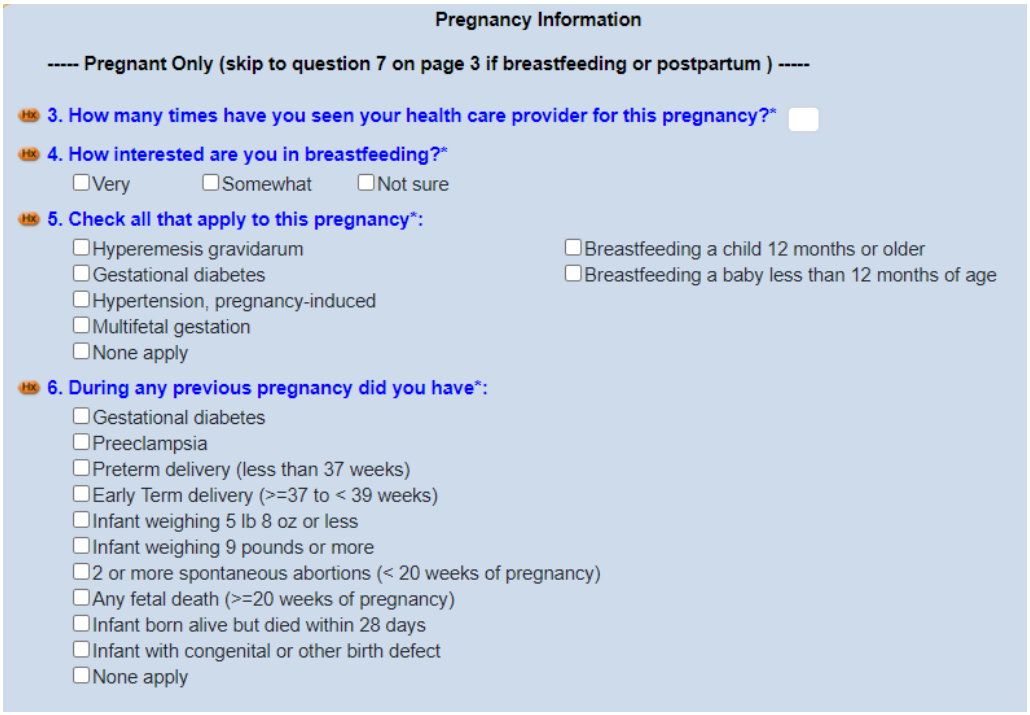
Pregnancy Information

1. Total number of pregnancies (including this one)*:

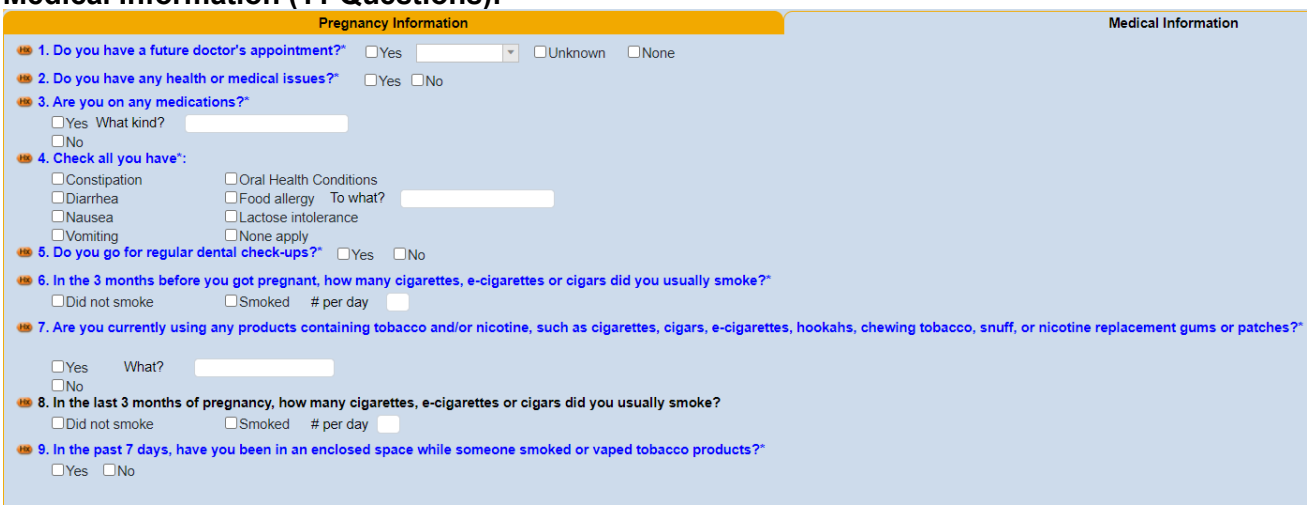
How many times have you been pregnant for 20 weeks or more before this pregnancy?*
- ☐ None
- ☐ Number of pregnancies
- ☐ Unknown

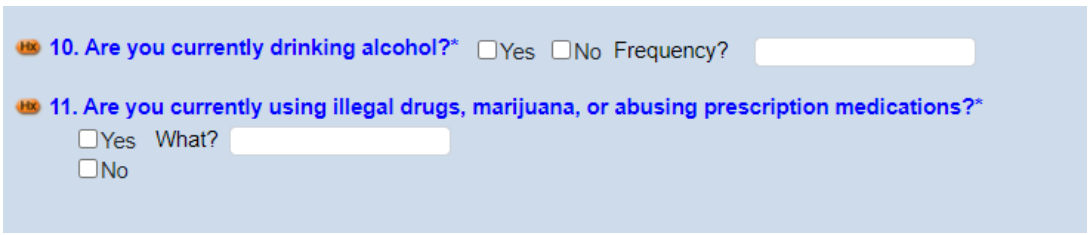
Total number of previous pregnancies which resulted in a live birth - multiple births count as one (if postpartum or breastfeeding, include most recent pregnancy)*
- ☐ None
- ☐ Number of pregnancies

2. Have you received prenatal care for this pregnancy?*
- ☐ Yes Started in month #
- ☐ No



Medical Information (11 Questions):





The CPA will then complete the **Nutrition History** screens for each client **(15 Questions).**

1. What is one nutrition or health topic or question that you want to make sure that we discuss toda

2. Do you want to change the way you eat?*

☐ No ☐ Yes

3. Are you on any special diet?* ☐ Yes ☐ No

4. Check all you take*:

☐ Vitamins/minerals What kind?

☐ Herbal products What kind?

☐ None

5. How often do you walk or do other types of physical activity for 15 minutes or more at a time?*

☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ Never

6. How many times a day do you eat (including meals and snacks)?*

7. How often do you eat vegetables?*

☐ Daily ☐ Sometimes ☐ Never

Note:

8. How often do you eat fruit?*

☐ Daily ☐ Sometimes ☐ Never

Note:

9. Check all the dairy that you eat or drink daily or on most days*:

☐ Fat free or 1% milk
☐ 2% milk
☐ Whole milk
☐ Cheese
☐ Yogurt
☐ Other
☐ None

10. Check all the protein foods that you eat daily or on most days*:

☐ Beef/pork
☐ Turkey/chicken
☐ Fish
☐ Beans
☐ Eggs
☐ Peanut Butter
☐ Nuts/seeds
☐ Other
☐ None

11. Check all the grains that you eat daily or on most days*:

☐ Bread
☐ Cereal
☐ Rice
☐ Pasta
☐ Tortillas
☐ Other
☐ None

12. Check the other foods that you eat daily or on most days*:

☐ Candy/cookies
☐ Ice cream
☐ Butter/lard
☐ Fried foods
☐ French fries
☐ Chips
☐ Sausage, hot dogs, bacon, salami, bologna
☐ None apply

Note frequency for other foods:

13. Check the beverages that you usually drink each day or on most days*:

- ☐ Water
- ☐ Soda
- ☐ Diet soda
- ☐ Tea
- ☐ Coffee
- ☐ Nutrition drinks (Boost, Ensure)
- ☐ 100% fruit juice
- ☐ Other drinks (Kool-aid, Hi-C, punch, Sunny Delight, Gatorade, PowerAde)
- ☐ None apply

Note amounts for beverages:

14. Check all you eat*:

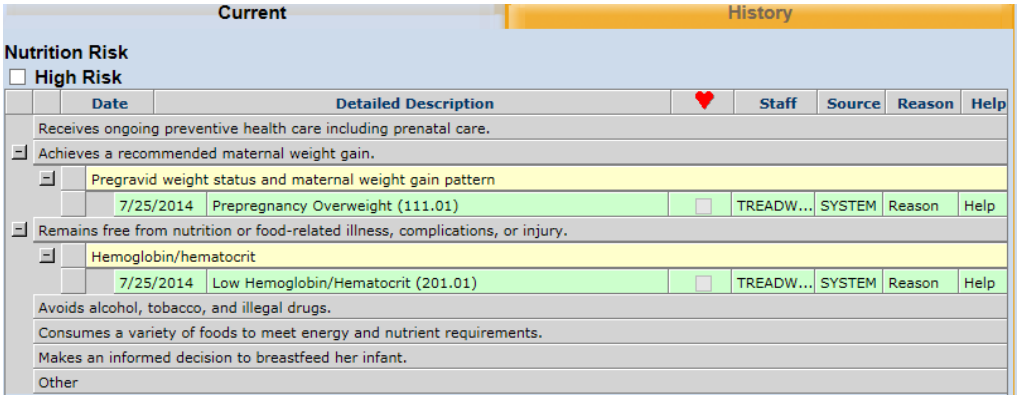
- ☐ Baby powder, ashes, dirt, clay, etc. or large amounts of ice, baking soda, or cornstarch
- ☐ Undercooked eggs
- ☐ Raw fish/oysters
- ☐ Smoked seafood
- ☐ Raw/undercooked meat
- ☐ None apply

15. Was there any day recently when someone in your household did not eat because you did not have enough money for food?*

☐ Yes ☐ No

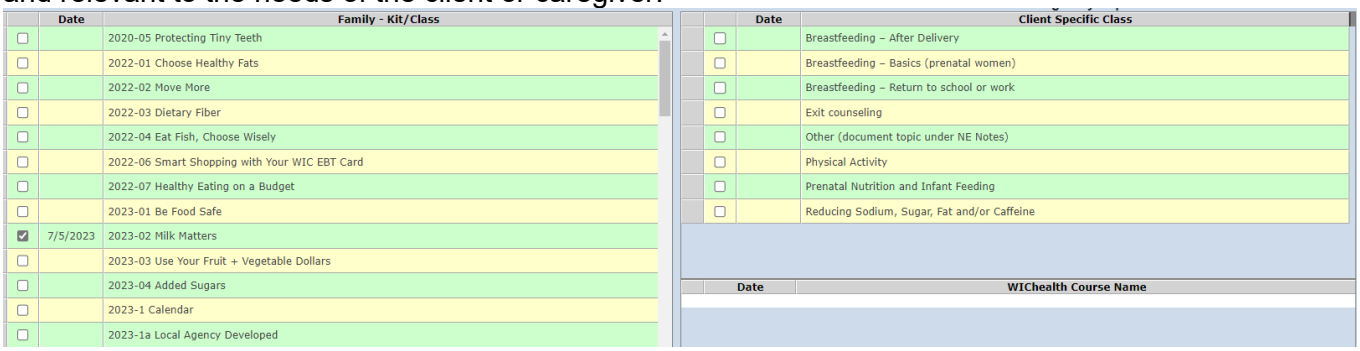
Nutrition Risk

Assign risks by clicking the “Assign Risks” button. All risks identified by the computer will display in the green area. The CPA will also manually assign any appropriate risk by clicking the Add button.



Nutrition Education

If documenting a nutrition kit or a group class, select the topic of the nutrition education that was provided to the family. For the client who is receiving the benefit of the class content, select the client-specific class topic. The nutrition education contacts are to be interactive, client-centered, and relevant to the needs of the client or caregiver.



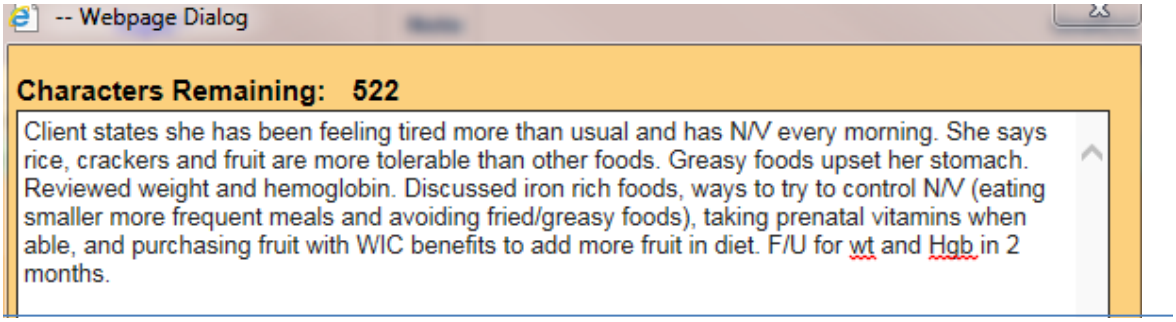
For a low risk individual nutrition education contact, click on the **NE** Tab at the bottom of the Nutrition Education screen and fill in the following.

Date and Topic

Press Add at the bottom of the NE tab screen and today's date will auto fill**.** Pick a topic from the drop-down box that was discussed in the counseling session.

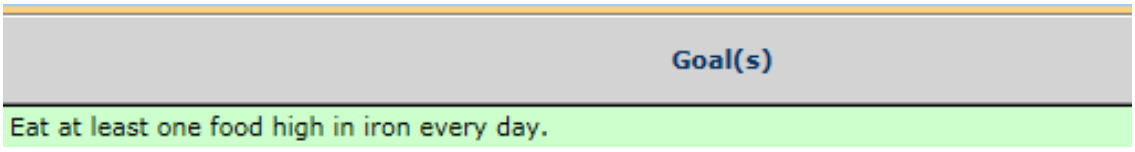
Nutrition Note

Double click on the note field and enter the nutrition note. This can be documented as SOAP notes or narrative documentation. Document further information about the client assessment, if needed, and the nutrition education provided. Include in the notes a summary of the contact, any validation of the self-reported diagnosis and rationale for tailoring a food package. Updates on goals during subsequent contacts must also be included in the NE note. It is not required for the CPA to put his or her name and credentials in the note space since both the CPA's user ID and title or credentials will be selected for each entry. Remember to use only DOH approved abbreviations!



Goal

Enter a client-centered goal that was established with client during the counseling session. Goals are to be specific, measurable, achievable, realistic, timed (SMART). Goals must be discussed with and chosen by the client or caregiver. The goal documented on this screen for each family member on WIC will be printed out on the VOC/ID card. If there is more than one goal to document, press Add at the bottom of the screen and put the additional goal on the second line.



Method, Title, User ID, and Date Met

Using the gray tab at the bottom of the screen, tab over and choose the Method of contact and Title from the drop-down lists. Complete the date met at a subsequent visit with the date that the client indicates that he/she met the goal, if applicable. If a date is entered in the date met column, the goal will no longer appear on the VOC/ID card. If the goal is no longer applicable, the worker can enter the date 9/9/9999 so the goal will no longer print on the VOC/ID card. In either case, written documentation is to be made as to the discussion of the goal's progress.

For a goal which has been discussed with the client/parent/caregiver and is to be continued, type in "continue goal" in the goal column and on the same line, put 8/8/8888 in the date met column. This way, the original goal will still be typed on the VOC/ID card, the CPA is able to document that the goal was reviewed, and "continue goal" is not printed on the VOC/ID card.

In addition, the CPA will document in the NE note that the goal was reviewed and will continue with the same goal. However, "continue goal" should not be put on the goal line without a date put in the date met column as the goal and "continue goal" would both be printed on the VOC/ID card.

See Goal(s) Setting and Documentation Policy and Procedures.

Method	Title	User ID	Date Met
Individual	Licensed Dietitian	TREADWELLBX	

When the documentation is complete, save the screen and choose an appropriate service code. Only choose one service code for each counseling session.

A subsequent individual low risk contact within a certification period should also be documented using the same procedures.

WIC High Risk & Medically High Risk Documentation Guidelines

Documentation must be consistent, clearly understood, organized, complete, and concise. Each client record must present a complete picture of the client contact that is understandable, so it will not be misinterpreted by the reader. Documentation should enable WIC staff to follow-up on prior contacts and to track behavior change, goals, and other outcomes over time.

Each contact must be recorded in the participant's FL-WiSE record immediately following the contact, or at least by the end of the clinic day.

Nutrition Care Plan:
A nutrition care plan must be developed and documented at certification and when a new high risk code is identified for all clients determined to be at high risk or medically high risk. The care plan must include input from the client/caregiver. The nutrition care plan must be recorded in the client's record immediately following the contact, or at least by the end of the clinic day.

Who develops the Nutrition Care Plan

- **Medically high risk clients**: Only a licensed dietitian/nutritionist can develop the nutrition care plan for a medically high risk client.
- **High risk clients**: Either a licensed dietitian/nutritionist or nutrition educator must develop the nutrition care plan for a high risk client.

Where to document the Nutrition Care Plan

Step 1: Client Care Section
Care Plan Screen: The nutrition care plan is documented in the Client Care Plan section at certification for high risk and medically high risk clients. The initial high risk contact and preparation of the high risk nutrition care plan for both high risk and medically high risk clients should be provided on the day of certification. A new care plan is also to be developed if a new high risk or medically high risk code is identified during the certification.

Step 2: Nutrition Education NE Screen
The CPA must also complete a new line on the NE screen for each counseling session (certification, follow-up contact, and mid-certification). The Date and User ID will auto fill. The CPA is to select the major nutrition or breastfeeding education topic discussed with the client, indicate in the Note box "See Care Plan" or "See Care Plan Follow-Up", document goal, and select Method and Title.

Nutrition Care Plan Documentation:
A nutrition care plan for a high risk or medically high risk client must be written using **S**ubjective, **O**bjective, **A**ssessment, **P**lan (SOAP) note format. Information which is located elsewhere in FL-WiSE is not required to be documented in the SOAP notes.

SOAP Note:

Not Required in the SOAP Note

Information located elsewhere in the client's record is not required to be documented in the SOAP notes nor must the care plan specify where the information is documented since the FL-WiSE system provides a consistent format for documentation. The following data does not need to be documented again in the high risk care plan:

- Anthropometric and hematological and BMI data in the Lab/Anthro screen
- Immunization information in the Immunes section
- Nutrition and medical information provided in response to medical/nutrition screen questions on these screens
- Nutrition risks generated by FL-WiSE
- Rationale for dietary risk code automatically assigned by the FL-WiSE system
- Standard food package assignments
- Client centered goals. These are documented on the NE screen.

SOAP Note Requirements

"S" Subjective. Document in the Subjective/Objective section of the Care Plan screen.

Document additional subjective information provided by the client/caregiver that was not entered into the medical or nutrition history screens such as:

- Statements, feelings, concerns of the client/caregiver
- Dietary intake and reported food and activity habits
- Additional information reported on types of foods eaten or avoided or activity habits
- Additional information reported on health condition, medical care, prenatal status
- Self-reported medical diagnosis and answers to questions regarding the diagnosis, when no written medical diagnosis is available. Documentation should include:
    - Whether the condition is being managed by a medical professional
    - Name of the medical professional
    - What type, if any, diet and/or medication has been prescribed

"O" Objective: required only if applicable. The CPA does not need to document objective information that is on the lab/anthro screens. **Document in the Subjective/Objective section of the Care Plan screen.**

- Documentation of a diagnosis of a medical condition by a health care provider
- Formula or medical food request from a health care provider
- Any additional objective information

"A" Assessment: Document in the Assessment/Plan section of the Care Plan screen. The assessment section should be documented after discussion with the client/caregiver and critical review of the information obtained during the nutrition assessment process and the information is not already documented elsewhere in FL-WiSE. For example, the CPA should document:

- Rationale for assigning nutrition risks that were manually assigned
- Assessment of feeding skills, diet, or physical activity level
- Assessment of how the high risk condition is affecting the nutrition/health status of the client
- Assessment of how the client's dietary habits are affecting his or her high risk condition
- Whether information is still needed

"P" Plan: Document in the Assessment/Plan section of the Care Plan screen.
The CPA must determine the most appropriate plan of care with input from the client and individualized to the client's specific needs. A local agency standard documentation stamp format for the Plan section can be individualized to the client, copied, and pasted into the free text field on the Care Plan screen, if desired.
The following is to be documented.

- Nutrition education provided
- Rationale for customizing a food package or prescribing a non-standard food package, if applicable
- Plan for second nutrition education contact
    - Specific plan(s) for follow-up and future visits to include when and what will be done.
    - Rationale for not following the standard protocol if the nutritionist or nutrition educator determines that the client does not need a second individual nutrition education contact. Note: This should NOT be standard procedure. There must be documentation of how the second nutrition education contact will be provided.
- Referrals if given
- Request for health care diagnosis and/or diet order
- A client centered goal established with the client/parent must be documented on the NE screen in the goal section. It is optional to also include in the Plan portion of the care plan.
- Optional: Name and title (or LD/N credentials) of the CPA. (The CPA name will auto-populate and CPA "Title" must be selected from drop-down at the top of the Care Plan screen in FL-WiSE.)

Reminder: Once a high risk care plan has been completed, the nutritionist or nutrition educator is to go to the NE screen to complete at least one row documenting the nutrition counseling session.

Goals

- One to three client-centered goal(s) are to be chosen and documented at certification.
- Goal(s) are to be specific, measurable, achievable, realistic, and timed. The goal(s) are to be discussed with and chosen by the client or caregiver and documented.
- Goals must be documented in the Goal(s) section of the NE screen.
- Goal(s) must be followed up with written documentation and appropriate date during the client's second individual nutrition education contact. At this time, the nutritionist or nutrition educator can evaluate progress, provide support, identify barriers, and reassess goal(s) that were set in the initial nutrition care plan.
- See section of CPA Guidebook on Goal Setting and Documentation Policies and Procedures.
- Nutrition educators cannot set a goal for a medically high risk client.

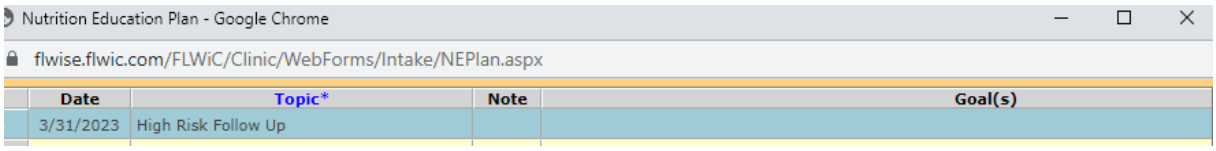
Follow-up on Data Received After Certification Completed
A Competent Professional Authority (CPA) is to timely review, assess, and document the assessment of the following information:

- The findings from hematological and anthropometric data obtained after the certification appointment.
- Requested referral data or information, or updated health data.
- The local agency needs to assure that any follow-up health or referral data received is given to a CPA for a timely review.

- The assessment of the information must be documented by the CPA. Documentation for a nutrition education contact that is entered on a different date from the date the nutrition education contact occurred will be recorded in FL-WiSE on the date that it was typed and saved. This should be a rare occurrence. Then she/he will go to the NE screen to complete at least one row selecting a major topic(s) discussed, typing in client goal, and select the provider Method and Title.
- If the hematological data is low, appropriate nutrition education should be provided and follow-up planned, if appropriate. Referrals are to be made based on internal policy and documented.
- New dietary and health data and referral information should be documented in the follow-up to the care plan
    - Documentation received from a health care provider is to be scanned into the client's record.
    - Hematological and updated anthropometric data must be documented in the FL-WiSE system in the Lab/Anthro screen.
    - New nutrition risk codes related to changes in anthropometric and hematological status that occur within a certification period and are entered on the lab/anthro screens will be generated in the FL-WiSE System on the Nutrition Risk screen if Assign Risk is selected.
- Other nutrition risk(s) must be updated manually by the CPA in FL-WiSE on the Nutrition Risk screen, and documented in the care plan follow-up screen
- Changes in food packages for medical reasons must be documented in the Care Plan section on the Follow-up screen for high risk clients.
- When a new care plan is added on the Care Plan screen, the previous care plan can be seen by going to the client's History tab of the Care Plan section.

Follow-up High Risk Nutrition Contact

- Review care plan, information planned to be reviewed at the follow-up appointment, progress on goal, and any referral information brought in by client.
- **Counseling and documentation**:
    - ✓ Follow-up high risk or medically high risk contact is discussed with client/caregiver and documented on the Nutrition Education (NE) screen. Contacts may be documented either in SOAP format or in narrative format. Always select "High Risk Follow Up" as the topic from the drop-down list on the Nutrition Education screen, regardless of the topic(s) discussed at the high risk follow-up contact.



Mid-Certification Assessment

- **Assessment:**
    - ✓ Review Lab/Anthro Screens.
    - ✓ Complete Mid-Certification Assessment Nutrition Screens.
    - ✓ Assign risks if appropriate.
    - ✓ Assess progress on goal and any information requested with written documentation.
    - ✓ Evaluate food package if appropriate, needs to be changed.
- **If no new High Risk Criteria, documentation includes:**
    - ✓ The mid-certification assessment nutrition contact is discussed with client/caregiver and documented on the Nutrition Education (NE) screen. Contacts may be documented either in SOAP format or in narrative format.

Always select “High Risk Follow Up” as the topic from the drop-down list on the Nutrition Education screen, regardless of the topic(s) discussed at the high risk follow-up contact.

- **If new High Risk Criteria has been determined, documentation includes:**
  - ✓ Step 1: Develop a new nutrition care plan.
  - ✓ Step 2: Document contact on the Nutrition Education (NE) screen.

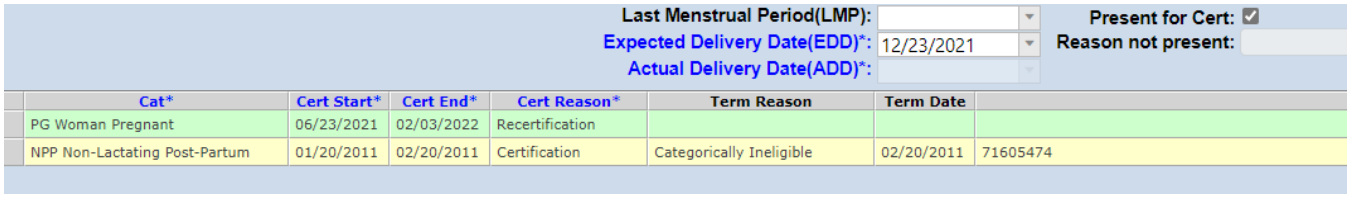
Note: This is not a comprehensive policy covering all requirements for documentation. Please refer to WIC Manual DHM 150-24, Chapter 6 for additional information. See Charting Using the SOAP Format, WIC Manual DHM 150-24 Attachment 10 to Chapter 6 for components that are frequently obtained, assessed, and documented in a SOAP note.

High Risk and Medically High Risk Documentation in FL-WiSE

An example will be shown of a pregnant woman who is certified for WIC at 12 weeks gestation.

Cert Action

The CPA needs to review the Cert Action screen for each client.

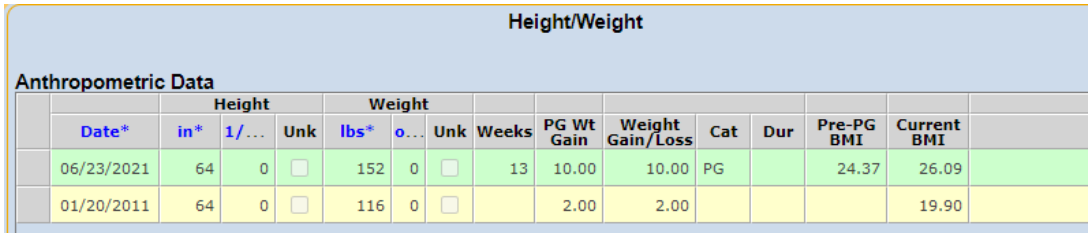


Last Menstrual Period(LMP):
Expected Delivery Date(EDD)*: 12/23/2021
Actual Delivery Date(ADD)*:
Present for Cert:
Reason not present:

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	
PG Woman Pregnant	06/23/2021	02/03/2022	Recertification			
NPP Non-Lactating Post-Partum	01/20/2011	02/20/2011	Certification	Categorically Ineligible	02/20/2011	71605474

Lab/Anthro

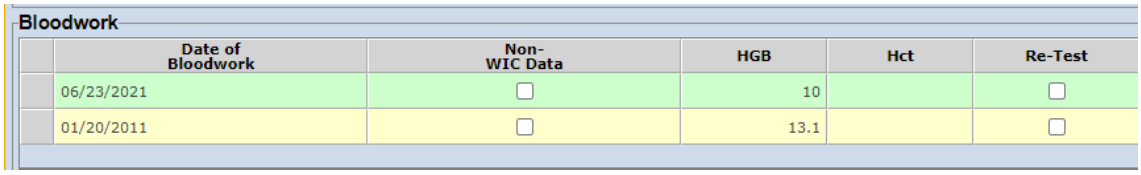
The CPA needs to review the information on the Anthropometric and Bloodwork screens for each client.



Height/Weight

Anthropometric Data

	Height			Weight									
Date*	in*	1/...	Unk	lbs*	o...	Unk	Weeks	PG Wt Gain	Weight Gain/Loss	Cat	Dur	Pre-PG BMI	Current BMI
06/23/2021	64	0	☐	152	0	☐	13	10.00	10.00	PG		24.37	26.09
01/20/2011	64	0	☐	116	0	☐		2.00	2.00				19.90



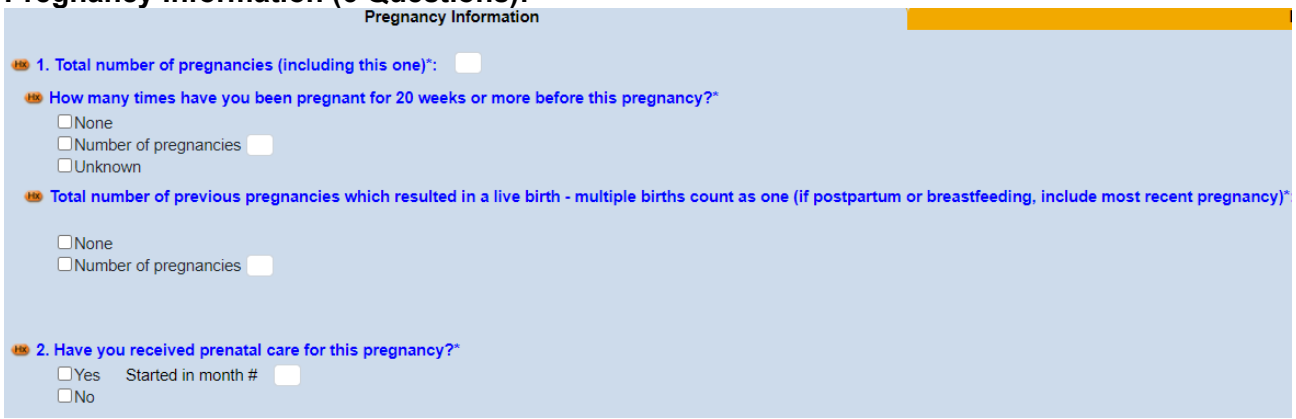
Bloodwork

Date of Bloodwork	Non-WIC Data	HGB	Hct	Re-Test
06/23/2021	☐	10		☐
01/20/2011	☐	13.1		☐

Medical/Nutrition History

The CPA will then complete the Medical screens for each client, which includes Pregnancy Information and Medical Information.

Pregnancy Information (6 Questions):



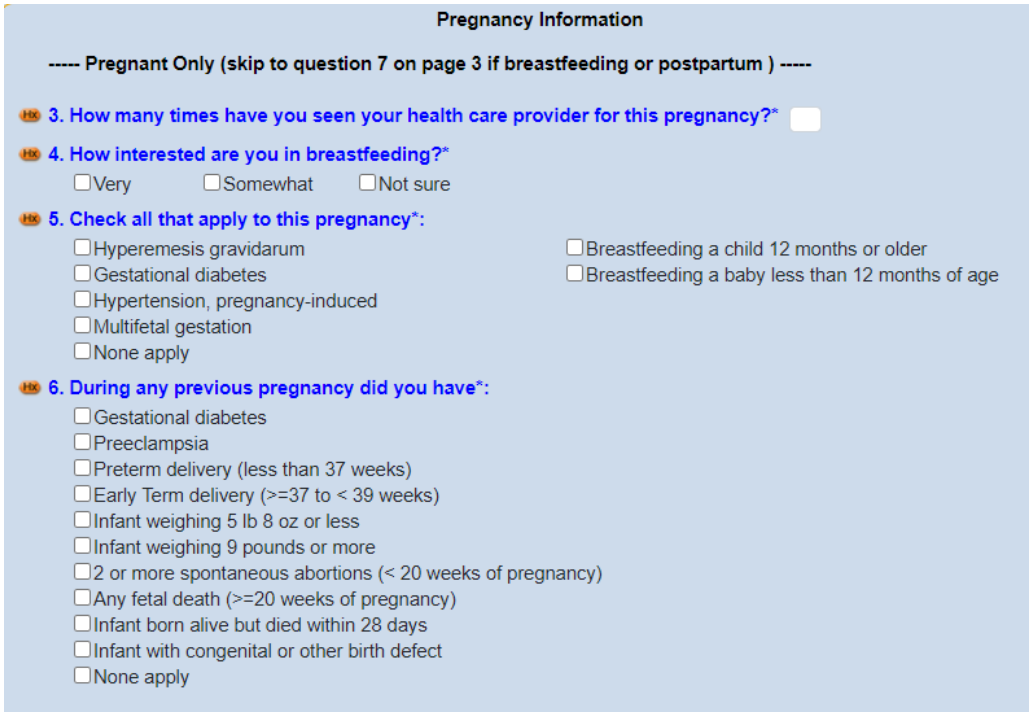
Pregnancy Information

1. Total number of pregnancies (including this one)*:

How many times have you been pregnant for 20 weeks or more before this pregnancy?*
- ☐ None
- ☐ Number of pregnancies
- ☐ Unknown

Total number of previous pregnancies which resulted in a live birth - multiple births count as one (if postpartum or breastfeeding, include most recent pregnancy)*
- ☐ None
- ☐ Number of pregnancies

2. Have you received prenatal care for this pregnancy?*
- ☐ Yes Started in month #
- ☐ No



Pregnancy Information

----- Pregnant Only (skip to question 7 on page 3 if breastfeeding or postpartum) -----

3. How many times have you seen your health care provider for this pregnancy?*

4. How interested are you in breastfeeding?*

☐ Very ☐ Somewhat ☐ Not sure

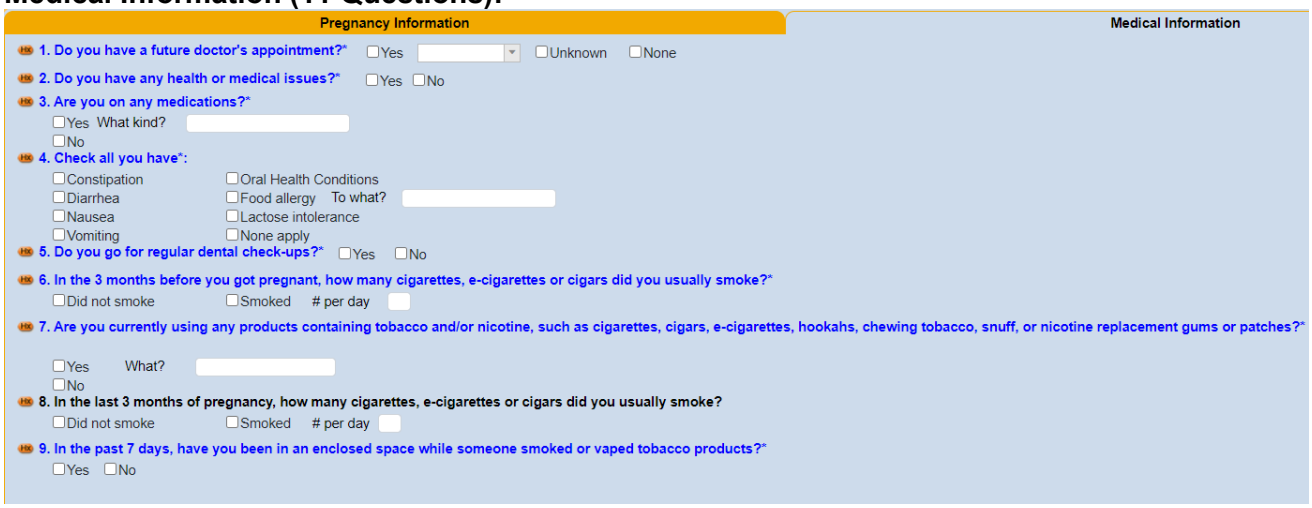
5. Check all that apply to this pregnancy*:

☐ Hyperemesis gravidarum
☐ Gestational diabetes
☐ Hypertension, pregnancy-induced
☐ Multifetal gestation
☐ None apply
☐ Breastfeeding a child 12 months or older
☐ Breastfeeding a baby less than 12 months of age

6. During any previous pregnancy did you have*:

☐ Gestational diabetes
☐ Preeclampsia
☐ Preterm delivery (less than 37 weeks)
☐ Early Term delivery (>=37 to < 39 weeks)
☐ Infant weighing 5 lb 8 oz or less
☐ Infant weighing 9 pounds or more
☐ 2 or more spontaneous abortions (< 20 weeks of pregnancy)
☐ Any fetal death (>=20 weeks of pregnancy)
☐ Infant born alive but died within 28 days
☐ Infant with congenital or other birth defect
☐ None apply

Medical Information (11 Questions):



Pregnancy Information | Medical Information

1. Do you have a future doctor's appointment?* ☐ Yes ☐ Unknown ☐ None

2. Do you have any health or medical issues?* ☐ Yes ☐ No

3. Are you on any medications?*

☐ Yes What kind?
☐ No

4. Check all you have*:

☐ Constipation
☐ Diarrhea
☐ Nausea
☐ Vomiting
☐ Oral Health Conditions
☐ Food allergy To what?
☐ Lactose intolerance
☐ None apply

5. Do you go for regular dental check-ups?* ☐ Yes ☐ No

6. In the 3 months before you got pregnant, how many cigarettes, e-cigarettes or cigars did you usually smoke?*

☐ Did not smoke ☐ Smoked # per day

7. Are you currently using any products containing tobacco and/or nicotine, such as cigarettes, cigars, e-cigarettes, hookahs, chewing tobacco, snuff, or nicotine replacement gums or patches?*

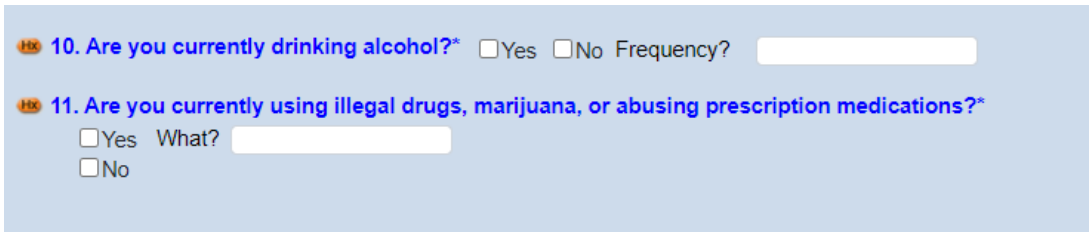
☐ Yes What?
☐ No

8. In the last 3 months of pregnancy, how many cigarettes, e-cigarettes or cigars did you usually smoke?

☐ Did not smoke ☐ Smoked # per day

9. In the past 7 days, have you been in an enclosed space while someone smoked or vaped tobacco products?*

☐ Yes ☐ No

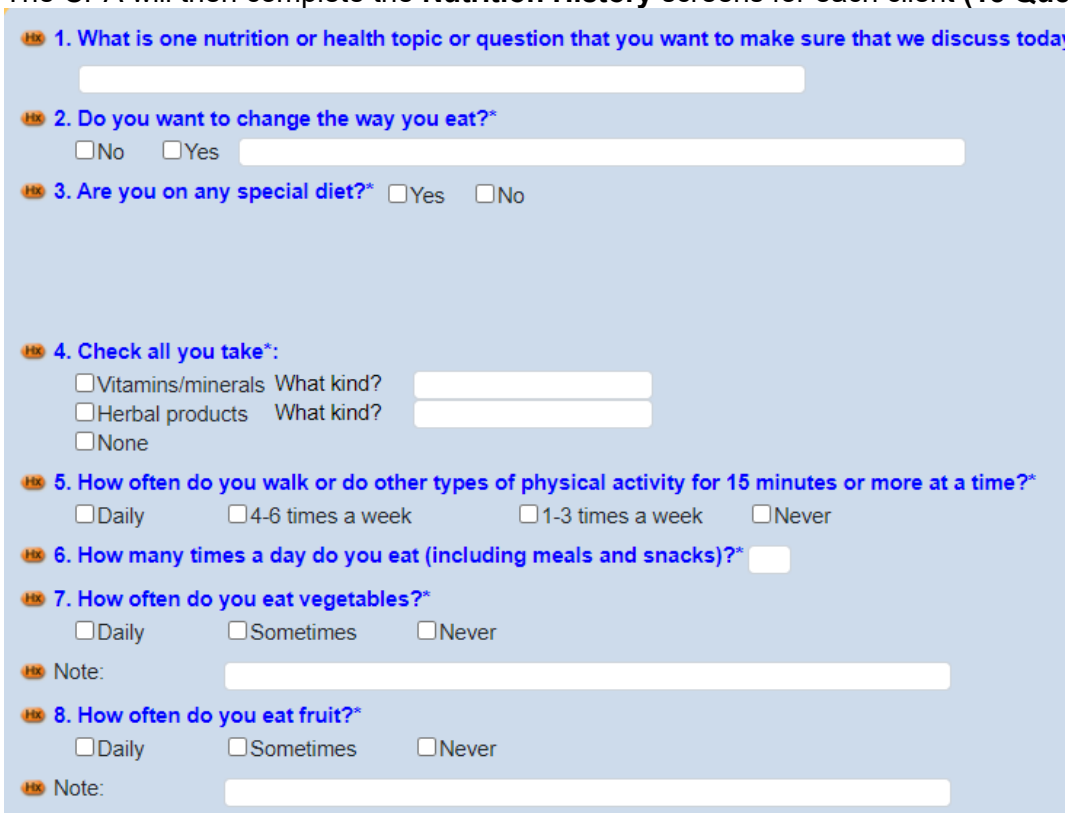


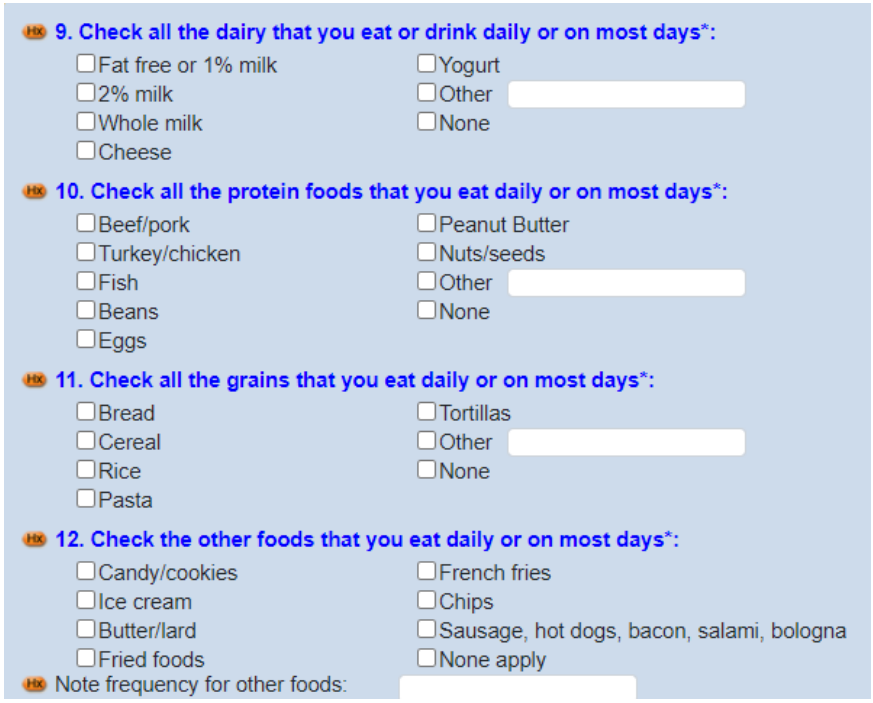
10. Are you currently drinking alcohol?* ☐ Yes ☐ No Frequency?

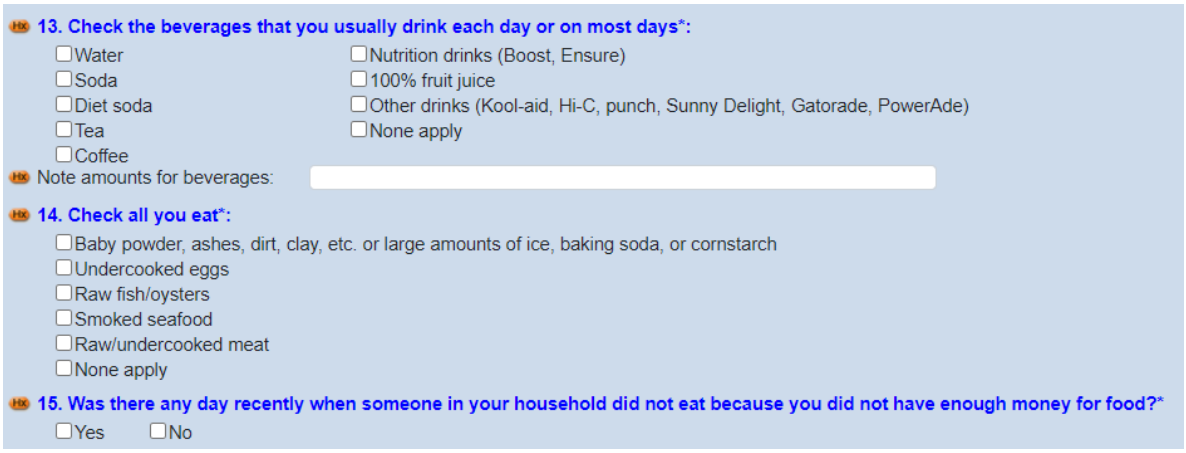
11. Are you currently using illegal drugs, marijuana, or abusing prescription medications?*

☐ Yes What?
☐ No

The CPA will then complete the **Nutrition History** screens for each client **(15 Questions).**

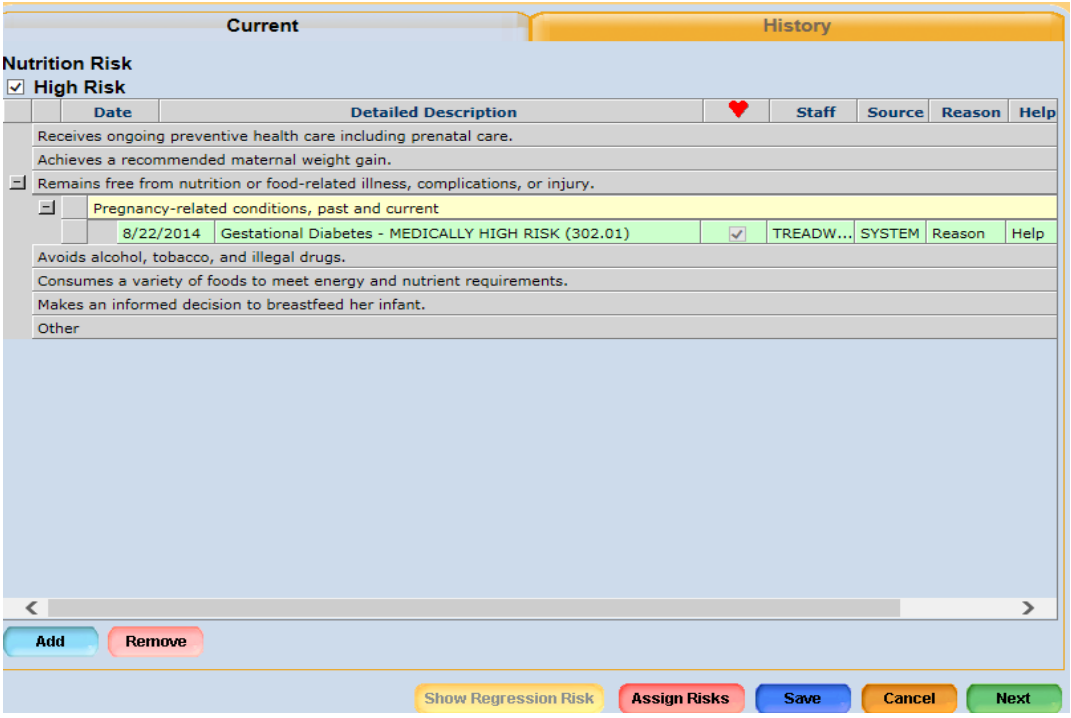






Nutrition Risk

Assign risks by clicking the "Assign Risks" button. All risks identified by the computer will display in the green area. The CPA will also manually assign any appropriate risk by clicking the Add button.



High Risk Care Plan

At certification or when a new high risk code is identified, an individual care plan must be developed and documented for medically high risk and high risk clients. Either a licensed dietitian/nutritionist or nutrition educator must develop the nutrition care plan for high risk clients. Only a licensed dietitian/nutritionist can develop the nutrition care plan for medically high risk clients.

<u>Care Plan Documentation</u>

Step 1: Access the Care Plan screen from the file menu bar, the CP icon or select Care Plan from the Client Care jelly bean. The CPA is to choose her/his correct title.

The care plan must be in the SOAP (Subjective, Objective, Assessment, Plan) format. The CPA will document information specific to these fields.

FL-WiSE has two areas to document a SOAP note on the FL-WiSE Care Plan Screen: Subjective/Objective and Assessment/Plan. If there is only subjective and plan information to document, the CPA does not have to document the words, "subjective" or "plan".

If the CPA is documenting subjective *and* objective information in the Subjective/Objective box, then the CPA must write "Subjective" for subjective information and "Objective" for objective information. If both assessment and plan information are documented in the Assessment/Plan box, then the CPA must document "Assessment" for the assessment information and "Plan" for the plan information. Alternatively, the CPA can use the abbreviations S, O, A, and P for subjective, objective, assessment, and plan information, instead of writing out these words. If the SOAP abbreviations are used, each of them must be documented in the appropriate area of the Care Plan screen, since SOAP is the approved abbreviation. If SOAP abbreviations are used and there is no information for the specific area, then the CPA should document NA. For example, if there is no additional objective information, the CPA should document O: NA

The **Subjective/Objective section**

Subjective Information (required), may include:

- Expanded information on medical/health conditions reported by the client/caregiver
- Validation information on self-reported medical conditions
- Additional information on types or quantity of foods eaten or avoided
- 24 hour recall (if needed)
- Client concerns or questions

Objective Information (if available), may include:

- Documentation of a diagnosis of a medical condition by a health care provider
- Additional information from a health care provider
- Requests from a health care provider for formula and/or WIC-eligible nutritional

The **Assessment/Plan section**

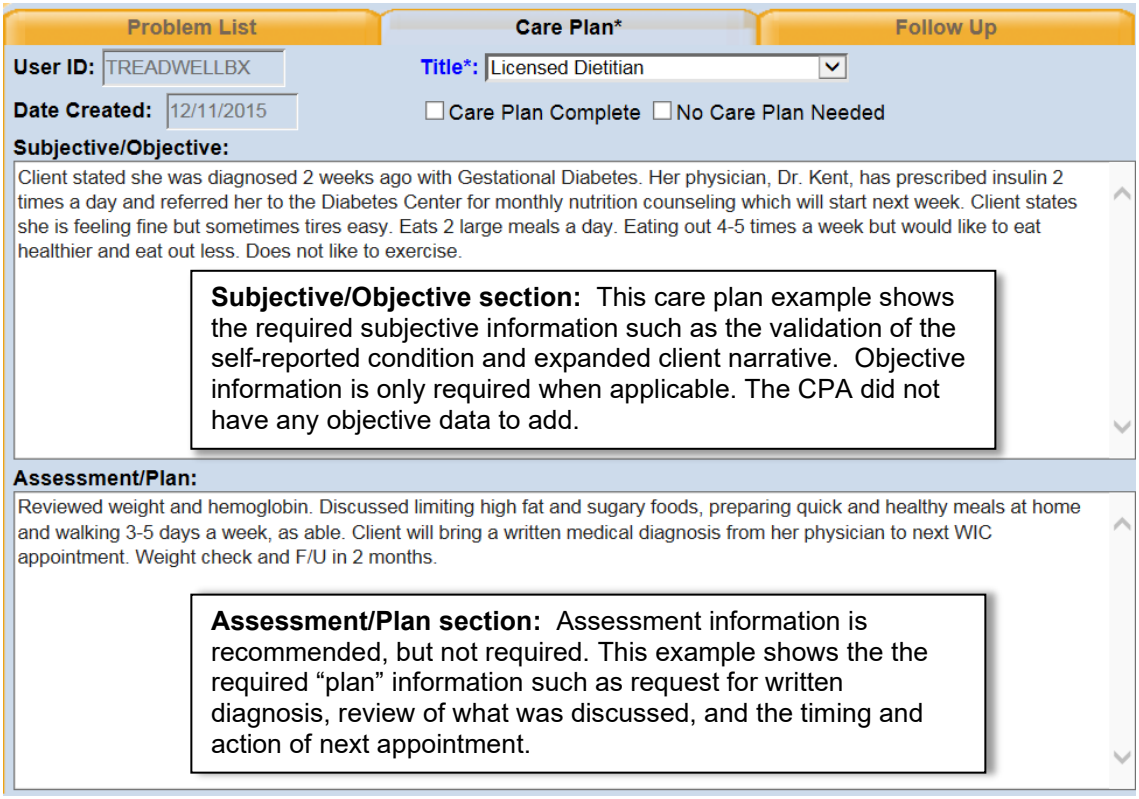
Assessment information (as appropriate), may include:

- Assessment of how the high risk condition is affecting the nutrition/health status of the client or how the client's dietary habits are affecting his or her high risk condition
- Rationale for assigning nutrition risks that are manually entered
- Assessment of feeding skills; diet or physical activity
- Optional: A Problem, Etiology and Signs/Symptoms (PES) statement.

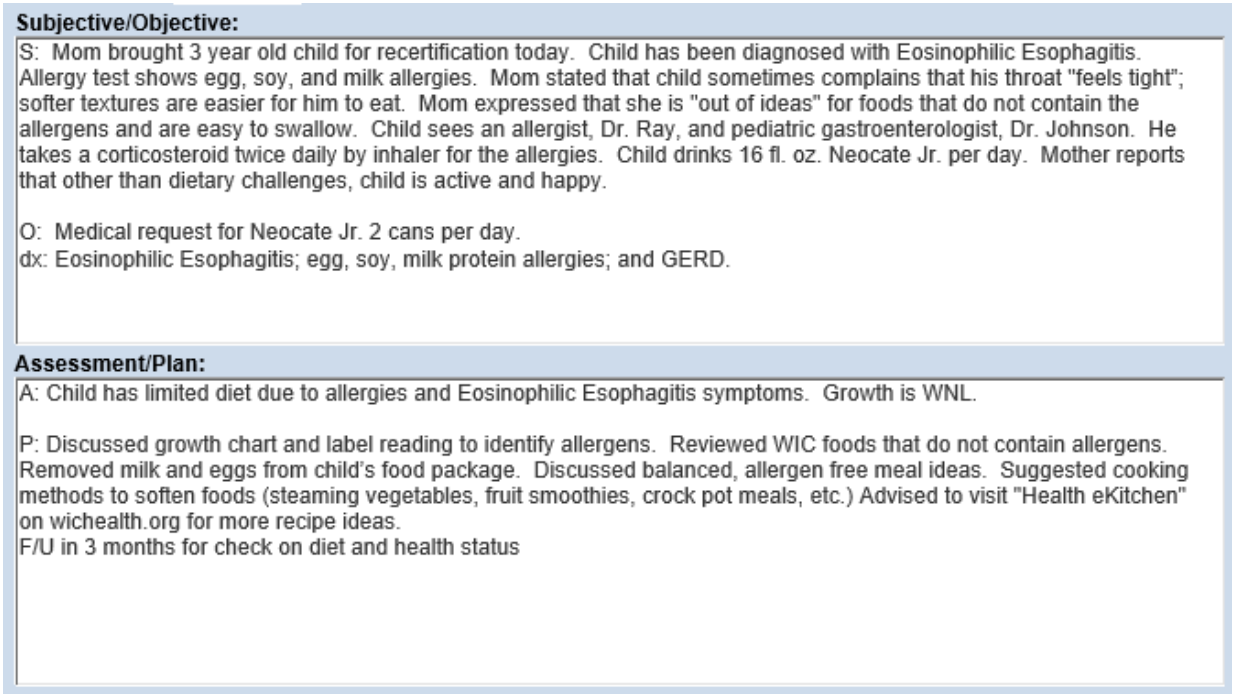
Plan information (required), may include:

- Topics discussed
- Nutrition education provided
- Rationale for customizing or prescribing a non-standard food package
- Requests for health care diagnosis and/or diet order; individual referral information
- Specific plans for follow-up and future visits to include when and what will be done.
- Optional:
    - Client-centered goal may be added, if desired. (The goal must be documented on the NE screen so that the goal(s) are printed out for the client.)
    - The CPA may sign her/his name and credentials at the end of the note in the Assessment/Plan section. (CPA name will auto-populate, and title must be selected as indicated in Step 1 on the following page.)

In the Care Plan Example below, the CPA did not have any objective or assessment data to add.



The following care plan example contains information for each of the Subjective, Objective, Assessment, and Plan sections. In this example, the CPA opted to use the S, O, A, and P abbreviations:



Save the Care Plan and select the appropriate service code. Only the CPA who completes the care plan can document the high risk service code.

Step 2: Go to the NE screen to enter the following information:

Date and Topic
Press Add at the bottom of the NE tab screen and today's date will auto fill. Pick a topic from the drop down-box that was discussed in the counseling session.

Date	Topic*
8/22/2014	MyPlate, Balanced Diet

Note/Goal
Enter in the note section "See Care Plan" and in the Goal section write out the goal(s) set with the client. A nutrition educator cannot set a goal for a medically high risk client.

Note	Goal(s)
See C...	Eat 3 small meals and 2-3 healthy snacks daily.

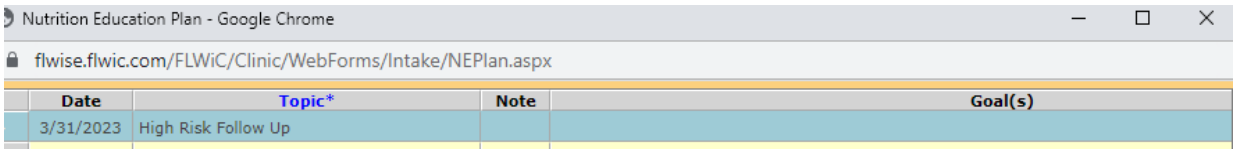
Method, Title, User ID, and Date Met

Complete the Method to indicate the individual contact and add the Title to indicate your position title. Complete the Date Met at a subsequent visit with the date that the client indicates that he/she met the goal, if applicable.

Method	Title	User ID	Date Met
Individual	Licensed Dietitian	TREADWELLBX	

Follow-up Nutrition Contact (not a Mid-Certification Assessment)

During the high risk or medically high risk follow-up contact, the CPA will follow up on the nutrition care plan and items that were planned to be checked again. This should be documented in the **Nutrition Education (NE)** screen. The CPA will select "High Risk Follow Up" from the drop down under Topic. In the Note section, the follow up high risk or medically high risk contacts may be documented either in the SOAP format or in a narrative format. The CPA may sign her/his name and credentials at the end of the note (optional). After writing the follow up note, the CPA will select their title from the drop down. On the NE screen, the CPA will document whether the goal was met with a date as well as written documentation.



Documentation Stamp Forms

If the local agency chooses to do so, CPAs may use a local agency standardized documentation stamp format copied and pasted into the free text field of the Assessment/Plan

portion of the high risk or medically high risk care plan. The CPA must individualize the Subjective/Objective section and, if appropriate, add Assessment information as part of FL-WiSE documentation. Documentation stamp forms should only be used for the **Plan** portion of the SOAP format, if desired to expedite the SOAP documentation. The information **must be individualized** to the client being assessed and counseled. The CPA would indicate what topics were discussed, pamphlets given, the follow-up plan, and any referrals given. The documentation stamp forms must be standardized within the local agency. Name and title are optional.

EXAMPLE OF DOCUMENTATION STAMP FORMAT FOR: PREGNANT WOMEN

P:

Discussed:
___ Adequate weight gain: Total of _____ pounds recommended
___ How to decrease calories ____How to increase calories _____Prenatal vitamins
___ Nutrient needs: ____Iron ____Calcium ____VIT C ____VIT A
___ Folic acid _____Adequate fluids ____Anemia
___ Healthy snacks _____Sodium ____Sugar ___ Caffeine ___ Fat
___ Problems in pregnancy: ___Nausea ___Constipation ___Heartburn
___ Breastfeeding: ____Benefits ___ Techniques
___ Health risks of tobacco, alcohol, drugs
___ WIC rules and regulations ___WIC Foods ___Other:_____
Pamphlets:
___ Food for a Healthy Mother and Baby ___ Iron for Healthy Blood
___ Breastfeeding Your Baby
___ Other_____
Follow Up:
___ Recheck weight When:_____
___ Recheck Hgb or hematocrit When:_____
___ Recheck dietary intake When:_____
___ Discuss breastfeeding When:_____
___ On progress toward achieving goals When:_____
___ Other_____; ____ Bring Medical Diagnosis from health provider
___ No individual follow-up needed until next certification, unless concerns or problems arise. If high risk, explain rationale:
IBCLC:
Referral:
Name/Title:

Documentation of High Risk and Medically High Risk Clients with One Year Certifications (Breastfeeding women, infants, and children)

	High Risk/Medically High Risk Identified At Certification No New HR/Medically High Risk Identified at Mid-Certification Assessment		High Risk/Medically High Risk Identified At Certification New HR/Medically High Risk Identified at Mid-Certification Assessment		Low Risk at Certification New HR/Medically High Risk Identified At Mid-Certification Assessment
1st NE visit	1. Complete FL-WiSE screens 2. Assign risks 3. Care plan developed. SOAP note documented in Care Plan section 4. Document plan for individual HR follow up 5. NE section line added refer to care plan, and goal recorded	1st NE visit	1. Complete FL-WiSE screens 2. Assign risks 3. Care plan developed. SOAP note documented in Care Plan section 4. Document plan for individual HR follow up 5. NE section line added, refer to care plan, and goal recorded	1st NE visit	1. Complete FL-WiSE screens 2. Assign risks 3. NE section note added and goal recorded
2nd NE Visit	1. Individual HR follow-up contact 2. Document in NE screen using topic of High Risk Follow Up 3. Goal discussed and continued or new goal recorded	2nd NE Visit	1. Individual HR follow-up contact 2. Document in NE screen using topic of High Risk Follow Up 3. Goal discussed and continued or new goal recorded	2nd NE Visit	Second low risk NE contact
3rd NE Visit	Mid-Certification Assessment 1. New ht, wt. (Do Hgb + assign risks as needed) 2. Mid-Certification questions answered on Nutrition History Screen 3. Document in NE screen using topic of High Risk Follow Up 4. Document in plan how 4th contact to be provided 5. Goal discussed and continued or new goal recorded	3rd NE Visit	Mid-Certification Assessment 1. New ht, wt. (Do Hgb + assign risks as needed) 2. Mid-Certification questions answered on Nutrition History Screen 3. New SOAP note documented in Care Plan section 4. Document plan for individual HR follow up 5. NE section line added 6. Goal discussed and continued or new goal recorded	3rd NE Visit	Mid-Certification Assessment 1. New ht, wt. (Do Hgb + assign risks as needed) 2. Mid-Certification questions answered on Nutrition History Screen 3. New SOAP note documented in Care Plan section 4. Document plan for individual HR follow up 5. NE section line added 6. Goal discussed and continued or new goal recorded
4th NE Visit	Nutrition Education as specified by CPA	4th NE Visit	Individual HR follow-up contact 1. Document in NE screen using topic of High Risk Follow Up 2. Goal discussed and continued or new goal recorded	4th NE Visit	Individual HR follow-up contact 1. Document in NE screen using topic of High Risk Follow Up 2. Goal discussed and continued or new goal recorded

HR = high risk
NE = nutrition education
CPA = Competent Professional Authority
SOAP = Subjective, Objective, Assessment, Plan

GOAL(S) SETTING

Goal(s) Setting and Documentation Policy and Procedures

All clients (both those certified individually and in groups) must have goals established and must be followed up with written documentation and appropriate date during a second nutrition education contact and/or at the mid-certification appointment.

At the time of certification, the Competent Professional Authority (CPA) is to work with the client or parent/caregiver, as needed, to help them consider possible goal(s) and choose a goal which the client/caregiver thinks achievable. One to three goals must be set at each certification with each client or parent/caregiver during their individual nutrition education contact with the CPA.

Goal(s) are to be specific, measurable, achievable, realistic, and timed (SMART). Goals must be discussed with and chosen by the client or parent/caregiver, and documented. Exceptions to this goal setting requirement for individual nutrition education contact at certification should be minimal, but they may include:

- If a client or parent/caregiver is not willing to set a goal: The CPA is to document in the NE note for low risk or care plan for high risk that the client or parent/caregiver did not want to set a goal at this time. This should not be a frequent occurrence.
- In the very rare circumstance when a CPA certifies a high risk or medically high risk client, but the CPA is not qualified to do a high risk care plan for this client, the goal must be chosen with client during the time the nutrition care plan is developed by the appropriate nutrition professional. The client must be seen by the appropriate nutrition professional for nutrition care plan development within 45 days.
- If a goal is not chosen at certification, the CPA should indicate “Goal not set” in the Goal section and put 9/9/9999 in the date met field so that “Goal not set” does not print on the VOC/ID card. The CPA will need to follow up at the next individual contact to work with the client or parent/caregiver to set a goal and to document in FL-WiSE.

Goal(s) should relate to improving health or nutrition status. It is generally not recommended to choose a goal that is something the client is already successfully doing. For example, if a prenatal woman is already successfully taking a prenatal vitamin supplement daily, the CPA is to work with the woman to set a different goal than “continue taking a prenatal vitamin daily.”

Documenting goals in FL-WiSE:
The documented goal(s) will be printed on the client’s VOC/ID card. If a date is entered in the date met field, the goal will no longer appear on the VOC/ID card.

- One to three client-centered goal(s) are to be chosen and documented at certification.
- Goals must be documented in the Goal(s) section of the NE screen for high risk and low risk clients. Only one goal should be documented on each line.
- Goals must be documented in English. Goals may also be documented in the client’s language if the CPA is fluent in writing in the client’s language.
- Goals are to relate to a nutrition, breastfeeding, or physical activity issue. The CPA can document an additional goal, if desired, relating to medical appointments.

Follow-up on goals during a certification: Goal(s) must be followed up with written documentation and appropriate date during the client's second individual high risk nutrition education contact and at mid-certification. At this time, the CPA can evaluate progress, provide support, identify barriers and reassess goal(s) that were set in the initial nutrition counseling session. At mid-certification: If the goal has been achieved or is no longer applicable provide written documentation with appropriate date and a new goal is to be chosen and documented.

Date Met section:

- Complete the date met at a subsequent visit with the date that the client indicates that he/she met the goal, if applicable.
- If the goal is no longer applicable, the worker can enter the date 9/9/9999 so the goal will no longer print on the VOC/ID card.
- For a goal which has been discussed with the client/parent/caregiver and is to be continued during the certification period, type in "continue goal" in the goal section and on the same line, put 8/8/8888 in the date met field. This way, the original goal will still be typed on the VOC/ID card, the CPA is able to document that the goal was reviewed, and "continue goal" is not printed on the VOC/ID card. In addition, the CPA will document in the NE note or care plan that the goal was reviewed with written details and will continue with the same goal. However, "continue goal" should not be put on the goal section without a date put in the date met field as the goal and "continue goal" will be printed on the VOC/ID card.

Follow-up on goals at the next certification: A new goal is required to be chosen with the participant/caregiver at every certification. In the date met field for goals set in previous certifications, the CPA must indicate the date met or 9/9/9999 for a goal that is no longer applicable. It is recommended that the same goal not be used for the following certification.

Is the Goal section required to be completed with each entry on the NE screen?

- The CPA is only **required** to document in the goal section of the NE screen at the following times:
  - ✓ Goal(s) set at certification
  - ✓ Adding a new goal during the certification, if applicable
  - ✓ Indicate a date in the Date Met field when the goal is met or no longer applicable.
- A CPA **may** document information in the goal section at other times. For example, at mid-certification or an individual high risk contact the CPA can document to continue the same goal, with 8/8/8888 put in the Date Met field. (Document information regarding the status of the goal in the NE note for low risk clients or the Follow Up note for high risk clients.)
- There are times it is **unlikely** that a CPA would document anything in the goal section, such as when documenting a food package change. Reminder: all other fields on the NE screen still need to be completed, including the topic and note.

What is to be documented if a client chooses more than one goal <u>on the same day</u>?

- On the first line added to the NE screen, pick the major topic discussed, document in the Note section about the assessment and counseling provided, write goal, and select Method and Title.

- On the second line added to the NE screen (same day), pick a topic related to the second goal, document the goal, and select Method and Title. It is not required to repeat the note documented from the first line that day.

Tips on Goal Setting

Goals = anything that someone is willing to put effort towards to bring about a desired outcome.

Most clients or parent/caregivers have something they would like to change or learn more about their child's health (a goal or goals). The Competent Professional Authority (CPA) can help facilitate this change through effective counseling.

Clients are the best judge of what will work for their family.

- Goal setting needs to be **client-driven**. We want a client to set a goal that will result in a positive health outcome. **Our** goal is to help clients to succeed at **their** goals.
- Work with clients to set **realistic**, **measurable** goals. Suggesting small, reachable goals – taking baby steps – is a way to help your clients change behaviors and feel successful with those goals.
- Meet a client or parent/caregiver where they are. Any movement toward change has the potential to provide this client with a better health outcome. CPAs are to help the client/caregiver where they **are** in the change process.
- Discuss and problem-solve client or parent/caregiver's concerns and barriers to achieving the goal(s).

During a counseling session a client might express a desired outcome or what they would like to see changed. CPAs can listen for cues and/or ask questions to help the client or parent/caregiver consider desired outcomes. Possible questions that could be asked include:

1. "You have mentioned that you are concerned about _____, what is it that you want to change about that?"

2. "We talked a lot about _____, how would you like for things to be different?"

3. "Most times it is easier to take things one step at a time. What do you think is the first step?"

4. "If things worked out exactly as you would like, what would be different?"

5. "I know that it seems like an uphill battle to _____, and now that we've discussed some options that have worked for other participants, do you think any would work for you? If so, which one?"

6. "Would you like to talk about some ideas that have worked for other moms and see if any work for you?"

The Competent Professional Authority is then able to reflect this *desired outcome* back to the client or parent/caregiver to help her define it as a *goal*.

Adapted from the Texas WIC Program

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WIC NUTRITION RISK INTERPRETIVE GUIDELINES

September 2023

WIC NUTRITION RISK INTERPRETIVE GUIDELINES

For all risk conditions that must be diagnosed by a health care provider: The condition must be diagnosed by a physician or other authorized medical staff. The diagnosis may be self-reported or documented by a physician, APRN, PA, or someone working under physician's orders. If self-reported, the Competent Professional Authority must attempt to validate the presence of the condition and document the information that client gives about the diagnosis, prior to using it to assign a nutrition risk. A disease/health condition that is self-diagnosed (not diagnosed by a health care provider) cannot be counted as a nutrition risk. See Attachment to the CPA Guidebook: Self-Reported Medical Conditions.

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
101.01	Prepregnancy Underweight (High Risk) (Pregnant Woman)	**Pregnant Woman** Prepregnancy weight Body Mass Index (BMI) < 18.5 Underweight for height at onset of pregnancy using BMI calculation based on prepregnancy weight. The prepregnancy weight measurement can be documented or self-reported (if it is reasonable).	PG 1	• Adequacy of health care • Dieting history • Physical activity • Insufficient calories • Regularity of meals • Caffeine use • Weight gain in pregnancy/body image • Recent illness • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Eating disorders • Pica • Client knowledge • Activity/sleep pattern • Substance use/abuse • Abuse/neglect/stress • Depression • Resources for food/food security • Environmental factors/exposure to toxins • Cultural factors
102.01	Prepregnancy Underweight (Breastfeeding Woman) Postpartum Underweight (Postpartum Woman)	**Breastfeeding Woman** Prepregnancy underweight, BMI < 18.5 (only can be assigned as a risk when < 6 months postpartum) **Postpartum Woman** Prepregnancy BMI < 18.5 The prepregnancy weight measurement can be documented or self-reported (if it is reasonable).	BE 1 BP 1 NPP 6	
102.02	Current Underweight (High Risk) (Breastfeeding Woman)	**Breastfeeding Woman** Current BMI < 18.5	BE 1 BP 1	
102.03	Postpartum Underweight (Postpartum Woman)	**Postpartum Woman** Current BMI < 18.5	NPP 6	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
103.01	Underweight (High Risk) (Infant or Child)	**Infant or Child less than 24 months (C1)** ≤ 2nd percentile weight-for-length based on WHO growth charts **Child 24 months or older (C2+)** ≤ 5th percentile BMI-for-age based on CDC growth charts FL-WiSE uses recumbent measurements for children less than 24 months. At 24 months and older, stature measurements (standing height) are used.	IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Amount of breast milk/formula consumed • Inaccurate formula dilution/mixing • Frequency/length of feedings • Correct latch-on if breastfeeding • Positioning during feeding • Types/amounts of beverages • Age of introduction of solids • Feeding skills/environment • Insufficient calories • Food likes/dislikes • Food intolerance/allergies • Pica • Prematurity • History of growth pattern • Chronic medical conditions • Medication use • Dental health • Recent illness • Genetics • Parental knowledge/skills • Parental perception of growth patterns • Size of parents • Activity/sleep patterns • Environmental factors/exposure to toxins • Resources for food/food security • Abuse/neglect/stress • Cultural factors • Refer to IBCLC
103.02	At Risk of Underweight (Infant or Child)	**Infant or Child less than 24 months** > 2nd and ≤ 5th percentile weight-for-length based on WHO growth charts **Child 24 months or older** > 5th and ≤ 10th percentile BMI-for-age based on CDC growth charts FL-WiSE uses recumbent measurements for children less than 24 months. At 24 months and older, stature measurements (standing height) are used.	IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
111.01	Prepregnancy Overweight (Pregnant Woman)	**Pregnant Woman** Prepregnancy BMI ≥ 25 The prepregnancy weight measurement can be documented or self-reported (if reasonable).	PG 1	• Adequacy of health care • Excess food/beverage intake • Regularity of meals • Food preparation methods/abilities (frying, convenience foods, etc.) • Where food is consumed (i.e. fast food) • Large amount of fat/sugars in diet • Importance of appropriate weight gain during pregnancy • Physical activity/frequency/amount • Sleep pattern/amount • Pica • Dental health • Genetics • Eating disorders • Metabolic/chronic medical conditions • Psychological/emotional health status (depressed, etc. • Substance use/abuse • Abuse/neglect/stress • Resources for food/food security • Cultural factors
112.01	Postpartum Overweight (Breastfeeding or Postpartum Woman)	**Breastfeeding Woman < 6 months postpartum** Prepregnancy BMI ≥ 25 **Breastfeeding Woman ≥ 6 months postpartum** Current BMI ≥ 25 **Postpartum Woman** Prepregnancy BMI ≥ 25 The prepregnancy weight measurement can be documented or self-reported (if reasonable).	BE 1 BP 1 NPP 6	• Adequacy of health care • Excess food/beverage intake • Regularity of meals • Food preparation methods/abilities (frying, convenience foods, etc.) • Where food is consumed (i.e. fast food) • Large amount of fat/sugars in diet • Physical activity/frequency/amount • Sleep pattern/amount • Pica • Dental health • Genetics • Eating disorders • Metabolic/chronic medical conditions • Psychological/emotional health status (depressed, etc.) • Substance use/abuse • Abuse/neglect/stress • Resources for food/food security • Cultural factors • Importance of exclusive breastfeeding for 6 months

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
113.01	Obese Children ≥ 24 months	**Child 24 months or older** ≥ 95th percentile BMI-for-age based on CDC growth charts. Stature measurements must be done.	C2+ 3	• Adequacy of health care • Excess food/beverage intake • Inappropriate feeding practices • Lack of bottle weaning • Appetite/food types (fats, sugars, etc.) • Snack foods (amount/type/frequency) • Foods used as reward • Food preparation methods • Where food is consumed (i.e. fast food) • History of growth pattern • Genetics • Dental health • Parental knowledge/skills • Parental perception of growth pattern • Multiple caregivers • Environmental factors/cultural factors • Resources for food/food security • Physical activity/frequency/amount • Sleep patterns/amount • Abuse/neglect/stress • Amount of time watching TV • Socioeconomic influences/cultural factors *In recognition of the importance of language, the 2007 Expert Committee report recommends the use of the terms overweight and obese for documentation and risk assessment only and the use of more neutral terms when speaking with clients. The expert committee urges clinicians to be supportive, empathetic, and nonjudgmental. A careful choice of words will convey an empathetic attitude. Adult patients have identified "fatness," "excess fat," and "obesity" as derogatory terms, and obese adolescents prefer the term "overweight." Younger children and their families may respond similarly, and clinicians should discuss the problem with individual families by using more neutral terms, such as "weight," "excess weight," and "BMI."* http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full.html From Parental Perceptions of Weight Terminology That Providers Use With Youth published in *Pediatrics* 2011;128:e786–e793: *In discussions of excess weight with youth, parents prefer that doctors use the terms "weight" and "unhealthy weight" rather than "fat," "obese," and "extremely obese." Parents perceive the latter terms as stigmatizing and blaming and least likely to motivate youth to lose weight.* http://pediatrics.aappublications.org/content/early/2011/09/21/peds.2010-3841

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
114.01	Overweight (Child ≥ 24 months)	**Child 24 months or older** ≥ 85th and < 95th percentile BMI-for-age based on CDC growth charts. Stature measurements must be done.	C2+ 3	• Adequacy of health care • Excess food/beverage intake • Inappropriate feeding practices • Lack of bottle weaning • Appetite/food types (fats, sugars, etc.) • Snack foods (amount/type/frequency) • Foods used as reward • Food preparation methods • Where food is consumed (i.e. fast food) • History of growth pattern • Genetics • Dental health • Parental knowledge/skills • Parental perception of growth pattern • Multiple caregivers • Environmental factors/cultural factors • Resources for food/food security • Physical activity/frequency/amount • Sleep patterns/amount • Abuse/neglect/stress • Amount of time watching TV • Socioeconomic influences/cultural factors *In recognition of the importance of language, the 2007 Expert Committee report recommends the use of the terms overweight and obese for documentation and risk assessment only and the use of more neutral terms when speaking with clients. The expert committee urges clinicians to be supportive, empathetic, and nonjudgmental. A careful choice of words will convey an empathetic attitude. Adult patients have identified "fatness," "excess fat," and "obesity" as derogatory terms, and obese adolescents prefer the term "overweight." Younger children and their families may respond similarly, and clinicians should discuss the problem with individual families by using more neutral terms, such as "weight," "excess weight," and "BMI."* http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full.html From Parental Perceptions of Weight Terminology That Providers Use With Youth published in *Pediatrics* 2011;128:e786–e793: *In discussions of excess weight with youth, parents prefer that doctors use the terms "weight" and "unhealthy weight" rather than "fat," "obese," and "extremely obese." Parents perceive the latter terms as stigmatizing and blaming and least likely to motivate youth to lose weight.* http://pediatrics.aappublications.org/content/early/2011/09/21/peds.2010-3841

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
114.02	At Risk of Overweight (Infant or Child) *This risk is not assigned by the computer. CPAs will need to manually assign.*	**At Risk of Overweight is defined as one or more of the following:** Being < 12 months of age and born to a woman who was obese (BMI ≥ 30) at the time of conception or at any point in the first trimester of the pregnancy. Actual BMI measurement of mother may be documented but is not required. **OR** Being ≥12 months of age and having a biological mother who is obese (BMI ≥ 30) at the time of certification. Actual BMI measurement of mother may be documented but is not required. **OR** Being an infant or child (birth to 5 years of age) and having a biological father who is obese (BMI ≥ 30) at the time of certification (BMI must be based on the father's self-reported weight and height or on weight and height measurements taken by staff at the time of certification.) Actual BMI measurement of father may be documented, but is not required. **Note**: This risk is not required to be assessed/used. However, it may be used for certification if information is available. BMI must be based on the mother's self-reported weight and height or on weight and height measurements taken by staff at the time of certification. If the mother is pregnant or has had a baby within the past 6 months, use her prepregnancy weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain. To determine if the mother/father is obese, use the following table, regardless of age: **Height** — **Weight equal to a BMI of 30** 4'10" 143 4'11" 148 5'0" 153 5'1" 158 5'2" 164 5'3" 169 5'4" 174 5'5" 180 5'6" 186 5'7" 191 5'8" 197 5'9" 203 5'10" 209 5'11" 215 6'0" 221 6'1" 227 6'2" 233 6'3" 240	IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	See assessment and counseling factors/considerations in risk 114.01

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
115.01	High Weight-for-Length (Infant or Child < 24 months)	**Infant or Child less than 24 months** ≥ 98th percentile weight-for-length based on WHO growth charts	IBE 1 IBP 1 IFF 1 C1 3	See assessment and counseling factors/considerations in risk 114.01
121.01	Short Stature (Infant or Child)	**Infant or Child less than 24 months** ≤ 2nd percentile length-for-age based on WHO growth charts **Child 24 months or older** ≤ 5th percentile stature-for-age based on CDC growth charts	IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequate consumption of foods and/or beverages • Insufficient protein and calories • Regularity of meals and/or snacks • Improper formula dilution • Feeding ability • Where food is consumed (i.e. fast food) • Food intolerance/allergies • Low birth weight/prematurity • History of growth pattern • Metabolic/chronic medical conditions • Developmental delay • Physical handicaps • Genetics/congenital condition • Activity level/frequency/amount • Sleep patterns/amount • Parental knowledge/skills • Parental perception of growth pattern • Multiple caregivers • Abuse/neglect/stress • Resources for food/food security • Cultural factors
121.02	At Risk of Short Stature (Infant or Child)	**Infant or Child less than 24 months** > 2nd and ≤ 5th percentile length-for-age based on WHO growth charts **Child 24 months or older** >5th percentile and ≤ 10th percentile stature-for-age based on CDC growth charts FL-WiSE uses recumbent measurements for children less than 24 months. At 24 months and older, stature measurements (standing height) are used. The CPA has the option not to use this risk for children over 2 years of age whose height-for-age measurement has not increased in percentiles for at least a 12-month period of time. The assumption can be made that the child is genetically small and this risk would no longer apply. The CPA must document the reason the child is not being certified for this risk as part of the SOAP note or nutrition education note. However, the CPA has the option to continue to recertify the child for this risk if it is felt that the child could benefit from continuation in the WIC program. **Note:** For premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age.	IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
131.01	Low Maternal Weight Gain (Pregnant Woman)	1. **Pregnant Woman, any trimester** Any pregnant woman who has a weight gain below the grid, regardless of her prepregnancy weight status (underweight, normal weight, overweight, or obese). (This risk is system generated when this occurs.) Low weight gain from the documented or self-reported prepregnancy weight measurement (if prepregnancy weight measurement is reasonable) may be used. OR **CPA must manually assign this risk when the following occurs:** 2. **Pregnant Woman, 2nd and 3rd trimesters only** <u>Prepregnancy Overweight</u>: BMI 25.0 to 29.9 and weight gain < 0.5 lb./week <u>Prepregnancy Obese</u>: BMI ≥ 30.0 and weight gain < 0.4 lb./week There needs to be at least 2 weight measurements in the 2nd and/or 3rd trimester to determine if risk applies.	PG 1	• Adequacy of health care • Insufficient calories • Regularity of meals/snacks • Caffeine use • Metabolic/chronic/acute medical conditions • Obstetrics history • Weight gain history • Food intolerance/allergies • Pica • Eating disorders • Nausea/vomiting • Diarrhea/constipation • Dental health • Substance use/abuse • Support system/cultural factors • Abuse/neglect/stress • Physical activity/frequency/amount • Sleep pattern/amount • Resources for food/food security • Environmental factors/exposure to toxins

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
131.02	Low Maternal Weight Gain (High Risk) (Pregnant Woman)	**CPA must manually assign this risk when the following occurs:** Pregnant Woman, 2nd and 3rd trimesters only Prepregnancy Underweight: BMI < 18.5 and weight gain < 1 lb./week Prepregnancy Normal Weight: BMI 18.5-24.9 and weight gain < 0.8 lb./week There needs to be at least 2 weight measurements in the 2nd and/or 3rd trimester to determine if risk applies.	PG 1	• Adequacy of health care • Insufficient calories • Regularity of meals/snacks • Caffeine use • Metabolic/chronic/acute medical conditions • Obstetrics history • Weight gain history • Food intolerance/allergies • Pica • Eating disorders • Nausea/vomiting • Diarrhea/constipation • Dental health • Substance use/abuse • Support system/cultural factors • Abuse/neglect/stress • Physical activity/frequency/amount • Sleep pattern/amount • Resources for food/food security • Environmental factors/exposure to toxins

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
133.01	High Maternal Weight Gain	**Note: This risk is for <u>Singleton Pregnancy only</u>.** **Pregnant Woman** CPA must manually assign if a high rate of weight gain, such that in the 2nd or 3rd trimesters: • Underweight women gain more than 1.3 pounds per week • Normal weight women gain more than 1.0 pound per week • Overweight women gain more than 0.7 pound per week • Obese women gain more than 0.6 pound per week OR A pregnant woman's weight (in any trimester) plots above the top line of the appropriate weight gain ranges for her respective prepregnancy category. **Breastfeeding or Postpartum Woman** In the most recent pregnancy, total weight gain exceeding: **Prepregnancy** **<u>Weight Category</u> <u>BMI</u> <u>Risk if gain is:</u>** Underweight < 18.5 > 40 lb. Normal 18.5-24.9 > 35 lb. Overweight 25.0-29.9 > 25 lb. Obese ≥ 30.0 > 20 lb. **Note:** Weight restriction during pregnancy is never recommended. Be aware that excessive weight gain may be a sign of a serious medical condition and these women should immediately be referred to a physician or other health care provider.	PG 1 BE 1 BP 1 NPP 6	• Adequacy of health care • Excess food/beverage intake • Importance of appropriate weight gain • Regularity of meals/snacks • Where food is consumed (i.e. fast food) • Food preparation methods/abilities • Amount of fat/sugars in diet • Eating disorders • Food likes/dislikes • Chronic diseases • Dental health • Pica • Physical activity/frequency/amount • Sleep pattern/amount • Psychological/emotional health status • Abuse/neglect/stress • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
134.01	Failure to Thrive MEDICALLY HIGH RISK	Some indicators that the physician may use to diagnose Failure to Thrive (FTT) include: • Weight-for-age repeatedly below the 2.3rd percentile for infants/children younger than 2 years or repeatedly below the 5th percentile for children 2 years and older • Weight-for-length repeatedly below the 2.3rd percentile for infants/children younger than 2 years or Body Mass Index (BMI) repeatedly below the 5th percentile for children 2 years and older • Stature-for-age consistently below the 2.3rd percentile for infants/children younger than 2 years or repeatedly below 5th percentile for children 2 years and older • Weight less than 75% of median ("typical") weight-for-age • Weight less than 80% of median weight-for-stature • Progressive fall-off in weight-for-age, weight-for-stature, and/or stature-for-age, that crosses down two major percentile lines • Rate of weight gain less than the 5th percentile based on World Health Organization velocity standards This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. No thresholds are established for WIC; the determination is made by a health care provider based on professional judgment. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Insufficient calories/inadequate/inappropriate diet • Inaccurate formula dilution • Regularity of feedings/meals • Age of introduction of solids • Insufficient retention of nutrients • Over-restriction of foods • Types/amounts of beverages • Pica • Feeding skills/environment • Importance of close physical contact • Food likes/dislikes • Dental health • Acute/recurring infections/illness • Metabolic/chronic medical conditions • History of growth pattern • Food intolerance/allergies • Genetics • Parental knowledge/skills • Parental perception of growth pattern • Poor family/social situation • Environmental factors/exposure to toxins • Resources for food/food security • Physical activity/frequency/amount • Sleep patterns/amount • Abuse/neglect/stress • Cultural factors • Inappropriate feeding based on infant/child's stage of development • Improper breastfeeding positioning of technique • Excessive fluids other than breastmilk/formula for infants • Inadequate access to appropriate foods • Restrictive diet, including vegan, low-fat, or food allergy related

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
135.01	Slow/Faltering Growth Pattern (Infant)	An inadequate rate of weight gain for infants ≤ 6 months of age as defined below: **A. Infant birth to 2 weeks of age:** ≥ 7% loss of birth weight (weight < 93% of birth weight) **OR** **B. Infant 2 weeks to 6 months of age:** Any weight loss (There must be 2 separate weight measurements at least 8 weeks apart.) The last measurement used for system determination of this risk by FL-WiSE will be 6 months minus 1 day.	IBE 1 IBP 1 IFF 1	• Adequacy of health care • Insufficient calories/inadequate or inappropriate diet • Inaccurate formula dilution • Insufficient retention of nutrients • Regularity/frequency of feedings/meals • Over-restriction of foods • Likes/dislikes of foods • Types/amounts of beverages • Pica • Age of introduction of solids • Acute/recurring infections/illnesses • Developmental delay/feeding problems • Dental health • Metabolic/chronic conditions • Genetics • Low birth weight • History of growth pattern • Perinatal complications/prematurity • Food intolerance/allergies • Poor family/social situation • Parental knowledge/skills • Parental perception of growth pattern • Multiple caregivers • Environmental factors/exposure to toxins • Physical activity/frequency/amount • Sleep pattern/amount • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
141.01	Low Birth Weight (Infant or Child < 24 months of age)	**Infant or Child less than 24 months of age** Birth weight ≤ 5 lb. 8 oz. (≤ 2500 grams). The infant's or child's birth weight may be self-reported by the parent, guardian, or caregiver.	IBE 1 IBP 1 IFF 1 C1 3	**Note:** Before counseling, consider the child's growth pattern since birth. Although weight was low at birth, the child may have since achieved a pattern of sustained or catch-up growth. Therefore, some counseling topics may not apply. • Adequacy of health care • Frequency/length of feedings • Positioning during feedings • Age of introduction of solids • Appropriate age-adjusted feeding skills • Formula preparation/dilution • Amount/type of beverages • Bottle/cup feeding • Appropriate feeding equipment • State of alertness during feedings • Medical complications • Gestational age • Mother's weight gain during pregnancy • History of growth pattern • Perinatal complications/prematurity in previous pregnancies • Multiple pregnancy of mother • Metabolic/chronic conditions • Developmental delay • Genetics • Drug/nutrient interactions • Suck/swallow reflex • Oral/motor dysfunctions • Stooling patterns • Acute/recurring infections/illnesses • Hunger/satiety cues • Socioeconomic influences/cultural factors • Parental knowledge/skills • Parental perception of growth pattern • Home/mealtime environment • Resources for food/food security • Refer to breastfeeding educator/IBCLC
141.02	Low Birth Weight (High Risk) (Infant)	**Infant** Birth weight < 5 lb. The infant's birth weight may be self-reported by the parent, guardian, or caregiver.	IBE 1 IBP 1 IFF 1	
142.01	Preterm Delivery (Infant or Child < 24 months of age)	**Infant or Child less than 24 months of age** Infant born ≤ 36 6/7 weeks gestation. Must be based on EDD or documentation from the health care provider.	IBE 1 IBP 1 IFF 1 C1 3	
142.02	Early Term Delivery (Infant or Child < 24 months of age)	**Infant or Child less than 24 months of age** Infant born ≥ 37 0/7 to ≤ 38 6/7 weeks gestation. Must be based on EDD or documentation from the health care provider.	IBE 1 IBP 1 IFF 1 C1 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
151.01	Diagnosed Small For Gestational Age (SGA) (High Risk) (Infant)	**Infant** Presence of small for gestational age must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	IBE 1 IBP 1 IFF 1	• Adequacy of health care • Frequency/length of feedings • Positioning during feedings • State of alertness during feedings • Gestational age • History of growth pattern • Metabolic/chronic conditions • Developmental delay • Genetics • Drug/nutrient interactions • Suck/swallow reflex • Appropriate age-adjusted feeding skills • Oral/motor dysfunctions • Stooling patterns • Acute/recurring infections/illnesses • Hunger/satiety cues • Socioeconomic influences/cultural factors • Parental knowledge/skills • Parental perception of growth pattern • Home/mealtime environment • Resources for food/food security • Refer to breastfeeding educator/IBCLC
151.01	Diagnosed Small for Gestational Age (Child < 24 months of age)	**Child less than 24 months of age** Presence of small for gestational age must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	C1 1	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
152.01	Low Head Circumference (Infant) *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Infant** ≤ 2nd percentile head circumference-for-age based on the WHO growth charts. **Note:** The head circumference measurement is not required to be taken. However, it may be used for certification if measurement is available. **Note:** For premature infants, assignment of this risk criterion will be based on adjusted gestational age.	IBE 1 IBP 1 IFF 1	• Adequacy of health care • Frequency/length of feedings • Positioning during feedings • Age of introduction of solids • Formula preparation/dilution • Amount/type of beverages • Bottle/cup feeding • Appropriate feeding equipment • State of alertness during feedings • Gestational age • History of growth pattern • Metabolic/chronic conditions • Developmental delay • Genetics • Drug/nutrient interactions • Suck/swallow reflex • Oral/motor dysfunctions • Stooling patterns • Acute/recurring infections/illnesses • Hunger/satiety cues • Socioeconomic influences/cultural factors • Parental knowledge/skills • Parental perception of growth pattern • Home/mealtime environment • Resources for food/food security
153.01	Large for Gestational Age (Infant)	**Infant** Birth weight ≥ 9 lb. or ≥ 4000 grams The birth weight or diagnosis of large for gestational age may be self-reported or documented by a health care provider.	IBE 1 IBP 1 IFF 1	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
201.01	Low Hemoglobin/ Hematocrit	Low hemoglobin (Hgb) or hematocrit levels: **Hgb** **Hematocrit** Pregnant 1st or 3rd trimester < 11 g/dL < 33% Pregnant 2nd trimester < 10.5 g/dL < 32% Breastfeeding/Postpartum < 11.8 g/dL < 36% Infant < 11 g/dL < 33% Child 1 year to < 2 years < 11 g/dL < 33% Child ≥ 2 years to 5 years < 11.1 g/dL < 33%	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• The WIC food package is designed to include foods that contain specific nutrients to improve the health status of program participants, address inadequate intakes, and, ultimately, prevent nutrient deficiencies such as iron deficiency and iron deficiency anemia. Nutrition education combined with the WIC food package can help decrease the likelihood that an individual would develop iron deficiency anemia. • For individuals who currently have low hemoglobin or hematocrit, WIC staff can: ○ Refer participants to their health care provider for more thorough testing as appropriate. Only a health care provider can diagnose anemia and determine the specific type and cause. ○ Reinforce treatment plans, such as iron supplementation, provided by the health care provider, and refer participants to health care providers for medical follow-up care. ○ Provide follow up testing/referrals at future appointments. ○ Discuss lead testing with participant or parent/caregiver and refer to appropriate resources if needed. ○ Reiterate infant feeding guidance such as providing iron-fortified infant formula for infants not breastfed or partially breastfed for the first year of life and offering iron-rich or iron fortified complementary foods around 6 months of age. ○ For breastfed infants, refer to healthcare provider to determine if iron supplementation is needed before 6 months of age, see: https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/diet-and-micronutrients/iron.html ○ Encourage consumption of iron-rich foods (with an emphasis on the foods in the WIC food package): lentils and beans, fortified cereals, red meats, fish, and poultry, for more information, see: https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/#h3 ○ Encourage consumption of foods rich in vitamin C to aid in iron absorption: citrus fruits, tomatoes, and other fruits and vegetables, for more information see: http://ods.od.nih.gov/factsheets/VitaminC-HealthProfessional/
201.02	Low Hemoglobin/ Hematocrit (High Risk)	Low hemoglobin (Hgb) or hematocrit levels that meet high risk criteria: Hemoglobin < 9.5 g/dL Hematocrit < 28.5%	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
211.01	Elevated Blood Lead Level	Blood lead level of ≥ 3.5 micrograms per deciliter within the past 12 months for all children. Blood lead level of ≥ 5 micrograms per deciliter within the past 12 months for all women and infants. Cut off values are the current published guidance from CDC.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Potential sources of lead exposure (age of housing, recent renovation, pica, occupational exposure, lead glazed pottery) • Adequacy of diet • Regularity of meals • Low calcium intake • Low iron intake • Water source • Is water heated/re-heated/length of time • Food preparation/storage methods • Anemia • Pica • Recent illness • Metabolic/chronic medical conditions • Developmental delay • Vomiting/weight loss • Food intolerance/allergies • Resources for food/food security • Environmental factors/toxins • Parental knowledge/skills • Parental occupations • Folk remedies • Stress/neglect/abuse • Cultural factors
211.02	Elevated Blood Lead Level MEDICALLY HIGH RISK	Medically high risk blood lead level of ≥ 10 micrograms per deciliter within the past 12 months. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
301.01	Hyperemesis Gravidarum (High Risk) (Pregnant Woman)	**Pregnant Woman** Severe and persistent nausea and vomiting which may cause > 5% weight loss and fluid and electrolyte imbalances. The nutrition risk is based on a chronic condition, not a single episode. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1	• Adequacy of health care • Timing/size/content of meals/snacks • Consuming liquids with meals • Consuming strong acidic/strong-flavored foods • Use of high fat/fried foods • Lying down immediately after eating • Brushing teeth immediately after meals • Inadequate hydration • Weight gain/loss • Strong odors • Sudden movements • Lack of fresh air • Nutrient/herbal supplements • Vitamin/mineral supplements • Metabolic/chronic diseases • Physical activity/frequency/amount • Sleep pattern/amount • Substance use/abuse • Psychological factors • Client knowledge • Abuse/neglect/stress • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
302.01	Gestational Diabetes MEDICALLY HIGH RISK (Pregnant Woman)	**Pregnant Woman** Gestational diabetes mellitus is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1	• Adequacy of health care • Prescribed meal plan • Nutrition knowledge level • Timing of meals/snacks • Appetite • Like/dislikes of foods • Food preparation methods • Prescribed medication use/compliance • History of diet compliance • Motivation to follow meal plan • Weight gain/loss • Use of sweeteners • Fiber sources • Use of concentrated sweets • Maternal obesity • Blood glucose monitoring procedures/frequency • Signs/treatment of hypo- and hyperglycemia • Infection control • Resources for food/food security • Substance use/abuse • Sick-day procedures • Physical activity/frequency/amount • Sleep pattern/amount • Abuse/neglect/stress • Cultural factors • Postpartum follow-up screening plans
303.01	History of Gestational Diabetes (High Risk)	**Any pregnancy for pregnant, breastfeeding, or postpartum woman.** History of gestational diabetes must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6	
304.01	History of Preeclampsia (High Risk)	**Any pregnancy for pregnant, breastfeeding, or postpartum woman.** History of preeclampsia must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
310.01	History of Preterm or Early Term Delivery (Pregnant Woman)	**Any pregnancy for pregnant woman.** Preterm Delivery of infant born ≤ 36 6/7 weeks gestation or Early Term Delivery of infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation. Must be based on EDD or documentation from the health care provider.	PG 1	• Weight gain/loss • Feeding frequency/regularity of meals/snacks • Adequacy of nutrients/calorie intake • Adequate hydration • Eating disorders • Metabolic/chronic conditions • Medication use • Substance use/abuse • Emotional/psychological health status • Abuse/neglect/stress • Client knowledge/skills • Physical activity/frequency/amount • Sleep pattern/amount • Resources for food/food security • Cultural factors
311.01	History of Preterm or Early Term Delivery (Breastfeeding or Postpartum Woman)	**Only most recent pregnancy for breastfeeding or postpartum woman.** Preterm Delivery of infant born ≤ 36 6/7 weeks gestation or Early Term Delivery of infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation. Must be based on EDD or documentation from the health care provider.	BE 1 BP 1 NPP 6	
312.01	History of Low Birth Weight (Pregnant Woman)	**Any pregnancy for pregnant woman.** Birth weight ≤ 5 lb. 8 oz. or ≤ 2500 grams as documented by a health care provider or as self-reported by the woman.	PG 1	
313.01	History of Low Birth Weight (Breastfeeding or Postpartum Woman)	**Only most recent pregnancy for breastfeeding or postpartum woman.** Birth of an infant ≤ 5 lb. 8 oz. or ≤ 2500 grams as documented by a health care provider or as self-reported by the woman.	BE 1 BP 1 NPP 6	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
321.01	History of Spontaneous Abortion, Fetal or Neonatal Loss	**Pregnant Woman** Two or more spontaneous abortions (< 20 weeks gestation or < 500 grams) or any history of fetal death (death at ≥ 20 weeks gestation) or any history of neonatal death (0-28 days of life) as documented by a health care provider or as self-reported by the woman based on a previous diagnosis by a health care provider. Does not include an elective abortion. **Most recent pregnancy for breastfeeding and postpartum woman:** A spontaneous abortion (< 20 weeks gestation or < 500 grams) or a fetal death (death at ≥ 20 weeks gestation) or a neonatal death (0-28 days of life) as documented by a health care provider or as self-reported by the woman based on a previous diagnosis by a health care provider. Does not include an elective abortion.	PG 1 BE 1 BP 1 NPP 6A	• Adequacy of health care • Adequate weight gain • Nutrient dense meals/snacks • Adequate hydration • Need for folic acid • Metabolic/chronic medical conditions • Eating disorders • Food intolerance/allergies • Acute/recurrent illnesses/infections • Genetics • Need to avoid subsequent pregnancy until nutrient stores replenished (short inter-conception period) • Client knowledge • Support system/cultural factors • Abuse/neglect/stress • Substance use/abuse • Physical activity/frequency/amount • Sleep pattern/amount • Resources for food/food security • Psychological/emotional health status
321.02	Multifetal gestation with 1 or more fetal or neonatal deaths and 1 or more infants still living (Breastfeeding Woman) *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Most recent pregnancy for breastfeeding woman:** Multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living.	BE 1 BP 1	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
331.01	Age ≤ 20 Years at Last Menstrual Period	≤ 20 years of age at last menstrual period (LMP). Self-reported LMP is adequate. Current pregnancy for pregnant women, most recent pregnancy only for breastfeeding or postpartum women.	PG 1 BE 1 BP 1 NPP 6	• Infant at increased risk of low birth weight, prematurity, congenital malformations, sudden unexplained infant death (SUID), developmental delays
331.02	Age ≤ 16 Years at Last Menstrual Period (High Risk)	≤ 16 years of age at last menstrual period (LMP). Self-reported LMP is adequate. Current pregnancy for pregnant women, most recent pregnancy only for breastfeeding or postpartum women.	PG 1 BE 1 BP 1 NPP 6	
332.01	Short Interpregnancy Interval	Conception ≤ 18 months since last live birth. The last menstrual period (LMP) +14 must be within 18 months from the date of the last live birth Current pregnancy for pregnant women, most recent pregnancy only for breastfeeding or postpartum woman.	PG 1 BE 1 BP 1 NPP 6	• Adequacy of health care • Adequacy of nutrient/calorie intake • Regularity of meals/snacks • Weight gain/loss • Assess interest/access in family planning services • Iron and folate intake • Metabolic/chronic medical conditions • Food intolerance/allergies • Recent/recurring illnesses/infections • Substance use/abuse • Psychological/emotional health status/cultural factors • Abuse/neglect/stress • Access to family planning resources • Physical activity/frequency/amount • Sleep pattern/amount • Increased risk for LBW infants • Increased risk for gestational diabetes if overweight with subsequent pregnancies • Resources for food/food security

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
334.01	Lack of or Infrequent Prenatal Visits (Pregnant Woman)	**Pregnant Woman** Prenatal care beginning after the 1st trimester (after 13th week) of pregnancy. OR has lack of or infrequent prenatal visits based on the chart below: **Weeks of Gestation** / **Number of Prenatal Visits** 14-21: 0 or unknown 22-29: 1 or less 30-31: 2 or less 32-33: 3 or less 34 or more: 4 or less Client may self-report number of prenatal visits. **Note:** A visit **only** to confirm pregnancy is not considered a prenatal care visit.	PG 1	• Adequacy of health care • Adequate weight gain • Nutrient dense meals/snacks • Adequate hydration • Use of nutritional/herbal supplements • Vitamin/mineral supplements • Maternal age • Metabolic/chronic medical conditions • Eating disorders • Recent/recurrent illnesses/infections • Food intolerance/allergies • Support system/cultural factors • Client knowledge • Need for prenatal services • Psychological/emotional health status • Abuse/neglect/stress • Referral to social services and/or medical provider • Lifestyle practices • Substance use/abuse • Resources for food/food security • Physical activity/frequency/amount • Sleep pattern/amount

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
335.01	Multifetal Gestation (High Risk) (Pregnant, Breastfeeding Woman)	**Pregnant or Breastfeeding Woman:** > 1 fetus in the current pregnancy for pregnant woman or the most recent pregnancy for breastfeeding woman. Must be confirmed. The adequacy of the confirmation is left up to the CPA. For twin gestation, the 2009 IOM recommendations for weight gain during pregnancy provide provisional guidelines as follows: Normal prepregnancy weight 37-54 lb. Overweight prepregnancy weight 31-50 lb. Obese prepregnancy weight 25-42 lb. No recommendations for Underweight woman. Note: Woman underweight prior to pregnancy are plotted on the multifetal normal weight grid in FL-WiSE. Weight gain should be 1.5 lb./week in 2nd and 3rd trimesters. Triplet gestation: weight gain of 50 pounds (1.5 lb./week throughout pregnancy)	PG 1 BE 1 BP 1	• Adequacy of health care • Adequate weight gain • Adequate hydration • Vitamin/mineral supplementation • Nutrient dense meals/snacks • Regularity of meals/snacks • LBW infants • Anemia • Heartburn/indigestion • Support system/cultural factors • Signs of preterm labor/delivery • Substance use/abuse • Caffeine use • Client knowledge/skills • Physical activity/frequency/amount • Sleep pattern/amount • Abuse/neglect/stress • Resources for food/food security
335.01	Multifetal Gestation (Postpartum Woman)	**Postpartum Woman:** > 1 fetus in the most recent pregnancy for postpartum woman. Must be confirmed. The adequacy of the confirmation is left up to the CPA.	NPP 6	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
336.01	Fetal Growth Restriction (High Risk) (Pregnant Woman) This risk is not assigned by the computer. CPAs will need to manually assign.	**Pregnant Woman** Fetal Growth Restriction (FGR) replaces the term Intrauterine Growth Retardation (IUGR). FGR is diagnosed by a health care provider with serial measurements of fundal height and abdominal girth, and can be confirmed with ultrasonography. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1	• Adequacy of health care • Adequate nutrients/calorie intake • Adequate hydration • Use of nutrient/herbal supplements • Adequate maternal vitamin/mineral supplementation • Cooking/storage facilities • Hypoglycemia • Maternal height • Prepregnancy weight • Birth interval • Maternal substance use/abuse • Caffeine use • Lifestyle practices • Physical activity/frequency/amount • Sleep pattern/amount • Resources for food/food security • Psychological/emotional health status • Support system/cultural factors • Attitude toward pregnancy • Client knowledge/skills • Abuse/neglect/stress

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
337.01	History of Birth of Large for Gestational Age Infant Weighing ≥ 9 lb. (≥ 4000 gm)	**History of any pregnancy for pregnant, breastfeeding or postpartum woman.** History of birth of an infant weighing ≥ 9 lb. (≥ 4000 grams). Birth weight can be self-reported.	PG 1 BE 1 BP 1 NPP 6	• Adequacy of health care • Adequate nutrient/excess calorie consumption • Usual food/fluid intake • Regularity of meals/snacks • Total weight gain expected • Need for high-quality diet • Decrease refined sugars/total fat as appropriate • Appropriate snack choices • Use of nutritional/herbal supplements • Vitamin/mineral supplements • Medication use • Genetics • Chronic medical conditions • Gestational diabetes • Client knowledge • Cooking methods • Food intolerances/allergies • Substance use/abuse • Physical activity/frequency/amount • Sleep pattern/amount • Resources for food/food security • Cultural factors
338.01	Pregnant Woman Currently Breastfeeding	**Pregnant Woman** Currently breastfeeding an infant or child.	PG 1	• Adequacy of health care • Adequate weight gain • Nutrient dense meals/snacks • Vitamin/mineral supplements • Caffeine use • Adequate hydration • Food likes/dislikes • Food intolerance/allergies • Client knowledge • Support system/cultural factors • Breastfeeding information/guidelines/support • Abuse/neglect/stress • Substance use/abuse • Physical activity/frequency/amount • Sleep pattern/amount • Resources for food/food security

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
339.01	History of Birth with Nutrition Related Congenital or Birth Defect	**Any pregnancy for pregnant woman and most recent pregnancy for breastfeeding or postpartum woman.** A woman who has given birth to an infant who has a congenital or birth defect [such as a Neural Tube Defect (NTD)] that is linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. **Reminder:** Clients with a previous NTD birth have greater folic acid requirements (4000 micrograms per day) for subsequent pregnancies.	PG 1 BE 1 BP 1 NPP 6	• Adequacy of health care • Inappropriate nutrient intake prior to conception & during pregnancy such as inadequate folic acid or excess vitamin A • Lack of folic acid in diet/supplements • Total weight gain expected • Nutrient dense meals/snacks • Decrease refined sugars/total fat as appropriate • Adequate hydration • Food likes/dislikes • Recent/recurrent illnesses/infections • Genetics • Metabolic/chronic medical conditions • Obstetrical history • Food intolerance/allergies • Substance use/abuse • Client knowledge • Physical activity/frequency/amount • Sleep pattern/amount • Abuse/neglect/stress • Resources for food/food security • Cultural factors • Medication use

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
341.01	Nutrient Deficiency or Disease MEDICALLY HIGH RISK	Any currently treated or untreated nutrient deficiency or disease. Diseases include, but are not limited to: • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Pellagra • Iron Deficiency • Xeropthalmia, etc. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Nutrient dense meals/snacks • Adequate hydration • Regularity of meals/snacks • Diet restrictions • Insufficient retention of nutrients • Feeding delays or oral-motor dysfunction • Feeding environment • Tube feedings/parenteral supplements • Nutrient/herbal supplements • Vitamin/mineral supplements • Drug/nutrient interactions • Rumination • Malabsorption syndrome • Food intolerance/allergies • Lowered resistance to infections/disease • Genetics • Growth patterns • Parental knowledge/skills • Physical activity/frequency/amount • Sleep patterns/amount • Substance use/abuse • Abuse/neglect/stress • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
342.00	Malabsorption Syndrome MEDICALLY HIGH RISK	Current diseases or conditions that interfere with the intake or absorption of nutrients. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Inappropriate diet/fluid intake/calorie intake • Insufficient retention of nutrients • High fat diet • Caffeine/chocolate/citrus/spicy foods intake • Timing of meals/snacks • Feeding positions • Thickening ABM • Genetics • Chronic medical conditions • Aspiration pneumonia • Esophageal irritation • Lung infections • Severe pain • Tight fitting clothing • Substance use/abuse • Abuse/neglect/stress • Environmental considerations • Physical activity/frequency/amount • Sleep patterns/amount • Parental knowledge • Parental perception of growth pattern • Resources for food/food security • Cultural factors
342.01	Gallbladder Disease MEDICALLY HIGH RISK			
342.02	Liver Disease MEDICALLY HIGH RISK			
342.03	Crohn's Disease MEDICALLY HIGH RISK			
342.04	Inflammatory Bowel Disease MEDICALLY HIGH RISK			
342.05	Ulcers, Stomach or Intestinal MEDICALLY HIGH RISK			
342.06	Small Bowel Enterocolitis/ Short Bowel Syndrome MEDICALLY HIGH RISK			

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
342.07	Pancreatitis MEDICALLY HIGH RISK	Current diseases or conditions that interfere with the intake or absorption of nutrients. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N) for medically high risk conditions.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Inappropriate diet/fluid intake/calorie intake • Insufficient retention of nutrients • High fat diet • Caffeine/chocolate/citrus/spicy foods intake • Timing of meals/snacks • Feeding positions • Thickening ABM • Genetics • Chronic medical conditions • Aspiration pneumonia • Esophageal irritation • Lung infections • Severe pain • Tight fitting clothing • Substance use/abuse • Abuse/neglect/stress • Environmental considerations • Physical activity/frequency/amount • Sleep patterns/amount • Parental knowledge • Parental perception of growth pattern • Resources for food/food security • Cultural factors
342.08	Ulcerative Colitis MEDICALLY HIGH RISK			
342.09	Gastroesophageal Reflux Disease (High Risk)			
342.10	Bariatric Surgery MEDICALLY HIGH RISK (Women only)		PG 1 BE 1 BP 1 NPP 6	
342.11	Intact Protein Intolerance (High Risk)	Current diseases or conditions that interfere with the intake or absorption of nutrients. When a health care provider indicates intact protein intolerance, milk and/or soy protein intolerance, intact protein sensitivity, milk and/or soy protein sensitivity, or similar phrasing, this risk should be used. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
342.12	Gastrointestinal Disorder, Other MEDICALLY HIGH RISK	Current diseases or conditions that interfere with the intake or absorption of nutrients such as dysphagia. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Inappropriate diet/fluid intake/calorie intake • Insufficient retention of nutrients • High fat diet • Caffeine/chocolate/citrus/spicy foods intake • Timing of meals/snacks • Feeding positions • Thickening ABM • Genetics • Chronic medical conditions • Aspiration pneumonia • Esophageal irritation • Lung infections • Severe pain • Tight fitting clothing • Substance use/abuse • Abuse/neglect/stress • Environmental considerations • Physical activity/frequency/amount • Sleep patterns/amount • Parental knowledge • Parental perception of growth pattern • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
343.01	Diabetes Mellitus MEDICALLY HIGH RISK	Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action, or both. If the woman was diagnosed with diabetes for the first time during this pregnancy, she should be certified using risk 302.01 Gestational Diabetes. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Prescribed meal pattern • Age-appropriate diet • Adequacy of meals/snacks • Timing of meals/snacks/medications • Dietary restrictions • Nutrient/herbal supplements • Vitamin/mineral supplements • Adequate hydration • Food preparation methods • Food for special occasions • Appetite • Food likes/dislikes • History of diet compliance • Motivation to follow meal plan • Portion sizes • Reading food labels • Eating out • Food/medication interactions • Increased calorie needs due to hypermetabolism, etc. • Signs/symptoms /treatments of hypo and hyperglycemia • Sick-day management • Glucometer monitoring • Genetics • Metabolic/chronic medical conditions • Recent/recurring illnesses/infections • Food intolerance/allergies • Long term risks • Environmental factors • Client/parental knowledge/skills • Physical activity/frequency/amount • Sleep pattern/amount • Substance use/abuse • Support system/cultural factors • Resources for food/food security

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
344.01	Hypothyroidism (High Risk)	Hypothyroidism – Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis – Hashimoto's thyroiditis or autoimmune thyroid disease. It can be caused by severe iodine deficiency. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Prescribed meal pattern • Age-appropriate diet • Adequacy of meals/snacks • Timing of meals/snacks/medications • Dietary restrictions • Adequate hydration • Food preparation methods • Food for special occasions • Appetite • Food likes/dislikes • Nutrient/herbal supplements • Food/medication interactions • Genetics • Metabolic/chronic medical conditions • Recent/recurring illnesses/infections • Food intolerance/allergies • Long term risks • Environmental factors • Client/parental knowledge/skills • Physical activity/frequency/amount • Sleep pattern/amount • Substance use/abuse • Support system/cultural factors • Resources for food/food security • Cultural factors
344.02	Hyperthyroidism (High Risk)	Hyperthyroidism - Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.		

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
344.03	Thyroid Disorder, Other (High Risk)	Thyroid dysfunctions that occur in a pregnant or postpartum woman, during fetal development, and in childhood are caused by abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: **Congenital Hyperthyroidism** - Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation). **Congenital Hypothyroidism** - Infants born with an underactive thyroid gland and presumed to have had hypothyroidism in utero. **Postpartum Thyroiditis** - Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently the resolution is spontaneous. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Prescribed meal pattern • Age-appropriate diet • Adequacy of meals/snacks • Timing of meals/snacks/medications • Dietary restrictions • Adequate hydration • Food preparation methods • Food for special occasions • Appetite • Food likes/dislikes • Nutrient/herbal supplements • Food/medication interactions • Genetics • Metabolic/chronic medical conditions • Recent/recurring illnesses/infections • Food intolerance/allergies • Long term risks • Environmental factors • Client/parental knowledge/skills • Physical activity/frequency/amount • Sleep pattern/amount • Substance use/abuse • Support system/cultural factors • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
345.01	Hypertension, Pregnancy-induced MEDICALLY HIGH RISK	**Pregnant Woman** **Gestational Hypertension**: onset of hypertension during pregnancy usually after 20 weeks gestation without proteinuria. **Preeclampsia:** onset of hypertension during pregnancy typically with proteinuria and usually after 20 weeks gestation. **Chronic Hypertension with Superimposed Preeclampsia:** hypertension before pregnancy and preeclampsia develops during pregnancy. **Eclampsia:** presence of new-onset grand-mal seizure with preeclampsia. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1	• Adequacy of health care • Weight at LMP • Amount/pattern of weight gain • Regularity/frequency of eating high-sodium foods • Nutritional adequacies/deficiencies • Use of nutrient/herbal supplements • Drug/nutrient interactions • Sodium/calorie restrictions • Fluid intake • Reading food labels • Serving sizes • Medication use • Sodium level in medications • Eating out • Food intolerances/allergies • Age • Parity • Chronic medical conditions • Substance use/abuse • Physical activity/frequency/amount • Sleep pattern/amount • Support system/cultural factors • Abuse/neglect/stress • Resources for food/food security • Client knowledge/skills
345.02	Hypertension, Chronic and Pre-hypertension MEDICALLY HIGH RISK	**Pregnant Woman** **Chronic Hypertension:** Hypertension, consistent systolic blood pressure ≥ 140 mm mercury or diastolic blood pressure ≥ 90 mm mercury, that was present before pregnancy or diagnosed before 20 weeks gestation. **Pre-hypertension:** consistent readings of blood pressure of 120-139/80-89 mm mercury. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
345.02	Hypertension, Chronic and Pre-hypertension (High Risk)	**Breastfeeding Woman, Postpartum Woman, Infant, and Child** **Woman:** Presence of Hypertension or Pre-hypertension. **Child Hypertension:** blood pressure readings > 95th percentile for age, gender, and height on three separate occasions. **Child Pre-hypertension:** blood pressure reading between 90th and 95th percentile. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Weight at LMP • Amount/pattern of weight gain • Regularity/frequency of eating high-sodium foods • Nutritional adequacies/deficiencies • Use of nutrient/herbal supplements • Drug/nutrient interactions • Sodium/calorie restrictions • Fluid intake • Reading food labels • Serving sizes • Medication use • Sodium level in medications • Eating out • Food intolerances/allergies • Age • Parity • Chronic medical conditions • Substance use/abuse • Physical activity/frequency/amount • Sleep pattern/amount • Support system/cultural factors • Abuse/neglect/stress • Resources for food/food security • Client knowledge/skills

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
346.01	Renal Disease MEDICALLY HIGH RISK	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Prescribed meal plan • Food likes/dislikes • Motivation to follow meal plan • Recommended weight gain • Regularity/frequency of eating high-sodium foods • Nutritional adequacies/deficiencies • Use of nutrient/herbal supplements • Drug/nutrient interactions • Sodium/calorie restrictions • Fluid intake • Reading food labels • Serving sizes • Use of salt substitutes (if medical approval) • Substance use/abuse • Physical activity/frequency/amount • Sleep pattern/amount • Psychological/emotional health status • Support system/cultural factors • Abuse/neglect/stress • Resources for food/food security • Client knowledge/skills

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
347.01	Cancer MEDICALLY HIGH RISK	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N). **Some cancer treatments may contraindicate breastfeeding*.	PG 1 BE 1* BP 1* NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequate nutrient intake/calorie intake • Review dietary restrictions • Nutrient/herbal supplements • Insufficient retention of nutrients • Feeding abilities/skills • Proper feeding equipment • Food/medication interactions • Calorie dense meals/snacks • Adequate hydration • History of growth pattern • Nausea/vomiting/diarrhea • Avoid foods that aggravate situation • Medication side-effects • Dental health • Substance use/abuse • Parental/client knowledge/skills • Parental perception of growth pattern • Psychological/emotional health status • Environmental factors/exposure to toxins • Physical activity/frequency/amount • Sleep patterns/amounts • Resources for food/food security • Abuse/neglect/stress • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
348.01	Epilepsy (High Risk)	Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequate nutrient intake/calorie intake • Review dietary restrictions • Nutrient/herbal supplements • Vitamin/mineral supplements • Insufficient retention of nutrients • Feeding abilities/skills • Proper feeding equipment • Food/medication interactions • Calorie dense meals/snacks • Adequate hydration • Genetics • History of growth pattern • Nausea/vomiting/diarrhea • Avoid foods that aggravate situation • Medication side-effects • Dental health • Ketogenic diet (seizures), if prescribed • Parental/client knowledge/skills • Parental perception of growth pattern • Environmental factors/exposure to toxins • Physical activity/frequency/amount • Sleep patterns/amounts • Resources for food/food security • Abuse/neglect/stress • Cultural factors
348.02	Multiple Sclerosis (MS) (High Risk)			
348.03	Neural Tube Defect (NTD) (High Risk)			
348.04	Parkinson's Disease (High Risk) (Women only)	A condition which affects energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6	
348.05	Cerebral Palsy (CP) (High Risk)	A condition which affects energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
349.01	Muscular Dystrophy MEDICALLY HIGH RISK	Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequate nutrients/calorie intake • Feeding abilities • Infant sucking abilities (breastfeeding & artificial nipple types) • Adequate hydration • Use of nutrient/herbal supplements • Diet restrictions • Food/medication interactions • Edema • Anemia • Dermatitis • Bleeding tendencies • Medical complications affecting growth • Growth pattern • Dental health • Genetics • Client/parental knowledge/skills • Environmental factors/exposure to toxins • Physical activity/frequency/amount • Sleep patterns/amount • Resources for food/food security • Abuse/neglect/stress • Cultural factors
349.02	Cleft Lip or Palate MEDICALLY HIGH RISK			
349.03	Genetic or Congenital Disorder, Other MEDICALLY HIGH RISK			
349.04	Thalassemia Major MEDICALLY HIGH RISK			
349.06	Sickle Cell Anemia MEDICALLY HIGH RISK			
349.07	Down Syndrome MEDICALLY HIGH RISK			

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
351.01	Inborn Error of Metabolism MEDICALLY HIGH RISK	Generally refers to a gene mutation or gene deletions that alter metabolism, including, but not limited to: • **Amino Acid Metabolism Disorders** including Phenylketonuria (includes clinically significant hyperphenylalaninemia variants), Maple syrup urine disease, Homocystinuria, and Tyrosinemia • **Organic Acid Metabolism Disorders** including Isovaleric acidemia, 3-methylcrotonyl-CoA carboxylase deficiency, Glutaric acidemia types I and II, 3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency, Multiple carboxylase deficiency, Methylmalonic acidemia, Propionic acidemia, and Beta-ketothiolase deficiency • **Fatty Acid Oxidation Disorders** including Medium-chain acyl-CoA dehydrogenase deficiency, Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency, Trifunctional protein deficiency types 1 and 2, Carnitine uptake defect, and Very long-chain acyl-CoA dehydrogenase deficiency • **Lysosomal Storage Diseases** including Fabry disease, Gaucher's disease, and Pompe disease • **Urea Cycle Disorders** including Citrullinemia, Argininosuccinic aciduria, and Carbamoyl phosphate synthetase I deficiency • **Carbohydrate Disorders** including Galactosemia, Glycogen storage disease types I to VI, and Hereditary Fructose Intolerance • **Peroxisomal Disorders** including Zellweger Syndrome Spectrum and Adrenoleukodystrophy (x-ALD) • **Mitochondrial Disorders** including Leber hereditary optic neuropathy, MELAS, MNGIE, MERRF, NARP, and Pyruvate carboxylase deficiency This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Diet restrictions • Adequate nutrients/calorie intake • Feeding abilities • Infant sucking abilities (breastfeeding & artificial nipple types) • Adequate hydration • Use of nutrient/herbal supplements • Food/medication interactions • Growth pattern • Edema • Anemia • Dermatitis • Bleeding tendencies • Dental health • Genetics • Client/parental knowledge/skills • Environmental factors/exposure to toxins • Physical activity/frequency/amount • Sleep patterns/amount • Resources for food/food security • Abuse/neglect/stress • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
352.01	Meningitis (High Risk)	Infectious Disease: A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Infectious disease includes risks 352.01 to 352.11. The infectious disease must be present within the past six (6) months. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. If medically high risk, nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N). **Note:** The following are guidelines for a breastfeeding woman with hepatitis B, C, or D: <u>Hepatitis B</u>: Breastfeeding may be permitted after the infant receives Hepatitis B specific immunoglobin (HBIG) and the first dose of the series of Hepatitis B vaccine. <u>Hepatitis C</u>: Breastfeeding may be permitted for mothers without co-infection (e.g. HIV) <u>Hepatitis D</u>: Can only be contracted when an individual also has Hepatitis B. See Hepatitis B guidelines above.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Calorie-dense meals/snacks • Avoid low nutritional density foods (candy, sweets and fatty foods) • Nutrient/herbal supplements • Vitamin/mineral supplements • Feeding abilities • Adequate hydration • Food/medication interactions • Increased nutrient requirements • Insufficient retention of nutrients • Reading food labels • Special occasion/holidays • Food likes/dislikes • Food/water safety • Metabolic/chronic medical conditions • Dental health • Parental/client knowledge/skills • Psychological/emotional health status • Environmental factors/exposure to toxins • Substance use/abuse • Physical activity/frequency/amount • Sleep patterns/amounts • Resources for food/food security • AIDS social resources/fraud • Abuse/neglect/stress • Cultural factors
352.02	Parasitic Infection (Not Pinworms) MEDICALLY HIGH RISK			
352.03	Hepatitis B, C, or D - Chronic MEDICALLY HIGH RISK Note: See risk 352.09 for Hepatitis A or E			

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
352.04	HIV Infection (High Risk)	The infectious disease must be present within the past six (6) months. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. If medically high risk, nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N). **HIV** (Human Immunodeficiency Virus Infection). Breastfeeding is contraindicated for a woman with this condition.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Calorie-dense meals/snacks • Avoid low nutritional density foods (candy, sweets, and fatty foods) • Nutrient/herbal supplements • Vitamin/mineral supplements • Feeding abilities • Adequate hydration • Food/medication interactions • Increased nutrient requirements • Insufficient retention of nutrients • Reading food labels • Special occasion/holidays • Food likes/dislikes • Food/water safety • Metabolic/chronic medical conditions • Dental health • Parental/client knowledge/skills • Psychological/emotional health status • Environmental factors/exposure to toxins • Substance use/abuse • Physical activity/frequency/amount • Sleep patterns/amounts • Resources for food/food security • AIDS social resources/fraud • Abuse/neglect/stress • Cultural factors
352.05	AIDS MEDICALLY HIGH RISK			
352.06	Bronchiolitis (3 episodes in last 6 months) (High Risk) (Infant or Child)	The infectious disease must be present within the past six (6) months and there must be 3 episodes of the infection in the past 6 months. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. **Bronchiolitis** is a lower respiratory tract infection that affects young children. It is often diagnosed in winter and early spring, and is caused by the respiratory syncytial virus (RSV). Recurring episodes of bronchiolitis may affect nutritional status during a critical growth period and lead to the development of asthma and other pulmonary diseases.	IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
352.07	Tuberculosis (High Risk)	The infectious disease must be present within the past six (6) months. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. If medically high risk, nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N). **Note**: The following are guidelines for a breastfeeding woman with hepatitis: Hepatitis A: Breastfeeding may be permitted as soon as the woman receives gamma globulin. Hepatitis E: Breastfeeding is not permitted for a woman with symptomatic HEV infection; breastfeeding is permitted for an asymptomatic woman. Zika virus is included in Infectious Disease, Acute, Other	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Calorie-dense meals/snacks • Avoid low nutritional density foods (candy, sweets, and fatty foods) • Nutrient/herbal supplements • Vitamin/mineral supplements • Feeding abilities • Adequate hydration • Food/medication interactions • Increased nutrient requirements • Insufficient retention of nutrients • Reading food labels • Special occasion/holidays • Food likes/dislikes • Food/water safety • Metabolic/chronic medical conditions • Dental health • Parental/client knowledge/skills • Psychological/emotional health status • Environmental factors/exposure to toxins • Substance use/abuse • Physical activity/frequency/amount • Sleep patterns/amounts • Resources for food/food security • AIDS social resources/fraud • Abuse/neglect/stress • Cultural factors
352.08	Pneumonia (High Risk)			
352.09	Hepatitis A or E - Acute MEDICALLY HIGH RISK Note: See risk 352.03 for Hepatitis B, C, or D			
352.10	Infectious Diseases, Acute, Other (High Risk)			
352.11	Infectious Diseases, Chronic, Other MEDICALLY HIGH RISK			

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
353.01	Food Allergy (High Risk)	An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. Includes FPIES (food protein-induced enterocolitis syndrome), FPIP (food protein-induced proctocolitis), and Heiner's Syndrome. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. **Note:** Lactose intolerance is not a food allergy. Clients with lactose intolerance would be listed as risk 355.01.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Avoid foods that aggravate nausea/vomiting/diarrhea/rash • Emergency procedures • Reading food labels • Food/medication interactions • Increased nutrient requirements • Insufficient retention of nutrients • Exclusion/elimination diets • Growth pattern • Use of nutrient/herbal supplements • Special occasion/holidays • Food intolerances/allergies • Food likes/dislikes • Food substitutions • Metabolic/chronic medical conditions • Dental health • Parental/client knowledge/skills • Environmental factors/exposure to toxins • Substance use/abuse • Physical activity/frequency/amount • Sleep patterns/amounts • Resources for food/food security • Support groups/cultural factors • Websites for further information • Abuse/neglect/stress

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
354.01	Celiac Disease MEDICALLY HIGH RISK	Celiac Disease is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. Celiac Disease is also known as: • Celiac Sprue • Gluten-sensitive Enteropathy • Non-tropical Sprue Celiac Disease affects approximately 1% of the U.S. population. Celiac Disease can occur at any age. The treatment requires strict adherence to a gluten-free diet for life. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Must completely remove wheat from diet to avoid diarrhea, weight loss, failure to thrive, malabsorption of protein, carbohydrates, and fats). • Adequate nutrients/calorie intake • Food intolerances/allergies • Dietary restrictions • Adequate hydration • Growth pattern • Nutrient/herbal supplements • Vitamin//mineral supplements • Food/medication interactions • Reading food labels • Food substitutions • Use of antacids • Parental knowledge/skills • Resources for food/food security • Cultural factors
355.01	Lactose Intolerance	Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. Lactose intolerance occurs because of a deficiency in the levels of lactase enzyme. Many variables determine whether a person with lactase deficiency develops symptoms. They include: the dose of lactose ingested; the residual intestinal lactase activity; the ingestion of food along with lactose; the ability of the colonic flora to ferment lactose; and the individual sensitivity to the products of lactose fermentation. Some forms of lactase deficiencies may be temporary, resulting from premature birth or small bowel injuries, and will correct themselves, leaving individuals with the ability to digest lactose sufficiently. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Dietary restrictions/adequate calorie intake • Adequate hydration • Nutrient/herbal supplements • Vitamin/mineral supplements • Food/medication interactions • Food intolerances/allergies • Lactose-free calcium sources • Reading food labels • Food likes/dislikes • Recent gastrointestinal illness/recurring infections • Metabolic/chronic medical conditions • Parents' lactose tolerance status/genetics • Parental knowledge/skills • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
356.01	Hypoglycemia (High Risk)	This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequate nutrients/calorie intake • Diet restrictions • Amount/frequency of sweeteners • Adequate hydration • Nutrient/herbal supplements • Vitamin/mineral supplements • Gastric irritation • Food/medication interactions • Emergency procedures • Special occasions • Metabolic/chronic medical conditions • Dental health • Genetics • Parental knowledge/skills • Physical activity/frequency/amounts • Sleep patterns/amounts • Abuse/neglect/stress • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
357.01	Drug Nutrient Interactions (High Risk) *This risk is not assigned by the computer. CPAs will need to manually assign.*	Prescription or over-the-counter drugs or medicines that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised or impact the nutrient has on the medication. A woman receiving methadone should be assigned this risk. Refer to a current drug reference book such as the Physician's Desk Reference (PDR) or Powers and Moore's Food Medication Interactions Guide; use the drug insert; or speak with a pharmacist to determine a drug's impact to nutritional status. This drug must be prescribed by a health care provider. Client may self-report the health care provider's prescription. CPA must document information to validate the self-reported prescription.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequate nutrients/calorie intake • Altered taste sensation • Diet restrictions • Adequate hydration • Use of nutrient/herbal supplements • Gastric irritation • Increased urinary loss • Food/medication interactions • Prescribed medications • Emergency procedures • Special occasions • Metabolic/chronic medical conditions • Dental health • Genetics • Parental knowledge/skills • Physical activity/frequency/amounts • Sleep patterns/amounts • Abuse/neglect/stress • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
358.01	Bulimia or Binge-Eating Disorder MEDICALLY HIGH RISK (Pregnant, Breastfeeding or Postpartum Woman)	Eating disorders are characterized by severe disturbances in a person's eating behaviors and related thoughts and emotions. Eating disorders include, but are not limited to: Anorexia Nervosa (AN) – involves a severe restriction of calories; there may be a fear of weight gain and strict "rules" about eating. AN is a syndrome of self-starvation involving significant weight loss of 15 percent or more of ideal body weight. Bulimia Nervosa (BN) – involves recurrent episodes of binge eating followed by compensatory behaviors collectively referred to as purging and can include exercise as such a behavior. This could include vomiting or using laxatives or exercising excessively. Patients with BN are, by definition, at normal weight or above. Binge-Eating Disorder (BED) – involves recurrent episodes of binge eating which are characterized by eating an amount of food that is larger than what most people would eat in a similar period of time under similar circumstances and a sense of lack of control over eating. These conditions must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6	• The role of WIC is not to diagnose or treat an eating disorder but rather to reinforce and support the medical nutrition therapy that the WIC participant is receiving. • Discussing eating disorders, body weight, weight loss, or weight gain can trigger behaviors associated with eating disorders. Therefore, it is important for WIC staff to be sensitive when discussing eating disorders. • For individuals affected by an eating disorder, staff can: o If available, refer the participant to a health care provider with expertise in eating disorders. The participant can work with the provider to create a plan for healthy eating and weight gain. o Reinforce nutrition counseling/advice that is provided by the eating disorder treatment team/plan. o Encourage the participant to be honest with their health care provider and WIC staff regarding past or present struggles with an eating disorder or disordered eating. o Encourage the participant to seek or refer the participant to individual counseling and/or support groups during and after pregnancy to help them cope with their concerns and fears regarding food, weight gain, body image, and the new role of parenting.
358.02	Anorexia Nervosa MEDICALLY HIGH RISK (Pregnant, Breastfeeding, or Postpartum Woman)			

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
359.01	Recent Major Surgery, Physical Trauma, Burns MEDICALLY HIGH RISK	Recent major surgery, physical trauma, or burns, which require a hospital stay and which are severe enough to compromise nutritional status. Any occurrence: • Within the past two (≤ 2) months. Adequate documentation is left up to the CPA. • More than two (> 2) months previous must have the continued need for nutritional support. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequate nutrients/calorie intake • Adequate hydration • Use of nutrient/herbal supplements • If underweight, review calorie-dense foods or techniques for increasing calories in foods • Prescribed diet/feeding instructions • Food/medication interactions • Metabolic/chronic medical conditions • Dental health • Recent/recurring illness/infections • Client/parental knowledge/skills • Support system/cultural factors • Substance use/abuse • Sleep patterns/amounts • Resources for food/food security • Abuse/neglect/stress
359.02	Caesarean Section Within Past 2 Months (More Than 2 Months if Still Needs Nutrition Support) (Breastfeeding or Postpartum Woman)	Caesarean section which compromises nutritional status. Any occurrence: • Within the past two (≤ 2) months adequate documentation is left up to the CPA. • If more than two (> 2) months ago, must have the continued need for nutritional support. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	BE 1 BP 1 NPP 6	• Adequacy of health care • Adequate nutrient intake/calorie intake • Regularity of meals/snacks • Adequate hydration • Nutrient/herbal supplements • Vitamin/mineral supplements • Folic acid intake • Food intolerances/allergies • Dental health • Client knowledge • Substance use/abuse • Physical activity/frequency/amount • Abuse/neglect stress • Support system/cultural factors • Access to family planning services

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
360.01	Asthma, Persistent (Moderate or Severe) Requiring Daily Medication (High Risk)	Persistent asthma (moderate or severe) requiring daily medication. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Note: This criterion will usually not be applicable to infants. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing (covered under risk **352.06 Bronchiolitis**).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	There is no specific diet therapy for asthma, but below are recommendations for reducing symptoms: • Consume a diet to maintain or achieve a healthy weight. Being overweight can worsen asthma. Even losing a little weight can improve symptoms • Eat plenty of fruits and vegetables. They're a good source of antioxidants such as beta carotene and vitamins C and E, which may help reduce lung inflammation and irritation caused by cell-damaging free radicals. • Avoid allergy-triggering foods. Allergic food reactions can cause asthma symptoms. • Consume foods high in vitamin D. People with more-severe asthma may have low vitamin D levels. Milk, eggs, and fish such as salmon all contain vitamin D.

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
360.02	Cystic Fibrosis (CF) MEDICALLY HIGH RISK	This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N). Note: Infants and children with cardiac conditions typically have congenital heart disease and should be assigned risk **349.03 Genetic or Congenital Disorder, Other** or should be assigned risk **360.07 Medical Conditions, Other** if the heart condition is not a genetic or congenital disorder.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• CF**:** Due to the impact of CF on pancreatic enzymes, the digestion and absorption of protein and fats, are greatly impaired. Thus, most people with CF must take pancreatic enzymes as well as fat soluble vitamins (A, D, K and E). • CVD: People with CVD benefit from cardiac rehabilitation which is a program that helps strengthen the heart through physical activity and helps build healthier habits like eating a healthy diet. Likewise, a heart healthy diet can prevent the development of CVD, and includes: eating high fiber foods and foods low in saturated fat; and limiting salt, added sugars and alcoholic drinks in the diet. • SLE: Diet quality in people with SLE is important because they are at higher risk of CVD, low bone mineral density, and vitamin D deficiency. More than half of the people with SLE have three or more risk factors for CVD (mostly obesity, hypertension, and dyslipidemias). A low-calorie diet high in vitamin- and mineral-rich foods and mono and polyunsaturated fatty acids (MUFA/PUFA) may help control the inflammatory aspects of the disease and the complications and co-morbidities resulting from SLE treatment. Some studies have highlighted the importance of specific vitamins mainly A, B_6, C, D and E, and adequate dietary fiber intake, as well as protein and sodium restriction in reducing co-morbidities and preventing SLE flares. For all people with SLE, it remains important to encourage them to stop smoking, avoid being overweight and optimize their blood pressure and lipid profile to decrease cardiovascular risk. • JIA: Children with JIA face nutritional impairment due to chronic inflammation, drug side effects, and/or functional difficulties, such as jaw joint stiffness. Nutritional problems often lead to observed lower BMI and smaller height stature among JIA patients. While there is no prescribed diet for children with JIA, dietary fats (e.g., omega-3 fatty acids) can influence inflammation. • PCOS: About half of all women with PCOS are overweight or obese. Treatment for PCOS may include medication to promote ovulation, however, weight loss is the primary therapy for PCOS. A reduction in weight of as little as 5% can improve insulin resistance associated with PCOS, and for some women it may improve the hormone imbalance and increase fertility. WIC nutrition services should focus on dietary and physical activity guidance to promote weight loss and compliance with healthcare provider treatment.
360.03	Cardiovascular Diseases (CVD) MEDICALLY HIGH RISK (Pregnant, Breastfeeding, or Postpartum Woman)			
360.05	Lupus Erythematosus, Systemic (SLE) MEDICALLY HIGH RISK			
360.06	Arthritis, Juvenile Idiopathic (JIA) MEDICALLY HIGH RISK			
360.09	Polycystic Ovary Syndrome (PCOS) (High Risk) (Pregnant, Breastfeeding, or Postpartum Woman)			

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
360.07	Medical Conditions, Other MEDICALLY HIGH RISK	Medically high risk diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Age-appropriate diet/adequate calories • Dietary restrictions • Prescribed diet/feeding instructions • Vitamin/mineral supplements • Food/medication interactions • Use of steroids • Appetite • Growth pattern • Recent/recurrent illness/infections • Malaises • Anorexia • Weight loss • Genetics • Dental health • Parental knowledge/skills • Abuse/neglect/stress • Physical activity/frequency/amounts • Sleep patterns/amounts • Resources for food/food security • Cultural factors • Additional for Tube Feeding: care of feeding equipment, refer for speech and occupational therapy, as appropriate
360.08	Tube Fed MEDICALLY HIGH RISK (Infant or Child)	The medical condition that resulted in the need for tube feeding must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Also, assign the risk for the medical need for the tube feeding. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
361.01	Mental Illnesses (High Risk) (Pregnant, Breastfeeding, or Postpartum Woman; Child)	As defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition, a mental disorder (or mental illness) is: "A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities." Mental illnesses where the current condition, or treatment for the condition may affect nutrition status include, but are not limited to: • Depression • Anxiety Disorders • Post-Traumatic Stress Disorder (PTSD) • Obsessive-Compulsive Disorder (OCD) • Personality Disorders • Bipolar Disorders • Schizophrenia • Attention-Deficit/Hyperactivity Disorder (ADHD) Note: For mental illnesses related to eating disorders (e.g., anorexia nervosa, bulimia nervosa and binge-eating disorder), please see risks 358.01 and 358.02. Nutrition risk **902.01 Woman or Infant/Child of Primary Caregiver Has Limited Ability to Make Feeding Decisions and/or Prepare Food**, is an appropriate risk criterion assignment for an infant or child of a WIC mother diagnosed with mental illnesses. Nutrition risk **357.01 Drug Nutrient Interactions** may be assigned, as appropriate, to women taking medications for mental illnesses. The presence of a mental illness that is diagnosed, documented, or reported by a physician, or someone working under a physician's orders, mental health provider or as self-reported by an applicant, participant, or caregiver. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider.	PG 1 BE 1 BP 1 NPP 6 C1 3 C2+ 3	• Make referrals (or encourage continued visits) to the primary health care provider and/or other appropriate mental health and social service programs to initiate and/or maintain treatment. • Reinforce and support the treatments and therapies prescribed by the participant's health care provider. • When appropriate, encourage regular, heathy, meals and snacks that are simple and easy to prepare. • Encourage carbohydrate sources from whole grains, vegetables, and fruits to aid in maintaining stable blood sugar levels. Rapid increases in blood glucose can result in an increase in the release of insulin, which in turn raises adrenaline and cortisol which can cause changes in behavior and mood. • Encourage oily fish such as salmon, sardines, and tuna which are high in eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) as the essential Omega-3 fatty acids contribute to overall brain function and may offer some benefit for mental health conditions such as depression, anxiety, and bipolar disorder. • Because a person with a mental illness may experience significant distress in social, work, or other settings, WIC professionals should seek to understand how symptom severity impacts eating and physical activity. Value Enhance Nutrition Assessment (VENA) techniques can be used to provide participant centered education and goal setting for these individuals. Goal setting should consider the level of impairment in major life activities and be cognizant of the participant's needs and barriers. • Assess for unintended changes in weight. • Assess current medications and possible drug nutrient interactions.

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
362.01	Developmental, Sensory, or Motor Delay/Disability MEDICALLY HIGH RISK	Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to: • minimal brain function • feeding problems due to developmental delays such as pervasive development disorder which includes autism • birth injury • head trauma • brain damage • other disabilities This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Developmentally age-appropriate diet/adequate calories • Dietary restrictions • Special diet/feeding instructions • Proper feeding equipment • Feeding ability/skills • Nutrient/herbal supplements • Vitamin/mineral supplements • Food/medication interactions • If weight maintenance is a problem, review calorie-dense foods or techniques for increasing calories in foods • Appetite changes • Weight loss • Appropriate feeding equipment/abilities • Regularity of meals/snacks • Metabolic/chronic medical conditions • Dental health • Recent/recurrent illness/infections • Substance use/abuse • Client/parental knowledge/skills • Support system/cultural factors • Environmental factors/exposure to toxins • Abuse/neglect/stress • Physical activity/frequency/amount • Sleep patterns/amounts • Resources for food/food security • Therapies (speech, occupational)

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
363.01	Pre-Diabetes MEDICALLY HIGH RISK (Breastfeeding or Postpartum Woman)	Impaired fasting glucose and/or impaired glucose tolerance are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	BE 1 BP 1 NPP 6	• Adequacy of health care • Prescribed meal pattern • Age-appropriate diet • Adequacy of meals/snacks • Timing of meals/snacks/medications • Dietary restrictions • Nutrient/herbal supplements • Vitamin/mineral supplements • Adequate hydration • Food preparation methods • Food for special occasions • Appetite • Food likes/dislikes • History of diet compliance • Motivation to follow meal plan • Portion sizes • Reading food labels • Eating out • Food/medication interactions • Increased calorie needs due to hypermetabolism, etc. • Signs/symptoms /treatments of hypo and hyperglycemia • Sick-day management • Glucometer monitoring • Genetics • Metabolic/chronic medical conditions • Recent/recurring illnesses/infections • Food intolerance/allergies • Long term risks • Environmental factors • Client/parental knowledge/skills • Physical activity/frequency/amount • Sleep pattern/amount • Substance use/abuse • Support system/cultural factors • Resources for food/food security

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
371.01	Nicotine and Tobacco Use	Any use of products that contain nicotine and/or tobacco to include but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvables), or nicotine replacement therapies (gums, patches).	PG 1 BE 1 BP 1 NPP 6	• Adequacy of health care • Adequacy of nutrients/calorie intake • Adequate hydration • Frequency of meals/snacks • Nutrient/herbal supplements • Vitamin/mineral supplements • Metabolic/chronic medical conditions • Psychological/emotional health status • Fetal alcohol syndrome (for pregnancy) • Abuse/neglect/stress • Physical activity/frequency/amount • Substance use/abuse • Resources for food/food security • Support system/cultural factors • Abuse counseling • Referral information • Assess her understanding of the potential health risks for herself and her baby.
372.01	Alcohol Use (High Risk) (Pregnant Woman)	**Pregnant Woman** Any alcohol use at any time during pregnancy.	PG 1	
372.02	Alcohol Use (Breastfeeding or Postpartum Woman) *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Breastfeeding or Postpartum Woman** • Routine current use of ≥ 8 drinks per week or ≥ 4 drinks on any day, or • Binge drinking, i.e., drinks ≥ 4 drinks within 2 hours. A serving or standard sized drink is 12 oz. beer, 5 oz. wine, or 1½ oz. 80 proof distilled spirits**.** **Note:** Breastfeeding is contraindicated for women who consume alcohol in these quantities.	BE 1 BP 1 NPP 6	
372.03	Substance Use (High Risk)	Any illegal substance use and/or abuse of prescription medications. **Pregnant or Breastfeeding Women** Includes any marijuana use in any form. **Postpartum Women** Risk only applies to abuse of prescription medications and illegal substances <u>other</u> than marijuana. Note: this risk will be automatically assigned if substance use is checked. CPA will need to <u>remove</u> the risk from a postpartum woman if using marijuana, but not using other illegal substances or abusing prescription medications.	PG 1 BE 1 BP 1 NPP 6	• Adequacy of health care • Adequacy of nutrients/calorie intake • Adequate hydration • Frequency of meals/snacks • Nutrient/herbal supplements • Vitamin/mineral supplements • Metabolic/chronic medical conditions • Psychological/emotional health status • Fetal alcohol syndrome (for pregnancy) • Abuse/neglect/stress • Physical activity/frequency/amount • Substance use/abuse • Resources for food/food security • Support system/cultural factors • Abuse counseling • Referral information • Assess her understanding of the potential health risks for herself and her baby.

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
381.01	Oral Health Conditions	Oral health conditions include, but are not limited to: • Untreated dental caries often referred to as "cavities" or "tooth decay". • Periodontal diseases that affect the tissues and bone that support the teeth. This includes gingivitis and periodontitis. • Tooth loss, ineffectively replaced teeth, or oral infections which impair the ability to ingest food in adequate quantity or quality. The presence of oral health conditions must be diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant or caregiver. **May be designated as High Risk if meets conditions described below:** If the client has a serious oral health condition such as periodontal disease or if the dental caries, tooth loss, or oral infections impair the client's ability to ingest food in adequate quantity or quality, the CPA can designate the client as high risk by checking the high risk box at the top of the Nutrition Risk screen.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Inappropriate snacks/beverages • Inappropriate use of the bottle • Lack of dental care/hygiene • Injury to teeth/mouth • Infections • Weaning • Pacifier use • Appetite • Developmental delay preterm and low birth weight infants • Metabolic/chronic medical conditions • Intravenous/gastric feedings • Bulimia • Fluoride use • Intellectual/behavioral impairments • Radiation/chemotherapy • Vitamin A/C deficiency • Client/parental knowledge/skills • Abuse/neglect/stress • Resources for food/food security • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
382.01	Fetal Alcohol Spectrum Disorders MEDICALLY HIGH RISK (Infant or Child)	Fetal Alcohol Spectrum Disorders (FASD) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. Includes Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome, Alcohol-Related Birth Defects, and Alcohol-Related Neurodevelopmental Disorder and Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequate nutrients/calorie intake • Adequate hydration • Age-appropriate serving sizes • Limit foods of low nutritional density (candy, sweets and fatty foods) • Calorie-dense foods • Feeding abilities • Proper feeding equipment • Special diet/feeding instructions • Use of nutrient/herbal supplements • Food/medication interactions • Appetite • Regularity of meals/snacks • Food intolerance/allergies • Metabolic/chronic medical conditions • Dental health • Acute/recurring infections/illnesses • Physical activity/frequency/amount • Sleep pattern/amount • Parental knowledge/skills • Resources for food/food security • Abuse/neglect/stress • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
383.01	Neonatal Abstinence Syndrome (NAS) MEDICALLY HIGH RISK (Infant)	Two major types of Neonatal Abstinence Syndrome (NAS) are recognized: 1. NAS due to prenatal use of substances that result in withdrawal symptoms in the newborn, and 2. Postnatal NAS secondary to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn. NAS is a combination of physiological and neurologic symptoms. Can be identified immediately after birth and can last up to age 6 months. This condition must be diagnosed by a health care provider. Client may self-report the health care provider's diagnosis. CPA must document information to validate the self-reported diagnosis and request written diagnosis from a health care provider. Nutrition counseling and a written nutrition care plan must be provided by a licensed dietitian/nutritionist (LD/N).	IBE 1 IBP 1 IFF 1	• Adequacy of health care • Adequate nutrients/calorie intake • Adequate hydration • Proper feeding equipment • Special diet/feeding instructions • Use of nutrient/herbal supplements • Food/medication interactions • Appetite • Regularity of feedings • Food intolerance/allergies • Metabolic/chronic medical conditions • Sleep pattern/amount • Parental knowledge/skills • Resources for food/food security • Abuse/neglect/stress • Cultural factors

Other Dietary Risk for Woman or Child 24 months or older

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
401.01*	Other Dietary Risk (Failure to Meet Dietary Guidelines) Woman or Child 24 months or older who does not qualify for any other WIC risk	This risk may only be assigned when a complete nutrition assessment has been completed and no other risk criteria have been identified. Women and children ≥ 24 months of age who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on Failure to meet Dietary Guidelines for Americans. Failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, dairy, and protein foods) based on an individual's estimated energy needs.	PG 4 BE 1 BP 1 NPP 6 C2+ 3	• Age appropriate feeding guidelines • Understand feeding cues • Adequate nutrients/calorie intake • Adequate hydration • Amount of juice/sweetened beverages • Age-appropriate serving sizes • Feeding abilities • Offering foods of inappropriate consistency, size, or shape that could contribute to choking • Food/medication interactions • Appetite • Growth pattern • Discuss weaning if appropriate • Regularity of meals/snacks • Food intolerance/allergies • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Recent illness or acute/recurring illnesses • Physical activity/frequency/amount • Parental knowledge/skills • Resources for food/food security • Food safety • Abuse/neglect/stress • Cultural factors

*The major impetus for the consolidation and revision of the dietary risk criteria was the 2002 report by the Institute of Medicine (IOM), *Dietary Risk Assessment in the WIC Program*. The IOM Committee responsible for the report recommended that all women and children (ages 2 to 5 years) who meet categorical and residency requirements for WIC Program eligibility also be presumed to be at dietary risk due to *Failure to Meet the Dietary Guidelines*. The IOM Committee based its recommendation on two significant findings:

1. Nearly all United States women and children usually consume fewer than the recommended number of servings specified by the Food Guide Pyramid** and, therefore would be at dietary risk based on the WIC nutrition risk criterion *Failure to Meet the Dietary Guidelines.*

2. Even research-quality dietary assessment methods are not sufficiently accurate or precise to distinguish an individual's eligibility status using criteria based on the Food Guide Pyramid** or on nutrient intake.

***The Food Guide Pyramid was the Dietary Guidelines icon at the time the 2002 IOM Committee on Dietary Risk Assessment in the WIC Program conducted the review. The Dietary Guidelines icon has been changed to MyPlate. Although the icon has changed, the Findings and Supporting Research are still applicable to this criterion.*

Infant's Dietary Risks

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
411.01	Breastmilk or Formula Substitute	Routinely using a substitute for breastmilk or iron fortified formula as the primary nutrient source during the first year of life. Examples of substitutes include: • Low iron formula without iron supplementation • Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, lowfat, skim) • Canned evaporated or sweetened condensed milk • Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer) or other "homemade concoctions."	IBE 4 IBP 4 IFF 4	• Age appropriate feeding guidelines • Understand feeding cues • Adequate nutrients/calorie intake • Adequate hydration • Amount of juice/sweetened beverages • Age-appropriate serving sizes • Feeding abilities • Offering foods of inappropriate consistency, size, or shape that could contribute to choking • Food/medication interactions • Appetite • Growth pattern • Discuss weaning if appropriate • Regularity of meals/snacks • Food intolerance/allergies • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Recent illness or acute/recurring illnesses • Physical activity/frequency/amount • Parental knowledge/skills • Resources for food/food security • Food safety • Abuse/neglect/stress • Cultural factors
411.02	Inappropriate Use of Bottles or Sugar-Containing Fluids *CPAs may need to manually assign this risk for some situations.*	Routinely using nursing bottles or cups improperly or giving sugar-containing fluids. Includes but not limited to: • Using a bottle to feed fruit juice • Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea • Allowing infant to fall asleep or go to bed with a bottle • Propping bottle when feeding • Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Adding any food to bottle (unless advised by health care provider)	IBE 4 IBP 4 IFF 4	
411.03	Inappropriate Introduction of Solid Foods	Routinely offering complementary foods or other substances that are inappropriate in type or timing. Feeding any food other than human milk or iron-fortified infant formula before 4 months of age.	IBE 4 IBP 4 IFF 4	
411.04	Feeding foods that put an infant at risk of choking or using infant feeder	Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking or using an infant feeder to feed solid foods.	IBE 4 IBP 4 IFF 4	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
411.06	Inappropriate Formula Preparation	Routinely failing to follow manufacturer's dilution instructions or failure to follow specific instructions accompanying a prescription.	IBE 4 IBP 4 IFF 4	• Age appropriate feeding guidelines • Understand feeding cues • Adequate nutrients/calorie intake • Adequate hydration • Amount of juice/sweetened beverages • Age-appropriate serving sizes • Feeding abilities • Offering foods of inappropriate consistency, size, or shape that could contribute to choking • Food/medication interactions • Appetite • Growth pattern • Discuss weaning if appropriate • Regularity of meals/snacks • Food intolerance/allergies • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Recent illness or acute/recurring illnesses • Physical activity/frequency/amount • Parental knowledge/skills • Resources for food/food security • Food safety • Abuse/neglect/stress • Cultural factors
411.07	Restrictive Nursing	Routinely limiting the frequency of nursing of the fully breastfed infant when breastmilk is the sole source of nutrients. Scheduled feedings instead of on-demand feedings. For fully breastfed baby and breastmilk sole nutrients: < 8 feedings in 24 hours if < 2 months of age or < 6 feedings in 24 hours if 2-6 months of age	IBE 4 IBP 4 IFF 4	
411.08	Restrictive Diet	Routinely feeding diet very low in calories and/or essential nutrients. Use of a vegan diet, macrobiotic diet, or any other diet very low in calories and/or essential nutrients.	IBE 4 IBP 4 IFF 4	
411.09	Inappropriate Sanitation of Expressed Human Milk or Formula	Inappropriate sanitation in preparation, handling, and storage of formula, expressed breastmilk, or donor milk acquired directly from individuals or internet. This includes a safe water supply, heat source for sterilization, or a refrigerator/freezer for storage, or failure to properly prepare, handle, and store bottles or containers of expressed breastmilk, donor milk, or formula.	IBE 4 IBP 4 IFF 4	
411.10	Potentially Harmful Dietary Supplements	Dietary supplements which when ingested in excess of recommended dosages may be toxic or have harmful consequences.	IBE 4 IBP 4 IFF 4	
411.12	Feeding Practices Not Developmentally Appropriate, Other *This risk is not assigned by the computer. CPAs will need to manually assign.*	Routinely using feeding practices that disregard the developmental needs or stage of the infant. Examples include but are not limited to: • Inability to recognize, insensitivity to, or disregard of the infant's cues for hunger and satiety. • Not supporting an infant's need for growing independence with self-feeding. • Feeding an infant food with inappropriate textures based on his/her development stage.	IBE 4 IBP 4 IFF 4	

Child's Dietary Risks

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time Constraints/interests. Refer as needed.
425.01	Feeding fat free, lowfat, or reduced fat milk < 24 months of age	**Child less than 24 months** Routinely feeding fat free, lowfat, or reduced fat milk as primary milk source. **Note: This risk does not apply when child is prescribed fat free, lowfat, or reduced fat milk by CPA or health care provider—remove this risk when assigned by the computer at the Nutrition Risk screen.**	C1 5	• Age appropriate feeding guidelines • Understand feeding cues • Adequate nutrients/calorie intake • Adequate hydration • Amount of juice/sweetened beverages • Age-appropriate serving sizes • Feeding abilities • Offering foods of inappropriate consistency, size, or shape that could contribute to choking • Food/medication interactions • Appetite • Growth pattern • Discuss weaning if appropriate • Regularity of meals/snacks • Food intolerance/allergies • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Recent illness or acute/recurring illnesses • Physical activity/frequency/amount • Parental knowledge/skills • Resources for food/food security • Food safety • Abuse/neglect/stress • Cultural factors
425.02	Feeding sugar-containing fluids	Routinely feeding any sugar-containing fluids. These include the following: fluids such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea.	C1 5 C2+ 5	
425.03	Child uses bottle > 14 months of age or carries sippy cup all day	Routinely allowing a child to use the bottle for feeding or drinking beyond 14 months of age or allowing a child to carry around and drink throughout the day from a covered or training cup.	C1 5 C2+ 5	
425.04	Feeding foods that put child at risk for choking	Feeding foods of inappropriate consistency, size, or shape that put a child at risk of choking.	C1 5 C2+ 5	
425.06	Restrictive Diet	Consuming a diet very low in calories and/or nutrients, including vegan diet, macrobiotic diet, or "never" eats food from one or more food groups and this is verified through conversation with the parent/caretaker.	C1 5 C2+ 5	
425.07	Potentially Harmful Dietary Supplements	Consuming dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences. Examples include: • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas	C1 5 C2+ 5	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
425.09	Pica	Routine ingestion of nonfood items. Pica is defined as the eating of nonfood items such as the following: ashes, baking soda, carpet fibers, cigarettes or cigarette butts, clay, crayons, dust, foam rubber, paint chips, soil, and starch (laundry and cornstarch).	C1 5 C2+ 5	• Age appropriate feeding guidelines • Understand feeding cues • Adequate nutrients/calorie intake • Adequate hydration • Amount of juice/sweetened beverages • Age-appropriate serving sizes • Feeding abilities • Offering foods of inappropriate consistency, size, or shape that could contribute to choking • Food/medication interactions • Appetite • Growth pattern • Discuss weaning if appropriate • Regularity of meals/snacks • Food intolerance/allergies • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Recent illness or acute/recurring illnesses • Physical activity/frequency/amount • Parental knowledge/skills • Resources for food/food security • Food safety • Abuse/neglect/stress • Cultural factors
425.10	Feeding inappropriate beverages as primary milk source, Other *This risk is not assigned by the computer. CPAs will need to manually assign.*	Routinely feeding inappropriate beverages include the following: sweetened condensed milk; or imitation substitute milks. Fat free, lowfat, or reduced fat milk (< 24 months of age only can use 425.01). **Note: This risk does not apply when child < 24 months is prescribed fat free, lowfat, or reduced fat milk by CPA or health care provider.**	C1 5 C2+ 5	
425.11	Inappropriate Use of Bottles, Cups, or Pacifiers, Other *This risk is not assigned by the computer. CPAs will need to manually assign.*	Routinely using nursing bottles, cups, or pacifiers improperly. Example include but are not limited to: • Using a bottle to feed fruit juice, diluted cereal, or other solids • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups	C1 5 C2+ 5	

Child's Dietary Risks

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
425.12	Feeding Practices Not Developmentally Appropriate, Other *This risk is not assigned by the computer. CPAs will need to manually assign.*	Routinely using feeding practices that disregard the developmental needs or stage of the infant. Examples include but are not limited to: • Inability to recognize, insensitivity to, or disregard of the infant's cues for hunger and satiety. • Not supporting an infant's need for growing independence with self-feeding. • Feeding an infant food with inappropriate textures based on his/her development stage.	C1 5 C2+ 5	• Age appropriate feeding guidelines • Understand feeding cues • Adequate nutrients/calorie intake • Adequate hydration • Amount of juice/sweetened beverages • Age-appropriate serving sizes • Feeding abilities • Offering foods of inappropriate consistency, size, or shape that could contribute to choking • Food/medication interactions • Appetite • Growth pattern • Discuss weaning if appropriate • Regularity of meals/snacks • Food intolerance/allergies • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Recent illness or acute/recurring illnesses • Physical activity/frequency/amount • Parental knowledge/skills • Resources for food/food security • Food safety • Abuse/neglect/stress • Cultural factors

Woman's Dietary Risks

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
427.01	Potentially Harmful Dietary Supplements	Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: • Single or multiple vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas	PG 4 BE 4 BP 4 NPP 6	• Adequacy of health care • Dieting history • Physical activity • Regularity of meals • Caffeine use • Weight gain in pregnancy/body image • Recent illness • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Eating disorders • Pica • Client knowledge • Activity/sleep pattern • Substance use/abuse • Abuse/neglect/stress • Depression • Resources for food/food security • Environmental factors/exposure to toxins • Cultural factors
427.02	Restrictive Diet	Consuming diet very low in calories and/or essential nutrients, including "never" eats food from one or more food groups, impaired caloric intake, or absorption following bariatric surgery.	PG 4 BE 4 BP 4 NPP 6	
427.03	Pica	Routinely ingesting non-food items. Pica is defined as the eating of nonfood items such as the following: ashes, baking soda, carpet fibers, cigarettes or cigarette butts, clay, crayons, dust, foam rubber, paint chips, soil, and starch (laundry and cornstarch).	PG 4 BE 4 BP 4 NPP 6	
427.05	Potentially Unsafe Food Consumption (Pregnant Woman)	Pregnant women ingesting foods that could be contaminated with harmful microorganisms or substances. Examples include the following: • Raw fish or shellfish, including oysters, clams, mussels, and scallops • Refrigerated smoked seafood, unless it is an ingredient in a cooked dish such as a casserole • Raw or undercooked eggs or foods containing raw or lightly cooked eggs	PG 4	

Other Dietary Risk for Infant or Child

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
428.01	Other Dietary Risk – Risk of Inappropriate Complementary Feeding Practices Only use if Infant or Child ≥ 4 months to < 24 months old and does not meet other risk factors.	This risk may only be assigned when a complete nutrition assessment has been completed and no other risk criteria have been identified. Infants and children ≥ 4 months of age to < 24 months of age who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on Failure to meet Dietary Guidelines for Americans. Failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, dairy, and protein foods) based on an individual's estimated energy needs.	IBE 4 IBP 4 IFF 4 C1 5	• Age appropriate feeding guidelines • Understand feeding cues • Adequate nutrients/calorie intake • Adequate hydration • Amount of juice/sweetened beverages • Age-appropriate serving sizes • Feeding abilities • Offering foods of inappropriate consistency, size, or shape that could contribute to choking • Food/medication interactions • Appetite • Growth pattern • Discuss weaning if appropriate • Regularity of meals/snacks • Food intolerance/allergies • Metabolic/chronic medical conditions • Food intolerance/allergies • Dental health • Recent illness or acute/recurring illnesses • Physical activity/frequency/amount • Parental knowledge/skills • Resources for food/food security • Food safety • Abuse/neglect/stress • Cultural factors

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
502.08	Out-of-State Transfer, Priority 8	Computer will automatically assign this risk when the "Transfer Out of State" screen is used in FL-WiSE when certifying the client. **This risk should not be manually assigned.** Person with current, valid Verification of Certification (VOC) card documented from another State or from the WIC Overseas Program. Electronic or faxed documents (that are printed and then scanned into the client's file) are also acceptable, as is verification of transfer via documented telephone calls. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant will be placed on the list ahead of all other waiting applicants.	All categories are Priority 8	• Adequate nutrients/calorie intake • Adequate hydration • Use of nutrient/herbal supplements • Timing of meals/snacks • Emphasis on original certification factor(s) • Refer to local health care provider • Resources for food/food security.
504.01 to 504.08	Category Change	Computer will automatically assign this risk when client changes category, for example from a C1 child to a C2 child or from an IBE to an IBP. **This risk should not be manually assigned.**	Computer will keep priority of client prior to category change	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
601.01	Breastfeeding Mother of Infant at Priority 1 Nutrition Risk *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Breastfeeding Woman** A breastfeeding woman whose breastfed infant has been determined to be at Priority 1 nutrition risk. The infant cannot be certified for risk 702.01 if this risk is used to certify the breastfeeding woman.	PG 1 BE 1 BP 1	• Adequacy of health care • Appetite • Adequacy of nutrients/calorie intake • Hydration status • Nutrient/herbal supplements • Vitamin/mineral supplements • Diet restrictions/modifications • Weight loss expectations/recommendations • Frequency and length of feedings/positions • Food allergies/intolerance • Caffeine use • Substance use/abuse • Activity/sleep pattern • Breast pump access/ability to use appropriately • Nipple care • Breast pumping protocols • Gentle massage/hand express • Ice packs • Medications/birth control • Client knowledge/skills • Resources for food/food security • Support system/cultural factors • Abuse/neglect/stress • Ways to alleviate complications • When to contact health care provider • Refer to IBCLC/breastfeeding educator for immediate assistance
601.02	Breastfeeding Mother of Infant at Priority 2 Nutrition Risk *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Breastfeeding Woman** A breastfeeding woman whose breastfed infant has been determined to be at Priority 2 nutrition risk.	PG 1 BE 2 BP 2	
602.01	Breastfeeding Complications or Potential Complications (High Risk)	**A pregnant woman who is breastfeeding or a breastfeeding woman** with any of the following complications or potential complications: • Severe breast engorgement • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding, or severely sore nipples • Age ≥ 40 years (may have difficulty producing an adequate milk supply) • Tandem nursing (breastfeeding two siblings who are not twins) • Failure of milk to come in by 4 days postpartum (does not apply to pregnant women)	PG 1 BE 1 BP 1	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
603.01	Breastfeeding Complications or Potential Complications (Breastfed Infant) (High Risk)	**Breastfed Infant** A breastfed infant with any of the following complications or potential complications for breastfeeding: • Jaundice • Weak or ineffective suck • Difficulty latching onto mother's breast • Inadequate stooling (for age, as determined by a physician, lactation consultant, or other health care provider), and/or less than 6 wet diapers per day	IBE 1 IBP 1	• Adequacy of health care • Appetite • Adequacy of nutrients/calorie intake • Hydration status • Nutrient/herbal supplements • Vitamin/mineral supplements • Diet restrictions/modifications • Weight loss expectations/recommendations • Frequency and length of feedings/positions • Food allergies/intolerance • Caffeine use • Substance use/abuse • Activity/sleep pattern • Breast pump access/ability to use appropriately • Nipple care • Breast pumping protocols • Gentle massage/hand express • Ice packs • Medications/birth control • Client knowledge/skills • Resources for food/food security • Support system/cultural factors • Abuse/neglect/stress • Ways to alleviate complications • When to contact health care provider Refer to IBCLC/breastfeeding educator for immediate assistance
604.01	Breastfeeding Mother of Infant at Priority 4 Nutrition Risk *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Breastfeeding Woman** Breastfeeding woman whose breastfed infant has been determined to be at priority 4 nutrition risk. The infant cannot be certified for risk 704.01 if this risk is used to certify the breastfeeding woman.	PG 4 BE 4 BP 4	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
701.01	Infant Up to 6 Months of Age of WIC Mother **or** of a Woman Who **Would Have Been** Eligible During Pregnancy for a Priority 1 risk. *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Infant** An infant < 6 months of age whose mother was a WIC program participant during pregnancy **or** whose mother's medical records document that the woman **was** at nutrition risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions. In other words, the mother **would have been** eligible for a Priority 1 risk.	IBE 2 IBP 2 IFF 2	• Adequacy of health care • Total/partial breastfeeding • Importance of exclusive breastfeeding for 6 months • Amount/type of supplemental feedings • Milk supply • Frequency/length of feedings • Sucking response • Avoid pacifier use • Positioning during feeding • Introduction of solids at 6 months • Wet/dirty diapers/24 hours • Fluid needs • Vitamin/mineral supplements • Signs of fullness • Signs of adequate weight gain • How growth differs for exclusively breastfed infants • Growth spurts • Food intolerance/allergies • Dental health • Metabolic/chronic medical conditions • Recent illness • Parental knowledge/skills • Abuse/neglect/stress • Resources for food/food security • Community resources • Cultural factors • Resources for treatment/parenting skills • Cooking/shopping skills
702.01	Breastfeeding Infant of Woman at Priority 1 Nutrition Risk *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Breastfed Infant** Breastfed infant of a woman at priority 1 nutrition risk. A breastfeeding woman cannot be certified for risk 601.01 if this risk is used to certify her infant.	IBE 1 IBP 1	
704.01	Breastfeeding Infant of a Woman at Priority 4 Nutrition Risk *This risk is not assigned by the computer. CPAs will need to manually assign.*	**Breastfed Infant** Breastfed infant of woman at priority 4 nutrition risk. A breastfeeding woman cannot be certified for risk 604.01 if this risk is used to certify her infant.	IBE 4 IBP 4	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
801.01	Homelessness	A woman, infant, or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: • a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; • an institution that provides a temporary residence for individuals intended to be institutionalized; • a temporary accommodation of not more than 365 days in residence of another individual; or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.	PG 4 BE 4 BP 4 NPP 6 IBE 4 IBP 4 IFF 4 C1 5 C2+ 5	• Adequate nutrients/calorie intake • Adequate hydration • If appropriate, offer special food packages for homeless participants without access to refrigeration • Cooking/storage capabilities • Food safety • Substance use/abuse • Dental health • Metabolic/chronic medical conditions • Psychological/emotional health status • Client/parental knowledge/skills • Activity/sleep pattern • Abuse/neglect/stress • Resources for food/food security
802.01	Migrancy	Categorically eligible women, infants, and children who are members of families containing at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	PG 4 BE 4 BP 4 NPP 6 IBE 4 IBP 4 IFF 4 C1 5 C2+ 5	

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
901.01	Recipient of Abuse *This risk is not assigned by the computer. CPAs will need to manually assign.*	Recipient of abuse is defined as an individual who has experienced physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound the individual. The experience of abuse may be self-reported by the individual, an individual's family member, or reported by a social worker, health care provider, or other appropriate personnel. Types of abuse relevant to the WIC population include, but are not limited to, the following: • Domestic violence: abuse committed by a current or former family or household member or intimate partner. • Intimate partner violence (IPV): a form of domestic violence committed by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) that may include physical violence, sexual violence, stalking, and/or psychological aggression (including coercive tactics). • Child abuse and/or neglect: any act or failure to act that results in harm to a child or puts a child at risk of harm. Child abuse may be physical (including shaken baby syndrome), sexual, or emotional abuse or neglect of an infant or child under the age of 18 by a parent, caretaker, or other person in a custodial role (such as a religious leader, coach, or teacher). WIC staff must release information of known or suspected child abuse or neglect cases to appropriate state officials. WIC regulations pertaining to confidentiality do not take precedence over such state law. Florida Abuse Hotline call 1-800-962-2873 Florida Domestic Violence Hotline 1-800-500-1119.	PG 4 BE 4 BP 4 NPP 6 IBE 4 IBP 4 IFF 4 C1 5 C2+ 5	WIC staff can provide the following nutrition services to participants who experience abuse: • Provide a safe and supportive environment for participants who may be experiencing or have experienced abuse. • Encourage pregnant women to attend all prenatal appointments with their health care provider and explain the importance of early and adequate prenatal care. • Offer tailored breastfeeding support catered to the participant's specific needs and concerns. • Encourage parents to attend local parenting classes or parent training programs. • Refer the participant to their family case manager, if available, and/or to services and resources in their community that provide support to victims of abuse. • Refer participants to national resources such as: o National Domestic Violence Hotline: 1-800-799-SAFE (7233). This hotline is staffed with trained counselors 24 hours a day and provides callers with crisis counselors, safety planning and assistance in finding resources, such as shelter. A secure, confidential online chat option is also available. o Directory of Crime Victim Services. This website provides a directory of programs and organizations that can help victims of crime. o Rape, Abuse and Incest National Network (RAINN): 1-800-656-HOPE (4673). This national hotline provides counseling and assistance to victims of sexual violence and their families and friends from trained counselors who are available 24 hours a day. o National Clearinghouse for the Defense of Battered Women (NCDBW): 1-800-903-0111 ext. 3. This national organization provides technical assistance to abused women facing charges related to their abuse. o Childhelp National Child Abuse Hotline: 1-800-4-A-CHILD (1-800-422-4453). This hotline offers information to parents seeking help for child abuse, individuals who suspect child abuse is occurring and those needing prevention tips. Professional counselors are available to provide support and referrals to emergency and social services.

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
902.01	Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food (Woman) Infant/Child Whose Primary Caregiver Has Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food *This risk is not assigned by the computer. CPAs will need to manually assign.*	Woman who is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include a woman or caregiver who is: • ≤ 17 years of age • mentally disabled/delayed and/or has a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physically disabled to a degree which restricts or limits food preparation abilities, or • currently using or having a history of abusing alcohol, using illegal drugs, using marijuana, or misusing prescription medications. Primary caregiver is defined as the person responsible for taking care of the participant and for making the feeding decisions or preparing the meals in the household. This person is not necessarily the mother, guardian, or adoptive parent of the participant.	PG 4 BE 4 BP 4 NPP 6 IBE 4 IBP 4 IFF 4 C1 5 C2+ 5	• Adequate nutrients/calorie intake • Adequate hydration • Regularity of meals/snacks • Recent illness/injuries • Dental health • Substance use/abuse • Client/parental knowledge skills • Psychological/emotional health status • Activity/sleep pattern • Stress/abuse/neglect • Resources for food/food security • Aware of parent/caregiver's real/perceived needs • Infant may need to be provided ready-to-feed formula instead of concentrate or powder formula • Support system
903.01	Foster/Shelter Care, Entering or Changing Foster/Shelter Care Home in Previous 6 Months *This risk is assigned by the computer for infants and children. CPAs will need to manually assign for women.*	Entering the foster or shelter care system during the previous 6 months or moving from one foster care home or shelter care home to another foster care home or shelter care home during the previous 6 months. A foster child is a child under the care of an individual or family who has been licensed through the Florida Department of Children and Families (DCF). Shelter care is a term referring to the care of a child who has been removed from their home by DCF but has not yet been placed with a licensed foster family. This does not refer to a "homeless shelter", "disaster shelter", or "women's shelter".	PG 4 BE 4 BP 4 NPP 6 IBE 4 IBP 4 IFF 4 C1 5 C2+ 5	• Adequate nutrients/calorie intake • Adequate hydration • Regularity of meals/snacks • Recent illness/injuries • Dental health • Substance use/abuse • Client/parental knowledge skills • Psychological/emotional health status • Activity/sleep pattern • Stress/abuse/neglect • Resources for food/food security • Support system

Risk Criteria Number	Risk Criteria	Definitions and Interpretive Guidelines	Category & Priority	Assessment and Counseling Factors/Considerations Choose areas appropriate to client's needs/time constraints/interests. Refer as needed.
904.01	Environment Tobacco Smoke Exposure	Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. in the past 7 days. ETS is also known as secondhand, passive, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.	PG 1 BE 1 BP 1 NPP 6 IBE 1 IBP 1 IFF 1 C1 3 C2+ 3	• Adequacy of health care • Adequacy of nutrients/calorie intake • Frequency of meals/snacks • Psychological/emotional health status • Abuse/neglect/stress • Physical activity/frequency/amount • Substance use/abuse • Resources for food/food security • Support system/cultural factors • Abuse counseling • Referral information • Assess her understanding of the potential health risks for herself and her baby.

Attachment 1

Explanation of Inappropriate Nutrition Practices – Risk 401

Women and Children ≥24 months

401.01 Other Dietary Risk (Failure to Meet Dietary Guidelines)
Definition: Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for *Failure to Meet Dietary Guidelines for Americans*. Based on an individual's estimated energy needs, the *Failure to Meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). This risk criterion can only be used when a complete nutrition assessment has been completed and no other risk criteria have been identified. **This will be auto generated by FL-WiSE if no other risk is identified for women and children ≥ 24 months. Remove this risk if the CPA manually assigns another risk**.

Justification: Most Americans (including most WIC participants) fail to adhere to the Dietary Guidelines. The IOM Committee on Dietary Risk Assessment in the WIC Program assessed inadequate diet or inappropriate dietary patterns and found that nearly all U.S. women and children usually consume fewer than the recommended number of servings specified by the Food Guide Pyramid (now changed to MyPlate) and would be at dietary risk based on the criterion *Failure to Meet Dietary Guidelines*.

Explanation of Inappropriate Nutrition Practices – Risk 411 Series

Infants

411.01 Breastmilk or Formula Substitute

Definition: Routinely using a substitute for breastmilk or iron fortified formula as the primary nutrient source during the first year of life. The use of the following: cow's milk, goat's milk, sheep's milk, canned evaporated or sweetened condensed milk, imitation or substitute milks (such as rice or soy-based beverages, non-dairy creamer, or other "homemade" concoctions).

Justification: During the first year of life, breastfeeding is the preferred method of infant feeding. The American Academy of Pediatrics (AAP) recommends breast milk for the first 12 months of life because of its acknowledged benefits to infant nutrition, gastrointestinal function, host defense, and psychological well-being. For infants fed infant formula, iron-fortified formula is generally recommended as a substitute for breastfeeding. Rapid growth and increased physical activity significantly increases the need for iron and utilizes iron stores. Body stores are insufficient to meet the increase iron needs making it necessary for the infant to receive a dependable source of iron to prevent iron deficiency anemia. Iron deficiency anemia is associated with cognitive and psychomotor impairments that may be irreversible; decreased immune functions; apathy; short attention span; and irritability. Cow's milk has insufficient and inappropriate amounts of nutrients and can cause occult blood loss that can lead to iron deficiency, stress on the kidneys from a high renal solute load, and allergic reactions. Sweetened condensed milk has an abundance of sugar that displaces other nutrients or causes overconsumption of calories. Homemade formulas prepared with canned evaporated milk do not contain optimal kinds and amounts of nutrients that infants need. Goat's milk, sheep's milk, imitation milks, and substitute milks do not contain nutrients in amounts appropriate for infants.

411.02 Inappropriate Use of Bottles or Sugar-Containing Fluids

Definition: Routinely using nursing bottles or cups improperly or giving sugar-containing fluids.

- Using a bottle to feed fruit juices.
- Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. (This risk does not include 100% fruit juice).
- Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime.
- Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier.
- Propping the bottle when feeding.
- Allowing an infant to carry around and drink throughout the day from a covered/training cup.
- Adding any food (cereal or other solid foods) to the bottle (unless advised by health care provider).

Justification: Dental caries are a major health problem in U.S. preschool children, especially in low-income populations. Eating and feeding habits that affect tooth decay and are started during infancy may continue into early childhood. Most implicated in this rampant disease process is prolonged use of baby bottles during the day or night,

containing fermentable sugars, (e.g., fruit juice, soda, and other sweetened drinks); pacifiers dipped in sweet agents such as sugar, honey, or syrups; or other high frequency sugar exposures.

The American Academy of Pediatrics and the American Academy of Pedodontics recommend that juice should be offered to infants in a cup, not a bottle, and that infants not be put to bed with a bottle in their mouth. While sleeping with a bottle in his or her mouth, an infant's swallowing and salivary flow decreases, thus creating a pooling of liquid around the teeth. The practice of allowing infants to carry or drink from a bottle or training cup of juice for periods throughout the day leads to excessive exposure of the teeth to carbohydrate, which promotes the development of dental caries.

Allowing infants to sleep with a nursing bottle containing fermentable carbohydrates or to use it unsupervised during waking hours provides an almost constant supply of carbohydrates and sugars. This leads to rapid demineralization of tooth enamel and an increase in the risk of dental caries due to prolonged contact between cariogenic bacteria on the susceptible tooth surface and the sugars in the consumed liquid. The sugars in the liquid pool around the infant's teeth and gums, feed the bacteria there, and decay is the result. The process may start before the teeth are even fully erupted. Upper incisors (upper front teeth) are particularly vulnerable; the lower incisors are generally protected by the tongue. The damage begins as white lesions and progresses to brown or black discoloration typical of caries. When early childhood caries are severe, the decayed crowns may break off and the permanent teeth developing below may be damaged. Undiagnosed dental caries and other oral pain may contribute to feeding problems and failure to thrive in young children.

Unrestricted use of a bottle containing fermentable carbohydrates is a risk because the more times a child consumes solid or liquid food, the higher the caries risk. Cariogenic snacks fed between meals place the child most at risk for caries development; this includes the habit of continually sipping from cups (or bottles) containing cariogenic liquids (juice, milk, soda, or sweetened liquid). If inappropriate use of the bottle persists, the child is at risk of toothaches, costly dental treatment, loss of primary teeth, and developmental lags on eating and chewing. If this continues beyond the usual weaning period, there is a risk of decay to permanent teeth.

Propping the bottle deprives infants of vital human contact and nurturing, which makes them feel secure. It can cause the following: ear infections because of fluid entering the middle ear and not draining properly; choking from liquid flowing into the lungs; and tooth decay from prolonged exposure to carbohydrate-containing liquids.

Adding solid food to a nursing bottle results in force-feeding, inappropriately increases the energy and nutrient composition of the formula, deprives the infant of experiences important in the development of feeding behavior, and could cause an infant to choke.

411.03 Inappropriate Introduction of Solid Foods

Definition: Routinely offering complementary foods or other substances that are inappropriate in type or timing.

- Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food or used on a pacifier.
- Feeding any food other than breastmilk or iron fortified formula before 4 months of age.

- Giving any other food or substance not appropriate for the age of the infant.

Justification: Infants, especially those living in poverty, are at high risk for developing early childhood caries. Most implicated in this rampant disease process include the following: prolonged use of baby bottles during the day or night containing fermentable sugars (e.g., fruit juice, soda, and other sweetened drinks); pacifiers dipped in sweet agents such as sugar, honey or syrups; or other high frequency sugar exposures.

Feeding solid foods too early (i.e., before 4-6 months of age) by adding dilute cereal or other solid foods to bottles deprives infants of the opportunity to learn to feed themselves. The major objection to the introduction of solid food before age 4 months of age is based on the possibility that it may interfere with establishing sound eating habits and may contribute to overfeeding. Before 4 months of age, the infant possesses an extrusion reflex that enables him/her to swallow only liquid foods. The extrusion reflex is toned down at 4 months. Breast milk or iron fortified infant formula is all the infant needs. Gastric secretions, digestive capacity, renal capacity, and enzymatic secretions are low, which makes digestion of solids inefficient and potentially harmful. Furthermore, there is the potential for antigens to be developed against solid foods, due to the undigested proteins that may permeate the gut; however, the potential for developing allergic reactions may primarily be in infants with a strong family history of allergies. If solid foods are introduced before the infant is developmentally ready, breastmilk or iron fortified formula necessary for optimum growth is displaced. Around 4 months of age, the infant is developmentally ready for solid foods when the following occur: the infant is better able to express certain feeding cues such as turning head to indicate satiation; oral and gross motor skills begin to develop that help the infant to take solid foods; the extrusion reflex disappears; and the infant begins to sit upright and maintain balance.

Offering juice before solid foods are introduced into the diet could risk having juice replace breastmilk or infant formula in the diet. This can result in reduced intake of protein, fat, vitamins, and minerals such as iron, calcium, and zinc. It is prudent to give juice only to infants who can drink from a cup. Fruit juice is not recommended for infants under 12 months of age.

411.04 Feeding Foods That Put An Infant At Risk of Choking or Using Infant Feeder

Definition: Routinely feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking or using an infant feeder.

Justification: Children under the age of two have not fully developed their oral-motor skills for chewing and swallowing. For this reason, they should be fed foods of an appropriate consistency, size, and shape. Foods commonly implicated in choking include hot dogs; hard, gooey, or sticky candy; nuts and seeds; chewing gum; grapes; raisins; popcorn; peanut butter; hard pieces of raw fruits and vegetables; and chunks of meat or cheese.

411.06 Inappropriate Formula Preparation

Definition: Routinely feeding inappropriately diluted formula. This includes the failure to follow manufacturer's dilution instructions or failure to follow specific instructions accompanying a prescription.

Justification: Over dilution can result in water intoxication resulting in hyponatremia, irritability, coma, inadequate nutrient intake, failure to thrive, and poor growth. Under dilution of formula increases calories, protein, and solutes presented to the kidney for excretion, and can result in hypernatremia, tetany, and obesity. Dehydration and metabolic acidosis can occur. Powdered formulas vary in density, so manufacturer's scoops are formula specific to assure correct dilution. One clue for staff to identify incorrect formula preparation is to determine if the parent/caregiver is using the correct manufacturer's scoop to prepare the formula.

411.07 Restrictive Nursing

Definition: Routinely limiting the frequency of nursing of the fully breastfed infant when breastmilk is the sole source of nutrients. Scheduled feedings instead of on-demand feedings, less than 8 feedings in 24 hours if less than 2 months of age, or less than 6 feedings in 24 hours if between 2 and 6 months of age.

Justification: Exclusive breastfeeding provides ideal nutrition to an infant and is sufficient to support optimal growth and development in the first 6 months of life. Frequent breastfeeding is critical to the establishment and maintenance of an adequate milk supply for the infant. Inadequate frequency of breastfeeding may lead to lactation failure in the mother and dehydration, poor weight gain, diarrhea, vomiting, illness, and malnourishment in the infant. Exclusive breastfeeding protects infants from early exposure to contaminated foods and liquids. In addition, infants, who receive breastmilk more than infant formulas, have a lower risk of being overweight in childhood and adolescence.

411.08 Restrictive Diet

Definition: Routinely feeding a diet very low in calories and/or essential nutrients. This includes the use of a vegan diet, macrobiotic diet, or any other diet very low in calories and/or essential nutrients.

Justification: Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to other adverse physiological effects. Infants older than 6 months are potentially at the greatest risk for overt deficiency states related to inappropriate restrictions of the diet, although deficiencies of vitamins B_{12} and essential fatty acids may appear earlier. Infants are particularly vulnerable during the weaning period if fed a macrobiotic diet and may experience psychomotor delay in some instances. Well-balanced vegetarian diets with dairy products and eggs are generally associated with good health. However, strict vegan diets may be inadequate in calories, vitamin B_{12}, vitamin D, calcium, iron, protein, and essential amino acids needed for growth and development. The more limited the diet, the greater the health risk. Given the health and nutrition risks associated with highly restrictive diets, WIC can help the parent to assure that the infant consumes an adequate diet to optimize health during critical periods of growth as well as for the long term.

411.09 Inappropriate Sanitation of Expressed Breastmilk or Formula

Definition: Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breastmilk or formula. This includes limited or no access to the following: a safe water supply, a heat source for sterilization, or a refrigerator/freezer for storage; or failure to properly prepare, handle, and store bottles/containers of expressed breastmilk or formula.

Justification: Infant formula must be properly prepared in a sanitary manner in order to be safe for consumption. Further, prepared infant formula and expressed breastmilk are perishable foods, which must be handled and stored properly in order to be safe for consumption.

Published guidelines on the handling and storage of infant formula indicate that it is unsafe to feed an infant prepared formula which, for example:

- has been held at room temperature greater than 1 hour or longer than recommended by the manufacturer;
- has been held in the refrigerator longer than 48 hours for concentrated or ready- to-feed formula, or 24 hours for powdered formula;
- remains in a bottle 1 hour after the start of a feeding; and/or
- remains in a bottle from an earlier feeding.

Lack of sanitation may cause gastrointestinal infection. Most babies who are hospitalized for vomiting and diarrhea are bottle fed. This may be attributed to the improper handling of formula rather than sensitivities to the formula. Manufacturers' instructions vary in the length of time it is considered to be safe to hold prepared infant formula without refrigeration before bacterial growth accelerates to an extent that the infant is placed at risk. Published guidelines on the handling and storage of breastmilk may differ among pediatric nutrition authorities. The following breastmilk feeding, handling, and storage practices are considered inappropriate and unsafe:

- feeding fresh breastmilk held in the refrigerator for more than 48 hours; or held in the freezer for greater than 6 months.
- thawing frozen breastmilk in the microwave oven;
- refreezing breastmilk;
- adding freshly expressed unrefrigerated breastmilk to already frozen breastmilk in a storage container;
  (Note: The appropriate and safe practice is to add chilled freshly expressed breastmilk, in an amount that is smaller than the milk that has been frozen for no longer than 24 hours.)
- feeding previously frozen breastmilk thawed in the refrigerator that has been refrigerated for more than 24 hours, and/or saving breastmilk from a used bottle for another use at another feeding.

Although there are variations in the recommended lengths for breastmilk to be held at room temperature or stored in the refrigerator or freezer, safety is more likely to be assured by using the more conservative guidelines.

The water used to prepare concentrated or powdered infant formula and prepare bottles and nipples must be safe for consumption. Water used for formula preparation which is contaminated with toxic substances (such as nitrate at a concentration above 10 mg per liter, lead, or pesticides) poses a hazard to an infant's health and should NOT be used.

411.10 Potentially Harmful Dietary Supplements

Definition: Feeding any dietary supplements with potentially harmful consequences if fed in excess. Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences include the following: single or multiple vitamins, mineral supplements, or herbal or botanical supplements/remedies/teas.

Justification: An infant consuming inappropriate or excessive amounts of single or multivitamin, minerals, or herbal remedy not prescribed by a physician is at risk for a variety of adverse effects including harmful nutrient interactions, toxicity, and teratogenicity. While some herbal teas may be safe, some have undesirable effects, particularly on infants who are fed herbal teas or who receive breast milk from mothers who have ingested herbal teas. Examples of teas with potentially harmful effects to children include: licorice, comfrey leaves, sassafras, senna, buckhorn bark, cinnamon, wormwood, woodruff, valerian, foxglove, pokeroot or pokeweed, periwinkle, nutmeg, catnip, hydrangea, juniper, Mormon tea, thorn apple, yohimbe bark, lobelia, oleander, Maté, kola nut or gotu cola, and chamomile. Like drugs, herbal or botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications—these interactions can cause problems and can even be dangerous. Botanical supplements are not necessarily safe because the safety of a botanical depends on many things, such as its chemical makeup, how it works in the body, how it is prepared, and the dose used.

411.12 Feeding Practices Not Developmentally Appropriate

Definition: Routinely using feeding practices that disregard the developmental needs or stage of the infant.

- Inability to recognize, insensitivity to, or disregard of the infant's cues for hunger and satiety (or forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues).
- Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger feed and/or try self-feeding with appropriate utensils).
- Feeding an infant food with inappropriate textures based on his/her development stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped, or appropriate finger foods).

Justification: Infants held to rigid feeding schedules are often underfed or overfed. Caregivers insensitive to signs of hunger and satiety, or who over manage feeding may inappropriately restrict or encourage excessive intake. Findings show that these practices may promote negative or unpleasant associations with eating that may continue into later life, and may also contribute to obesity. Infrequent breastfeeding can result in lactation insufficiency and infant failure-to-thrive. Infants should be fed foods with a texture appropriate to their developmental level.

Explanation of Inappropriate Nutrition Practices – Risk 425 Series

Children

425.01 Feeding Fat Free, Lowfat, or Reduced Fat Milk <24 months of Age

Definition: Routinely feeding fat free, lowfat, or reduced fat milk as the primary milk source to a child under the age of two.

Justification: After a baby is one-year old, whole milk may replace breastmilk or formula. Children under the age of two should not be given low-fat milk (2%, 1%, or skim) as they need the additional calories from fat to ensure proper growth and development.

Note: This risk does not apply when a child is prescribed fat free, lowfat, or reduced fat milk by the CPA or health care provider. (Remove this risk when assigned by the computer at the Nutrition Risk screen).

425.02 Feeding Sugar-Containing Fluids

Definition: Routinely feeding a child any sugar-containing fluids. These include the following: fluids such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea.
Note: This risk does not include 100% fruit juice, even when consumed in excess.

Justification: Abundant epidemiologic evidence from groups who have consumed low quantities of sugar as well as from those who have consumed high quantities shows that sugar—especially sucrose—is the major dietary factor affecting dental caries prevalence and progression. Consumption of foods and beverages high in fermentable carbohydrates, such as sucrose, increases the risk of early childhood caries and tooth decay.

425.03 Child Uses Bottle >14 months of Age or Carries Sippy Cup All Day

Definition: Allowing a child to use the bottle for feeding or drinking beyond 14 months of age or allowing a child to carry around and drink throughout the day from a covered or training cup.

Justification: Pediatric dentists recommend that parents be encouraged to have infants drink from a cup as they approach their first birthday, and that infants are weaned from the bottle by 12-14 months of age. The practice of allowing children to carry or drink from a bottle or cup of juice for periods throughout the day leads to excessive exposure of the teeth to carbohydrate, which promotes the development of dental caries. Allowing toddlers to use a bottle or cup containing fermentable carbohydrates unsupervised during waking hours provides an almost constant supply of carbohydrates and sugars. This leads to rapid demineralization of tooth enamel and an increase in the risk of dental caries due to prolonged contact between cariogenic bacteria on the susceptible tooth surface and the sugars in the consumed liquid. The sugars in the liquid pool around the child's teeth and gums, feed the bacteria there and decay is the result. The process may start before the teeth are even fully erupted. Upper incisors (upper front teeth) are particularly vulnerable; the lower incisors are generally protected by the tongue. The damage begins as white lesions and progresses to brown or black discoloration typical of caries. When early childhood caries are severe, the decayed crowns may break off and the permanent teeth developing below may be damaged. Undiagnosed dental

caries and other oral pain may contribute to feeding problems and failure to thrive in young children. Use of a bottle or cup, containing fermentable carbohydrates, without restriction is a risk because the more times a child consumes solid or liquid food, the higher the caries risk. Cariogenic snacks eaten between meals place the toddler most at risk for caries development; this includes the habit of continually sipping from cups (or bottles) containing cariogenic liquids (juice, milk, soda, or sweetened liquid). If inappropriate use of the bottle persists, the child is at risk of toothaches, costly dental treatment, loss of primary teeth, and developmental lags on eating and chewing. If this continues beyond the usual weaning period, there is a risk of decay to permanent teeth.

425.04 Feeding Foods That Put Child At Risk For Choking
Definition: Feeding foods of inappropriate consistency, size, or shape that put a child at risk of choking.

Justification: The majority of choking injuries in children are caused by food. Certain characteristics, including shape, size and consistency of certain foods increase their potential to cause choking among children. Children should be fed foods appropriate for their age and developmental level. Foods commonly implicated in choking include hot dogs; hard, gooey, or sticky candy; nuts and seeds; chewing gum; grapes; raisins; popcorn; peanut butter; hard pieces of raw fruits and vegetables; and chunks of meat or cheese.

425.06 Restrictive Diet
Definition: Consuming a diet very low in calories and/or essential nutrients. This includes the following: a vegan diet, macrobiotic diet, and any other diet very low in calories and/or essential nutrients. Also, if the parent/caregiver checks that the child "never" eats food from one or more food groups, and this is verified through conversation with the parent/caregiver, the child is considered to have a restrictive diet.

Justification: Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to other adverse physiological effects. Well-balanced vegetarian diets with dairy products and eggs are generally associated with good health. However, strict vegan diets may be inadequate in calories, vitamin B_{12}, vitamin D, calcium, iron, protein, and essential amino acids needed for growth and development. The more limited the diet, the greater the health risk. Given the health and nutrition risks associated with highly restrictive diets, WIC can help the parent to assure that the child consumes an adequate diet to optimize health during critical periods of growth as well as for the long term.

425.07 Potentially Harmful Dietary Supplements
Definition: Consuming dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences. Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences are: single or multiple vitamins, mineral supplements, or herbal or botanical supplements/remedies/teas

Justification: A child consuming inappropriate or excessive amounts of single or multivitamin, mineral, or herbal remedy not prescribed by a physician is at risk for a variety of adverse effects including harmful nutrient interactions, toxicity, and teratogenicity. Like drugs, herbal or botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications—these

interactions can cause problems and can even be dangerous. Botanical supplements are not necessarily safe because the safety of a botanical depends on many things, such as its chemical makeup, how it works in the body, how it is prepared, and the dose used. While some herbal teas may be safe, some have undesirable effects, particularly on young children who are fed herbal teas or who receive breast milk from mothers who have ingested herbal teas. Examples of teas with potentially harmful effects to children include: licorice, comfrey leaves, sassafras, senna, buckhorn bark, cinnamon, wormwood, woodruff, valerian, foxglove, pokeroot or pokeweed, periwinkle, nutmeg, catnip, hydrangea, juniper, Mormon tea, thorn apple, yohimbe bark, lobelia, oleander, Maté, kola nut or gotu cola, and chamomile.

425.09 Pica

Definition: Routine ingestion of nonfood items. Pica is defined as the eating of nonfood items such as the following: ashes, baking soda, carpet fibers, cigarettes or cigarette butts, clay, crayons, dust, foam rubber, paint chips, soil, and starch (laundry and cornstarch). A child occasionally putting those items in his/her mouth does not mean he/she has pica. The CPA needs to ask further questions and document discussion. The CPA should not check items unless the child is routinely ingesting the non-food items.

Justification: Pica is the compulsive eating of nonnutritive substances that can have serious medical implications. Pica is observed most commonly in areas of low socioeconomic status and is more common in women (especially pregnant women) and in children. Pica has also been seen in children with obsessive-compulsive disorders, mental retardation, and sickle cell disease. Complications of this disorder include: iron-deficiency anemia, lead poisoning, intestinal obstruction, acute toxicity from soil contaminants, and helminthic infestations.

425.10 Feeding Inappropriate Beverages

Definition: Routinely feeding inappropriate beverages as the primary milk source. These beverages include the following: fat free, lowfat, or reduced fat milk (< 24 months of age only. Risk 425.01 may be system assigned, both do not need to be used,); sweetened condensed milk; or imitation or substitute milks (such as inadequately or unfortified rice or soy-based beverages, non-dairy creamer, or other “homemade” concoctions).

Note: This risk does not apply when a child is prescribed fat free, lowfat, or reduced fat milk by the CPA or health care provider.

Justification: Goat’s milk, sheep’s milk, imitation milks, and substitute milks (that are unfortified or inadequately fortified) do not contain nutrients in amounts appropriate as a primary milk source for children. Fat free, lowfat, or reduced fat milk is not recommended for use with children from 1 year to under 2 years of age because of the lower calorie density compared with whole milk. The calorie and fat content of these milks requires that increased volume be consumed to satisfy caloric needs. Infants and children under 2 years of age using fat free, low fat, or reduced fat milk gain at a slower growth rate, lose body fat as evidenced by skinfold thickness, lose energy reserves, and are at risk of inadequate intake of essential fatty acids.

425.11 Inappropriate Use of Bottles, Cups, or Pacifiers

Definition: Routinely using nursing bottles, cups, or pacifiers improperly. This includes the following:

- Using a bottle to feed fruit juice or diluted cereal or other solids.
- Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime.
- Allowing the child to use the bottle without restriction or as a pacifier.
- Using a pacifier dipped in sweet agents such as sugar, honey, or syrups.

Justification: Dental caries are a major health problem in U.S. preschool children, especially in low-income populations. Most implicated in this rampant disease process are the following: prolonged use of baby bottles during the day or night, containing fermentable sugars (e.g., fruit juice, soda, and other sweetened drinks); pacifiers dipped in sweet agents such as sugar, honey or syrups; or other high frequency sugar exposures. Solid foods such as cereal should not be put into a bottle for feeding—this is a form of force-feeding and does not encourage the child to eat the cereal in a more developmentally appropriate way. Additional justifications for the examples include:

- The American Academy of Pediatrics (AAP) and the American Academy of Pedodontics recommend that children not be put to bed with a bottle. While sleeping with a bottle in his or her mouth, a child's swallowing and salivary flow decreases, thus creating a pooling of liquid around the teeth. Propping the bottle can cause: ear infections because of fluid entering the middle ear and not draining properly; choking from liquid flowing into the lungs; and tooth decay from prolonged exposure to carbohydrate-containing liquids.
- Pediatric dentists recommend that parents be encouraged to have infants drink from a cup as they approach their first birthday, and that infants are weaned from the bottle by 12 to 14 months of age.
- The practice of allowing children to carry or drink from a bottle or cup of juice for periods throughout the day leads to excessive exposure of the teeth to carbohydrate, which promotes the development of dental caries. Allowing toddlers to use a bottle or cup containing fermentable carbohydrates unsupervised during waking hours provides an almost constant supply of carbohydrates and sugars. This leads to rapid demineralization of tooth enamel and an increase in the risk of dental caries due to prolonged contact between cariogenic bacteria on the susceptible tooth surface and the sugars in the consumed liquid. The sugars in the liquid pool around the child's teeth and gums, feed the bacteria there and decay is the result. This process may start before the teeth are even fully erupted. Upper incisors (upper front teeth) are particularly vulnerable; the lower incisors are generally protected by the tongue. The damage begins as white lesions and progresses to brown or black discoloration typical of caries. When early childhood caries are severe, the decayed crowns may break off and the permanent teeth developing below may be damaged. Undiagnosed dental caries and other oral pain may contribute to feeding problems and failure to thrive in young children. Use of a bottle or cup, containing fermentable carbohydrates, without restriction is a risk because the more times a child consumes solid or liquid food, the higher the caries risk. Cariogenic snacks eaten between meals place the toddler most at risk for caries development; this includes the habit of continually sipping from cups (or bottles) containing cariogenic liquids (juice, milk, soda, or sweetened liquid). If inappropriate use of the bottle persists, the child is at risk of toothaches, costly dental treatment, loss of primary teeth, and developmental lags on eating and chewing. If this continues beyond the usual weaning period, there is a risk of decay to permanent teeth.

425.12 Feeding Practices Not Developmentally Appropriate

Definition: Routinely using feeding practices that disregard the developmental needs or stages of the child. This includes the following:

- Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's request for appropriate foods).
- Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger feed and/or try self-feeding with appropriate utensils).
- Feeding a child food with an inappropriate texture based on his/her development stage (e.g., feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped, or appropriate finger foods).

Justification: The interactions and communication between a caregiver and child during feeding and eating influence a child's ability to progress in eating skills and consume a nutritionally adequate diet. These interactions comprise the "feeding relationship." A dysfunctional feeding relationship, which could be characterized by a caregiver misinterpreting, ignoring, or overruling a young child's innate capability to regulate food intake based on hunger, appetite and satiety, can result in poor dietary intake and impaired growth. Parents who consistently attempt to control their children's food intake may give children few opportunities to learn to control their own food intake. This could result in inadequate or excessive food intake, future problems with food regulation, and problems with growth and nutritional status. Instead of using approaches such as bribery, rigid control, struggles, or short-order cooking to manage eating, a healthier approach is for parents to provide nutritious, safe foods at regular meals and snacks, allowing children to decide how much, if any, they eat. Young children should be able to eat in a matter-of-fact way sufficient quantities of the foods that are given to them, just as they take care of other daily needs. Research indicates that restricting access to specific foods (i.e., high fat foods) may enhance the interest of children 3 to 5 years of age in those foods and increase their desire to obtain and consume those foods. Stringent parental controls on children's eating have been found to increase children's preference for high fat, energy dense foods, limit children's acceptance of a variety of foods, and disrupt children's regulation of energy intake. Forcing a child to clean his or her plate may lead to overeating or development of an aversion to certain foods. The toddler and preschooler are striving to be independent. Self-feeding is important for children even though physically they may not be able to handle feeding utensils or have good eye-hand coordination. Children should be able to manage the feeding process independently and with dispatch, without either unnecessary dawdling or hurried eating. Self-feeding milestones include:

- During infancy, older infants progress from semisolid foods to thicker and lumpier foods to soft pieces to table food.
- By 15 months, children can manage a cup, although not without some spilling.
- At 16 to 17 months of age, well-defined wrist rotation develops, permitting the transfer of food from the bowl to the child's mouth with less spilling. The ability to lift the elbow as the spoon is raised and to flex the wrist as the spoon reaches the mouth follows.
- At 18 to 24 months, they learn to tilt a cup by manipulation with the fingers.

Despite these new skills, 2-year-old children often prefer using their fingers to using the spoon. Preschool children learn to eat a wider variety of textures and kinds of food. However, the foods offered should be modified so that children can chew and swallow the food without difficulty.

Explanation of Inappropriate Nutrition Practices – Risk 427 Series

Women

427.01 Potentially Harmful Dietary Supplements

Definition: Consuming dietary supplements with potentially harmful consequences. Examples of dietary supplements which when ingested in excess of recommended dosages may be toxic or have harmful consequences include the following: single or multiple vitamins, mineral supplements, or herbal or botanical supplements/remedies/teas. Herbal supplements to avoid include blue cohash and pennyroyal. Any herbal tea should be considered a risk since they are not routinely tested for safety in pregnant women.

Justification: Women taking inappropriate or excessive amounts of dietary supplements such as single or multivitamins or minerals, or botanical (including herbal) remedies or teas, are at risk for adverse effects such as harmful nutrient interactions, toxicity, and teratogenicity. Pregnant and lactating women are at higher risk secondary to the potential transference of harmful substances to their infants.

Most nutrient toxicities occur through excessive supplementation of particular nutrients, such as, vitamin A, vitamin B_6, niacin, iron, and selenium. Large doses of vitamin A may be teratogenic. Because of this risk, the Institute of Medicine recommends avoiding preformed vitamin A supplementation during the first trimester of pregnancy. Besides nutrient toxicities, nutrient-nutrient and drug-nutrient interactions may adversely affect health.

Many herbal and botanical remedies have cultural implications and are related to beliefs about pregnancy and breastfeeding. The incidence of herbal use in pregnancy ranges from 7 to 55 percent with echinacea and ginger being the most common. Some botanical (including herbal) teas may be safe; however, others have undesirable effects during pregnancy and breastfeeding. Herbal supplements such as blue cohash and pennyroyal stimulate uterine contractions, which may increase the risk of miscarriage or premature labor. The March of Dimes and the American Academy of Pediatrics recommend cautious use of tea mixtures because of the lack of safety testing in pregnant women.

427.02 Restrictive Diet

Definition: Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery. These include the following: strict vegan diet; low carbohydrate, high protein diet; macrobiotic diet; or any other diet restricting calories and/or essential nutrients. Also, if a woman checks that she “never” eats food from one or more food groups, and this is verified through conversation with her, the woman is considered to have a restrictive diet.

Justification: Women consuming highly restrictive diets are at risk for primary nutrient deficiencies, especially during critical developmental periods such as pregnancy. Pregnant women who restrict their diets may increase the risk of birth defects, suboptimal fetal development, and chronic health problems in their children. Examples of nutrients associated with negative health outcomes are: low iron intake and maternal

anemia and increased risk of preterm birth or low birth weight; low maternal vitamin D status and depressed infant vitamin D status; and low folic acid and neural tube defects (NTDs). Low calorie intake during pregnancy may lead to inadequate prenatal weight gain, which is associated with infant intrauterine growth restriction (IUGR) and birth defects. The pregnant adolescent who restricts her diet is of particular concern since her additional growth needs compete with the developing fetus and the physiological changes of pregnancy.

Strict vegan diets may be highly restrictive and result in nutrient deficiencies. Nutrients of potential concern that may require supplementation are riboflavin, iron, zinc, vitamin B_{12}, vitamin D, calcium, and selenium. The pregnant adolescent who consumes a vegan diet is at even greater risk due to her higher nutritional needs. The breastfeeding woman who chooses a vegan or macrobiotic diet increases her risk and her baby's risk for vitamin B_{12} deficiency. Severe vitamin B_{12} deficiency resulting in neurological damage has been reported in infants of vegetarian mothers.

With the epidemic of obesity, treatment by gastric bypass surgery has increased more than 600 percent in the last ten years and has created nutritional deficiencies not typically seen in obstetric or pediatric medical practices. Gastrointestinal surgery promotes weight loss by restricting food intake and, in some operations, interrupting the digestive process. Operations that only reduce stomach size are known as "restrictive operations" because they restrict the amount of food the stomach can hold. Examples of restrictive operations are adjustable gastric banding and vertical banded gastroplasty. These types of operations do not interfere with the normal digestive process.

Some operations combine stomach restriction with a partial bypass of the small intestine, these are known as malabsorptive operations. Examples of malabsorptive operations are Roux-en-y gastric bypass (RGB) and Biliopancreatic diversion (BPD). Malabsorptive operations carry a greater risk for nutritional deficiencies because the procedure causes food to bypass the duodenum and jejunum, where most of the iron and calcium are absorbed. Menstruating women may develop anemia because not enough iron and vitamin B_{12} are absorbed. Decreased absorption of calcium may also contribute to osteoporosis and metabolic bone disease. A breastfeeding woman who has had gastric bypass surgery is at risk of vitamin B_{12} deficiency for herself and her infant.

427.03 Pica

Definition: Routine ingestion of nonfood items. Pica is defined as the eating of nonfood items such as the following: ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil, or starch (laundry and cornstarch).

Justification: Pica, the compulsive ingestion of non-food substances over a sustained period of time, is linked to lead poisoning and exposure to other toxicants, anemia, excess calories or displacement of nutrients, gastric and small bowel obstruction, as well as parasitic infection. It may also contribute to nutrient deficiencies by either inhibiting absorption or displacing nutrient dense foods in the diet. Poor pregnancy outcomes associated with pica-induced lead poisoning include lower maternal hemoglobin level at delivery and a smaller head circumference in the infant. Maternal transfer of lead via breastfeeding has been documented in infants and can result in a neuro-developmental insult depending on the blood lead level and the compounded exposure for the infant during pregnancy and breastfeeding.

427.05 Potentially Unsafe Food Consumption

Definition: Pregnant women ingesting foods that could be contaminated with harmful microorganisms or substances include the following:

- Raw fish or shellfish, including oysters, clams, mussels, and scallops.
- Refrigerated smoked seafood, unless it is an ingredient in a cooked dish such as a casserole.
- Raw or undercooked meat or poultry.
- Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog.

Justification: Food-borne illness is a serious public health problem. The causes include pathogenic microorganisms (bacteria, viruses, and parasites) and their toxins and chemical contamination. The symptoms are usually gastrointestinal in nature (vomiting, diarrhea, and abdominal pain), but neurological and "non-specific" symptoms may occur as well. Over the last 20 years, certain foods have been linked to outbreaks of food-borne illness. These foods include: milk (Campylobacter); shellfish (Norwalk-like viruses), unpasteurized apple cider (Escherichia coli O157:H7); eggs (Salmonella); fish (Ciguatera poisoning); raspberries (Cyclospora); strawberries (Hepatitis A virus); and ready-to-eat meats (Listeria monocytogenes).

Listeria monocytogenes can cause an illness called listeriosis. Listeriosis during pregnancy can result in premature delivery, miscarriage, fetal death, and severe illness or death of a newborn from the infection. Listeriosis can be transmitted to the fetus through the placenta even if the mother is not showing signs of illness.

Pregnant women are especially at risk for food-borne illness. For this reason, government agencies such as the Centers for Disease Control and Prevention (CDC), the U.S. Department of Agriculture Food Safety and Inspection Service, and the Food and Drug Administration advise pregnant women and other high risk individuals not to eat foods as identified in the definition for this criterion.

The CDC encourages health care professionals to provide anticipatory guidance, including the "four simple steps to food safety" of the Fight BAC campaign, to help reduce the incidence of food-borne illnesses. These steps are clean, separate, cook, and chill.

Explanation of Inappropriate Nutrition Practices – Risk 428

Infants ≥ 4 months and Children < 24 months

428.01 Other Dietary Risk (Dietary Risk Associated with Inappropriate Complementary Feeding Practices)

Definition: Infants and children ≥ 4 months of age to < 24 months of age who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on Failure to meet Dietary Guidelines for Americans. Failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, dairy, and protein foods), based on an individual's estimated energy needs. An infant or child ages 4 months to less than 24 months who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eats independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans. This risk criterion can only be used if ≥4 months up to <24 months old and **does not meet other risk factors**. This will be auto generated by FL-WiSE if no other risk is identified. **Remove this risk if the CPA manually assigns another risk**.

Justification: Gradually adding foods and beverages to the diet of an infant of young child is considered complementary feeding. The process of adding complementary foods should reflect the physical, intellectual, and behavioral stages as well as the nutrient needs of the infant or child. Inappropriate complementary feeding practices are common and well documented in the literature. Caregivers often do not recognize signs of developmental readiness and, therefore, offer foods and beverages that may be inappropriate in type, amount, consistency, or texture. Furthermore, a lack of nationally accepted feeding guidelines for children under the age of two might lead caregivers to assume that all foods are suitable for this age range.

Instructions for Completing FL-WiSE Medical and Nutrition Questions

Used By:
Competent Professional Authorities (CPAs) in WIC and other staff members.

Purpose of the FL-WiSE Medical and Nutrition History Screens:

- Provides a uniform system of collecting information that may be used in assessing a client's nutrition status.
- Provides information that can lead to dialogue/conversation with the client or parent/caregiver. This includes:
    - ♦ Using the responses on the FL-WiSE Medical and Nutrition History screens as a springboard for further questions to complete a comprehensive nutrition assessment.
    - ♦ Determining what questions and concerns to discuss with the client or caregiver following the completion of the nutrition assessment.
- Provides a location for documentation of client's responses to probing or clarifying questions.

Summary:
The answers to the FL-WiSE Medical and Nutrition History Screen questions in FL-WiSE will be used for WIC nutrition risk identification, nutrition assessment, and for education and counseling. The nutrition assessment will include asking questions to clarify or find out more details from the client/caregiver. Once the comprehensive nutrition assessment is completed, the CPA will critically consider the nutrition risks, responses, and concerns of the client to determine what issues to discuss with the client, what education and counseling to provide, what food package to assign, and what referrals to make, if appropriate.

Requirements for Completion:
The purpose of the Medical and Nutrition History screen questions is to collect data at the certification and mid-certification visits**.** If a paper copy of the Medical and Nutrition History questions is used, the client's responses will need to be entered on the FL-WiSE Medical and Nutrition History screens by the appropriate staff. The written questions can be completed by the client in the waiting room and then entered into the system by the CPA or another staff person designated and trained by the local agency. The nutrition screens can be completed by a non-CPA staff person while interviewing the client and then the answers must be reviewed by the CPA prior to counseling. Alternately, the questions can be completed by the CPA as part of the counseling session. A CPA must ask the Medical questions and enter them into FL-WiSE.

The Medical and Nutrition History screens will need to be completed for each client. This is typically completed when the client comes into the WIC clinic at the certification and mid-certification visits. A hospitalized newborn infant who is receiving breastmilk from their mother can be certified for WIC while the infant is in the hospital. The medical and nutrition screens must be completed to certify the infant. The infant should receive only one month's worth of benefits regardless of the nutrition risk. At the time of discharge from the hospital, nutrition education documentation and counseling will be provided to the mother of the infant. Placing an alert on the client's record is recommended to remind staff of the need for the follow-up appointment. See Attachment 12.

To conduct a mid-certification assessment, the answers on the Medical and Nutrition History screens should be reviewed to determine if there are any updates. The mid-certification questions on the last page(s) of the Nutrition History screens are to be answered for breastfeeding women, infants, and children.

The Medical and Nutrition screens may be updated; however, if any of the question responses are updated, all the questions must be asked again and updated. The CPA may choose to summarize changes/updates in the NE screen note section for low risk or the Care Plan note for high risk.

If there are any changes in breastfeeding status, the Breastfeeding Statistics questions located on the Medical screen for infants and children should be updated.

Woman's Name: _____

Woman's Date of Birth: ____/____/____

Woman's Questions (English)

Florida HEALTH

1. Do you have a future doctor's appointment? ❒ Yes Date of appointment: ____/____/_____ ❒ Unknown ❒ None
2. Do you have any health or medical issues? ❒ Yes ❒ No If yes, what kind?_____
3. Are you on any medications? ❒ Yes ❒ No If yes, kind of medications? _____
4. Check all you have: ❒ Constipation ❒ Diarrhea ❒ Nausea ❒ Vomiting ❒ Oral health conditions
   ❒ Food allergy To what? _____ ❒ Lactose Intolerance ❒ None apply
5. Do you go for regular dental check-ups? ❒ Yes ❒ No
6. In the 3 months before you got pregnant, how many cigarettes, e-cigarettes, or cigars did you usually smoke?
   ❒ Did not smoke ❒ Smoked Number per day: _____
7. Are you currently using any products containing tobacco and/or nicotine, such as cigarettes, cigars, e-cigarettes, hookahs, chewing tobacco, snuff, or nicotine replacement gums or patches? ❒ Yes What?_____ ❒ No
8. Do not answer question 8 if you are pregnant. In the last 3 months of pregnancy, how many cigarettes, e-cigarettes or cigars did you usually smoke? ❒ Did not smoke ❒ Smoked Number per day: _____
9. In the past 7 days, have you been in an enclosed space while someone smoked or vaped tobacco products? ❒ Yes ❒ No
10. Are you currently drinking alcohol? ❒ Yes ❒ No Frequency? _____
11. Are you currently using illegal drugs, marijuana, or abusing prescription medications? ❒ Yes ❒ No What?_____

_____

1. What is one nutrition or health topic or question that you want to make sure that we discuss today?

   _____
2. Do you want to change the way you eat? ❒ No ❒ Yes If yes, what changes? _____
3. Are you on a special diet? ❒ Yes ❒ No If yes, what type of diet?_____
4. Check all you take: ❒ Vitamins/minerals What kind?_____
   ❒ Herbal products What kind? _____ ❒ None
5. How often do you walk or do other types of physical activity for 15 minutes or more at a time?
   ❒ Daily ❒ 4-6 times a week ❒ 1-3 times a week ❒ Never
6. How many times a day do you eat (including meals and snacks)? _____ times a day
7. How often do you eat **vegetables**? ❒ Daily ❒ Sometimes What kind? _____ ❒ Never
8. How often do you eat **fruit**? ❒ Daily ❒ Sometimes What kind? _____ ❒ Never
9. Check all the **dairy** that you eat or drink daily or on most days:
   ❒ Fat free or 1% milk ❒ 2% milk ❒ Whole milk ❒ Cheese ❒ Yogurt ❒ Other _____ ❒ None
10. Check all the **protein foods** that you eat daily or on most days: ❒ Beef/pork ❒ Turkey/chicken ❒ Fish ❒ Beans
    ❒ Eggs ❒ Peanut butter ❒ Nuts/seeds ❒ Other _____ ❒ None
11. Check all the **grains** that you eat daily or on most days:
    ❒ Bread ❒ Cereal ❒ Rice ❒ Pasta ❒ Tortillas ❒ Other _____ ❒ None
12. Check all the **other foods** that you eat daily or on most days: ❒ Candy/cookies ❒ Ice cream ❒ Butter/lard ❒ Fried foods
    ❒ French fries ❒ Chips ❒ Sausage, hot dogs, bacon, salami, bologna ❒ None apply
13. Check the **beverages** that you usually drink each day or on most days:
    ❒ Water ❒ Soda ❒ Diet soda ❒ Tea ❒ Coffee ❒ Nutrition drinks (Boost, Ensure) ❒ 100% fruit juice
    ❒ Other drinks (Kool-aid, Hi-C, punch, Sunny Delight, Gatorade, PowerAde) ❒ None apply
14. Check all you eat: ❒ Baby powder, ashes, dirt, clay, etc. or large amounts of ice, baking soda, or cornstarch
    ❒ Undercooked eggs ❒ Raw fish/oysters ❒ Smoked seafood ❒ Raw/undercooked meat ❒ None apply
15. Was there any day recently when someone in your household did not eat because you did not have enough money for food?
    ❒ Yes ❒ No

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Baby's Name: _____

Baby's Date of Birth: _____/_____/_____

Infant's Questions (English)

Florida HEALTH

1. Does your baby have a future doctor's appointment? ❒ Yes Date of appointment: _____/_____/_____ ❒ Unknown ❒ None
2. Does your baby have any health or medical issues? ❒ Yes ❒ No If yes, describe: _____
3. Does your baby take any medicine? ❒ Yes ❒ No If yes, what kind? _____
4. In the last 24 hours, your baby had: Number of wet diapers: _____
5. In the last 24 hours, your baby had: Number of dirty diapers: _____
6. Check all your baby has: ❒ Constipation ❒ Diarrhea ❒ Vomiting ❒ Problems breathing What kind? _____
   ❒ Oral health conditions ❒ Food allergy To what? _____ ❒ Lactose Intolerance ❒ None apply
7. In the past 7 days, has your baby been in an enclosed space while someone smoked or vaped tobacco products? ❒ Yes ❒ No

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1. Was this baby ever breastfed or given breastmilk? ❒ Yes ❒ No ❒ Unknown
2. Is this baby currently breastfeeding or given breastmilk? ❒ Yes - Fully breastfeeding ❒ Yes - Partially breastfeeding ❒ No
   Date when stopped breastfeeding or giving breastmilk: _____/_____/_____ ❒ Unknown
   Reason breastfeeding ended: _____
3. Was this baby ever fully breastfed? ❒ Yes ❒ No ❒ Unknown Date when stopped fully breastfeeding: ____/____/____ ❒ Unknown
4. Date when baby was first fed something other than breastmilk (i.e. formula, juice, etc.): _____/_____/_____ ❒ Unknown
   ❒ Not applicable

---

1. What is one nutrition or health topic or question that you want to make sure that we discuss about your baby today?
   _____
2. Is your baby on any special diet? ❒ Yes ❒ No If yes, what type of diet? _____
3. Check all that you give your baby: ❒ Vitamins/minerals What kind? _____
   ❒ Herbal products What kind? _____ ❒ None

If you are not breastfeeding, skip to question 10.

4. How do you feel breastfeeding is going? ❒ Great ❒ Okay ❒ Some concerns _____
5. How many times do you breastfeed or give breastmilk in one day (24 hours)? _____ times a day
6. Do you hear the baby swallowing while breastfeeding? ❒ Yes ❒ No 7. Who ends the nursing session? ❒ Mom ❒ Baby
8. Do you ever use a breast pump? ❒ No ❒ Yes If yes, how often? _____
9. Have you had any complications breastfeeding this baby? ❒ Jaundice ❒ Weak/ineffective suck ❒ Difficulty latching on
   ❒ Inadequate stooling ❒ Other Describe: _____ ❒ None apply

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10. Are you currently feeding your baby infant formula? ❒ Yes ❒ No If no, skip to question 18.
    If yes, what formula? _____
11. Type of formula and preparation: ❒ Powder To prepare a bottle, I use: _____ oz. water and mix it with _____ scoops of powder
    ❒ Concentrate To prepare a bottle, I use: _____ oz. water and mix it with _____ oz. concentrated liquid ❒ Ready-to-Feed
12. How many bottles do you feed your baby during the day? _____
13. How many bottles do you feed your baby at night? _____ 14. How many ounces at each feeding? _____
15. What type of water do you use to mix the formula? ❒ City/tap ❒ Well ❒ Bottled ❒ Nursery water
    ❒ Other _____ ❒ Potentially unsafe water
16. How long do you keep prepared formula in the refrigerator? _____ hours
17. What do you do with the formula left in the bottle after your baby has eaten? ❒ Throw it out ❒ Refrigerate it ❒ Other_____

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18. Do you put baby cereal, juice, or baby food in the bottle? ❒ Yes ❒ No
19. How often is your baby held while being fed from a bottle? ❒ Always ❒ Most of the time ❒ Some of the time
    ❒ Baby has bottle without restriction ❒ Not applicable
20. Does your baby drink anything other than breastmilk, formula, or plain water? ❒ Yes ❒ No If yes, describe: _____
21. Check all your baby uses: ❒ Baby bottle ❒ Sippy cup ❒ Infant feeder ❒ Regular cup ❒ Eats with fingers
    ❒ Spoon or fork ❒ Tube fed ❒ Pacifier ❒ Breastfeeding aid ❒ None apply
22. Does your baby eat solid foods? ❒ Yes ❒ No If yes, check all that apply: ❒ Baby cereal ❒ Baby fruits ❒ Baby vegetables
    ❒ Baby meats ❒ Baby mixed dinners ❒ Baby dessert ❒ Table food ❒ Crackers/toast ❒ Yogurt ❒ Cheese ❒ Egg white
    ❒ Egg yolk ❒ Fish ❒ Honey/syrup ❒ Ice cream ❒ Cookies ❒ French fries ❒ Popcorn ❒ Raw vegetables
    ❒ Whole grapes/raisins ❒ Hot dogs/sausage ❒ Peanut butter ❒ Nuts/seeds ❒ Pretzels/chips ❒ Hard candy ❒ Other_____
23. Is this infant in foster care or temporary custody? ❒ Yes ❒ No
    If yes: Has this infant entered or changed foster care homes within the last 6 months? ❒ Yes ❒ No

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Child's Name: _____

Child's Date of Birth: _____/_____/_____

Child's Questions (English)

Florida HEALTH

1. Does your child have a future doctor's appointment? ❒ Yes Date of appointment: _____/_____/_____ ❒ Unknown ❒ None
2. Does your child have any health or medical issues? ❒ Yes ❒ No If yes, describe: _____
3. Does your child take any medicine? ❒ Yes ❒ No If yes, what kind of medicine? _____
4. Check all your child has: ❒ Constipation ❒ Diarrhea ❒ Vomiting/upset stomach ❒ Difficulty chewing or swallowing
   ❒ Oral health conditions ❒ Food allergy To what? _____ ❒ Lactose Intolerance ❒ None apply
5. Does your child go for regular dental check-ups? ❒ Yes ❒ No
6. In the past 7 days, has your child been in an enclosed space while someone smoked or vaped tobacco products? ❒ Yes ❒ No

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1. What is one nutrition or health topic or question that you want to make sure that we discuss about your child today?
   _____
2. What do you think about your child's weight/size? ❒ Too little ❒ Too big ❒ Okay
3. Is your child on any special diet? ❒ Yes ❒ No If yes, what type of diet? _____
4. Check all your child takes: ❒ Vitamins/minerals What kind? _____
   ❒ Herbal products What kind? _____ ❒ None
5. How many hours a day does your child watch TV or play video games? ❒ 3+ hours/day ❒ 1-2 hours/day ❒ Almost never
6. Check all your child uses to eat or drink: ❒ Bottle ❒ Sippy cup ❒ Carries sippy cup all day ❒ Regular cup
   ❒ Eats with fingers ❒ Spoon or fork ❒ Tube fed ❒ None apply
7. How many times a day does your child eat (including meals and snacks)? _____ times a day
8. How often does your child eat vegetables? ❒ Daily ❒ Sometimes What kind? _____ ❒ Never ❒ Not applicable
9. How often does your child eat fruit? ❒ Daily ❒ Sometimes What kind? _____ ❒ Never ❒ Not applicable
10. Check all the **dairy** that your child eats or drinks at home or away from home: ❒ Fat free or 1% milk ❒ 2% milk ❒ Whole milk
    ❒ Breastmilk ❒ Cheese ❒ Yogurt ❒ Other/Not applicable _____ ❒ None
11. Check all the **protein foods** that your child eats at home or away from home: ❒ Beef/pork ❒ Turkey/chicken ❒ Fish
    ❒ Beans ❒ Eggs ❒ Peanut butter ❒ Other/Not applicable _____ ❒ None
12. Check all the **grains** that your child eats at home or away from home:
    ❒ Bread ❒ Cereal ❒ Rice ❒ Pasta ❒ Tortillas ❒ Other/Not applicable _____ ❒ None
13. Check all the **other foods** that your child eats at home or away from home: ❒ Cookies ❒ Ice cream ❒ Butter/lard ❒ Fried foods
    ❒ French fries ❒ Chips ❒ Gum ❒ Hard candy ❒ Popcorn ❒ Pretzels ❒ Dried fruit/raisins ❒ Raw vegetables
    ❒ Whole grapes ❒ Nuts/seeds ❒ Sausage, hot dogs, bacon, salami, bologna ❒ None apply
14. Check the **beverages** that your child usually drinks each day or on most days:
    ❒ Water ❒ 100% fruit juice ❒ Pediasure, Boost, etc. ❒ Soda ❒ Sweet tea or coffee
    ❒ Other drinks (Kool-aid, Hi-C, punch, Sunny Delight, Gatorade, PowerAde) ❒ None apply
15. Check all your child regularly eats: ❒ Crayons ❒ Paper ❒ Baby powder, ashes, dirt, clay, or large amounts of ice or cornstarch
    ❒ None apply
16. Was there any day recently when someone in your household did not eat because you did not have enough money for food?
    ❒ Yes ❒ No
17. What do you do if your child does not want to eat all or most of the food on his or her plate? _____
18. Is this child in foster care or temporary custody? ❒ Yes ❒ No
    If yes: Has this child entered or changed foster care homes within the last 6 months? ❒ Yes ❒ No

Complete the questions below for children less than 2 years of age:

1. Was this child ever breastfed or given breastmilk? ❒ Yes ❒ No ❒ Unknown
2. Is this child currently breastfeeding or given breastmilk?
   ❒ Yes - Fully breastfeeding ❒ Yes - Partially breastfeeding ❒ No
   Date when stopped breastfeeding or giving breastmilk: _____/_____/_____ ❒ Unknown
   Reason breastfeeding ended: _____
3. Was this child ever fully breastfed? ❒ Yes ❒ No ❒ Unknown Date when stopped fully breastfeeding: _____/_____/_____ ❒ Unknown
4. Date when child was first fed something other than breastmilk (i.e. formula, juice, etc.): _____/_____/_____
   ❒ Unknown ❒ Not applicable

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Overview of Prenatal Questions in FL-WiSE

Medical Screens

Pregnancy Information Questions

Answers to these questions may be useful in counseling and referral and may trigger nutrition risk codes to be automatically assigned in FL-WiSE. The counseling, information sharing, or referral information should be made <u>after</u> the nutrition assessment has been completed.

1. Total number of pregnancies (including this one):

- **How many times have you been pregnant for 20 weeks or more *before* this pregnancy? None, Number of pregnancies** *(Enter number of pregnancies)***, Unknown**
  If "none" is checked, the next two questions are removed.

- **Total number of *previous* pregnancies which resulted in a live birth – multiple infants in one pregnancy count as one (if postpartum or breastfeeding, include most recent pregnancy) None, Number of pregnancies** *(Enter number of previous pregnancies)*

- **What was the date of delivery of your last live birth? If postpartum or breastfeeding, do not include most recent pregnancy** *(Enter date)*

2. Have you received prenatal care for this pregnancy? Yes, (Started in month #), No This is a good way to determine if the woman has received any prior medical care. If she does not have a doctor or is not currently seeing a doctor, probe further and if applicable, refer her to an appropriate health care provider in your area.

3. How many times have you seen your health care provider for this pregnancy?
This is a good way to determine if the woman is regularly seeking medical care. Client responses to question 2 and 3 will be used by the FL-WiSE system to assign possible nutrition risk factors.

4. **How interested are you in breastfeeding? Very, Somewhat, Not sure**
This is a way to determine how interested the woman is in breastfeeding. The CPA should tailor the breastfeeding information and refer the client to the breastfeeding staff or the peer counselor based on the interest of the woman.

5. **Check all that apply to this pregnancy: Hyperemesis gravidarum, Gestational diabetes, Hypertension that is pregnancy induced, Multifetal gestation, Breastfeeding a child 12 months or older, Breastfeeding a baby less than 12 months of age**, **None apply.**
The client's responses will be used to determine possible risk factors for the FL-WiSE system to assign and for use in counseling the client. For example, if the CPA checks that the pregnant woman is breastfeeding a child 12 months or older or she is breastfeeding a baby less than 12 months of age, this response will trigger a nutrition risk factor to be assigned in FL-WiSE for risk 388.01, "Pregnant Woman Currently Breastfeeding." If the CPA checks that the pregnant woman is breastfeeding a baby less than 12 months of age while pregnant, this will trigger the question—"What Food Package does baby have?" If the WIC infant is receiving an IBP mostly or IBE food package, this will allow the pregnant woman to receive a BE food package. A second question

will also appear on the screen when the CPA checks that the pregnant woman is breastfeeding a baby less than 12 months of age while pregnant—"Do you have any severe breastfeeding problems?" Ask probing or clarifying questions, if needed, to understand the client's concerns. Document the responses that the client gives in response to the CPA's questions. Remember, after the nutrition assessment has been completed, the counselor can address these questions or concerns as part of counseling. Refer the client to the designated breastfeeding expert (DBE) as appropriate. Answering yes to this question will trigger nutrition risk 602.01, "Breastfeeding Complications or Potential Complications" to be automatically assigned by FL-WiSE. For all self-reported medical conditions, the CPA must document validation information and the request for written confirmation.

6. During any previous pregnancy did you have: Gestational diabetes, Preeclampsia, Premature delivery (less than 37 weeks), Early term delivery (≥37 and <39 weeks), Infant weighing 5 lb. 8 oz. or less, Infant weighing 9 pounds or more, 2 or more spontaneous abortions (< 20 weeks of pregnancy), Any fetal death (≥20 weeks of pregnancy), Infant born alive but died within 28 days, Infant with congenital or other birth defect, or None apply.
The client's responses will be used to determine possible risk factors for the FL-WiSE system to assign and for use in counseling the client. The CPA should check that the information recorded in this question agrees with the answers to question #1.

Medical Information Questions

1. Do you have a future doctor's appointment? Yes *(If yes, enter date),* **Unknown, None**
Asking this question is a good way to determine if the woman is seeking medical care. If she does not have a doctor, probe further and if applicable, refer her to an appropriate health care provider in your area. If the client does have a future doctor's appointment, enter the date in the text box provided.

2. Do you have any health or medical issues? Yes, No
If yes, the CPA will select all applicable medical conditions to document the actual condition(s). This question is to identify health or medical problems that a health care provider has diagnosed that the woman has. Additional probing questions should be asked. The CPA should not check a condition if the woman reports a medical condition that has not been diagnosed by a health care provider. It is not required to have a written diagnosis to assign a risk code. However, the client must be able to verbally provide adequate information to "validate" a self-reported medical condition and assign the risk code. All these responses should be documented in the NE notes for low risk or Care Plan for high risk. The CPA would counsel and/or refer her to a health care provider, if appropriate.

Self-Reported Medical Conditions**:** In order to certify a woman for a self-reported medical condition (i.e., no medical diagnosis or diet prescription provided), the CPA must attempt to validate the presence of the condition and then document the information the woman gives about the diagnosis, prior to using it for a certification risk. For example, if the woman states that she has a thyroid disorder, ask her how and when it was diagnosed, medications she is on, any diet modification she has, and the name of the health care provider. All these responses need to be documented. Finally, the CPA must ask for a written diagnosis. This can be done by contacting the health care provider for a written or oral diagnosis (followed up by a written diagnosis) or by asking the woman to bring in a written diagnosis from the health care provider. The request for the medical documentation of the self-reported medical condition must then be documented in the NE notes for low risk or Care Plan for high risk. No specialized nutrition counseling can be

done until a counseling order is obtained. The woman will continue to be certified for the self-reported medical condition, whether or not the written confirmation of the diagnosis is received.

3. Are you on any medications? Yes—if yes, what kind? No
Asking this question is a way to check what medicine the woman may be consuming. If the woman reports that she takes medicine, probe further to find out if the medicine was prescribed, by whom, and for what condition. If the medication can cause drug/nutrient interactions, the CPA will choose risk 357.01, "Drug-Nutrient Interactions" on the Nutrition Risk screen.

4. Check all you have: Constipation, Diarrhea, Nausea, Vomiting, Oral Health Conditions, Food Allergy—To what? Lactose intolerance, None apply
This is to identify problems that the woman has. Additional probing questions should be asked. For example, if the woman says she is having dental problems, ask her to tell you how or if the dental problem impacts her ability to eat. If the woman has a serious oral health condition such as periodontal disease or if the dental caries, tooth loss, or oral infections impair the woman's ability to ingest food in adequate quantity or quality, the CPA can designate this woman as high risk by checking the high risk box at the top of the Nutrition Risk screen. *Food Allergy* and/or *Lactose Intolerance* are to be checked only if they were diagnosed by a health care provider. Enter what the woman is allergic to in the text box provided. If the client gives symptoms of food allergy or lactose intolerance, this information is to be documented in the NE notes for low risk clients and in the Care Plan for high risk clients. If the client states the condition was diagnosed by a health care provider, validation information is also to be documented along with the request for written confirmation.

5. Do you go for regular dental check-ups? Yes, No
If the woman is on Medicaid and answers "No", refer her to an appropriate dentist, if there are Medicaid dentists available. If not, you might want to discuss the importance of proper dental care, particularly during pregnancy.

6. In the 3 months before you got pregnant, how many cigarettes, e-cigarettes, or cigars did you usually smoke? Did not smoke, Smoked, Number per day.
This question is to identify the woman's history of smoking and the CPA can address any questions or concerns as part of counseling.

7. Are you currently using any products containing tobacco and/or nicotine, such as cigarettes, cigars, e-cigarettes, hookahs, chewing tobacco, snuff, or nicotine replacement gums or patches? Yes, What, No
If the woman is currently using tobacco and/or nicotine, this is a good way to discuss if she is interested in quitting and to determine her understanding of how their use during pregnancy can affect her and her baby. Most people know that smoking causes cancer, heart disease, and other serious health problems but may be unaware of the additional health problems, including premature birth, certain birth defects, and infant death that tobacco and nicotine use in pregnancy may cause. During the client-centered approach to assessment and counseling, the CPA can address the effects of using tobacco and/or nicotine during pregnancy and the benefits of quitting. Referrals may be given for support in quitting. A "yes" response will trigger a nutrition risk factor to be assigned in FL-WiSE for risk 371.01, "Nicotine and Tobacco Use."

8. In the last 3 months of pregnancy, how many cigarettes, e-cigarettes or cigars did you usually smoke? Did not smoke, Smoked, Number per day
Again, if the woman is currently smoking, this is a good way to discuss if she is interested in quitting. The CPA can address the effects of smoking during and after pregnancy and the benefits of quitting at this time. Referrals may be given for support in quitting.

9. In the past 7 days, have you been in an enclosed space while someone smoked or vaped tobacco products? Yes, No
This is to identify a woman for risk 904.01, "Environmental Tobacco Smoke Exposure." If the woman answers yes, you must ask some additional questions. This is to identify a woman for the risk 904.01, "Environmental Tobacco Smoke Exposure." This specific question that is asked has been validated by the Centers for Disease Control and Prevention and cannot be changed or modified. All secondhand smoke is a health risk, but the only way to qualify a woman for this nutrition risk is if in the past 7 days, she has been in an enclosed space while someone smoked or vaped tobacco products.

10. Are you currently drinking alcohol? Yes, No
This question will identify current unsafe alcohol consumption. The CPA will assess the woman's understanding of the potential health risks for herself and her baby. A "yes" answer to this question will trigger FL-WiSE to automatically assign nutrition risk 372.01, "Alcohol Use." The CPA is to check "Yes" here if the woman is currently drinking alcohol and is to document the amount and frequency of alcohol consumed.

11. Are you currently using illegal drugs, marijuana, or abusing prescription medications? Yes, No
If yes, indicate what they are using. A "yes" answer to this question will trigger FL-WiSE to automatically assign nutrition risk 372.03, "Substance Use." The CPA is to document the type of illegal drug used and/or if misusing prescription medications.

Nutrition History Screens

Nutrition Information Questions

1. What is one nutrition or health topic or question that you want to make sure that we discuss today? Follow with a blank box to type in. Some response must be typed in the box, even if just "none."
Asking this question is a good way to start the client-centered approach to assessment and counseling. This question provides a space where the CPA can write down the woman's response. Ask probing or clarifying questions if needed, to understand the woman's concerns. Write "See NE note" if low risk or "See Care Plan" if high risk in Nutrition History screens if there is additional information to document on any text box when there is insufficient space to put all information. Remember, after the nutrition assessment has been completed, the counselor can address these questions or concerns as part of counseling.

2. Do you want to change the way you eat? No, Yes, If yes, what changes?
Asking this question is a way to find out if the woman is interested in changing the way she eats. There is a space where the CPA can write down the woman's response. For example, maybe she wants to lose weight or eat more fruits and vegetables. Because this is of interest to her, it would

be good to talk to her about what she wants to change, talk about the appropriateness of the change, and how to best accomplish it.

3. Are you on any special diet? Yes, No, If yes, what type of diet?
If the client reports that she is on a special diet, probe further to determine if the client is on a diet that may be an indication of a medical/health condition or another nutrition risk or if the diet is restrictive. When yes is checked, a pop up will appear to indicate the type of special diet ("**Vegan diet", "Macrobiotic diet", "Other restrictive diet", "Medically prescribed diet"**). If "Vegan diet", "Macrobiotic diet", or "Other restrictive diet" is checked, risk 427.02, "Restricted Diet," will be automatically assigned at the nutrition risk screen. Some examples of restricted diet include: consuming a diet very low in calories and/or essential nutrient such as a vegan diet; low carbohydrate, high protein diet; or a macrobiotic diet. However, if the restricted diet does not result in a restriction of nutrients, for example, a soft diet or the woman is tube fed, the CPA should not check "Other Restricted Diet". The CPA should document the information the client discussed about her diet in the NE notes for low risk or Care Plan for high risk.

4. Check all you take: Vitamins/Minerals—What kind?, Excessive?, Herbal products—What kind?, None
If Vitamins/Minerals or Herbal products is checked, the CPA must put information on what kind. This is to check what vitamins/minerals or herbal products the woman may be consuming. This would be risk 427.01 "Potentially Harmful Dietary Supplements" if the woman checks that she consumes any herbal product. It would also be risk 427.01 if in conversation the CPA determines that she takes **excessive** quantities of vitamins or minerals. A pregnant woman who does not take prenatal vitamins should be counseled on the importance of getting adequate iron, iodine, and other vital nutrients. Inadequate vitamin and mineral supplementation is not risk 427.01. If the woman reports at this time that she takes medicine, probe further to find out if the medicine was prescribed, by whom, and for what condition. Medicines are to be recorded in the Medical Information section, question #3.

5. How often do you walk or do other type of physical activity for 15 minutes or more at a time? Daily, 4-6 times a week, 1-3 times a week, Never
A woman who reports that she is never active might need suggestions on ways to get physically active. The response to this question might be a springboard to talking about the importance of physical activity and encouraging discussion with a health care provider about appropriate physical activity in pregnancy.

6. How many times a day do you eat (including meals and snacks)? _____ times a day
Pregnant woman who report that they eat 3 or fewer times a day should be counseled on the importance of eating frequently during the day.

7. How often do you eat vegetables? Daily, Sometimes, what kind _____, Never
This is a way to determine how often the woman is consuming vegetables. You may want to probe further based on the client's response. If she only "sometimes" or "never" eats vegetables, probe to find out why and what kind of vegetables she eats. This additional information can be documented in the add notes section and can be useful in providing client-centered counseling. If the woman says "never," she would qualify for risk 427.02 as having a "Restrictive Diet." It would not be classified as a 427.02 risk if "sometimes" is checked. If the woman does not eat any vegetables and is getting all/almost all nutrients from tube feeding, the CPA will need to delete risk 427.02, which is automatically assigned on the nutrition risk screen when "Never" is checked, as the restrictive risk 427.02 is not appropriate.

8. How often do you eat fruit? Daily, Sometimes, what kind _____, Never
This is a way to determine how often the woman is consuming fruit. You may want to probe further based on the woman's response. If she only "sometimes" eats fruit, probe to find out why. This additional information can be documented in the add notes section and can be useful in providing client-centered counseling. If the woman says "never" she would qualify for risk 427.02, "Restrictive Diet." It would not be classified as risk 427.02 if "sometimes" is checked. If the woman does not eat any fruit and is getting all/almost all nutrients from tube feeding, the CPA will need to delete risk 427.02, which is automatically assigned on the nutrition risk screen when "Never" is checked, as the restrictive risk 427.02 is not appropriate.

9. Check all the dairy that you eat or drink daily or on most days: Fat free or 1% milk, 2% milk, Whole milk, Cheese, Yogurt, Other *(Specify other)***, None**
This is a way to determine if the woman is consuming dairy in her diet. If the woman answers "none," she would qualify for risk 427.02 as having a "Restrictive Diet." Additional probing questions about her diet might be indicated. It may be a possible goal or it might relate to other risk codes. This may be an area to discuss milk/dairy foods available on WIC and/or hints for switching to fat free or 1% milk (if currently drinking higher fat milk). If the woman does not eat or drink any milk products and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

10. Check all the protein foods that you eat daily or on most days: Beef/pork, Turkey/chicken, Fish, Beans, Eggs, Peanut Butter, Nuts/seeds, Other *(Specify other),* **None**
This is a way to determine if the woman is consuming protein in her diet. If the woman answers "none," she would qualify for risk 427.02 as having a "Restrictive Diet." Additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or as it might relate to other risk codes. If the woman does not eat any protein foods and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

11. Check all the grains that you eat daily or on most days: Bread, Cereal, Rice, Pasta, Tortillas, Other *(Specify other),* **None**
This is a way to determine if the woman is consuming grains in her diet. If the woman answers "none," she would qualify for risk 427.02 as having a "Restrictive Diet." Additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or as it might relate to other risk codes. If the woman does not eat any grains and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

12. Check all the other foods that you eat daily or on most days: Candy/cookies, Ice cream, Butter/lard, Fried foods, French fries, Chips, Sausage, hot dogs, bacon, salami, bologna, None apply, ***(****Note frequency for other foods)*
This information can be used to determine if a woman consumes excessive high fat or sugar foods. However, if a woman eats excessive high fat or sugar foods this would not qualify as a dietary risk. The fact that she consumes excessive fat and sugar foods would, however, indicate that additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or as it may relate to other risk codes. It is recommended that the CPA add

details to the note box regarding frequency of consumption of these foods. This information is useful in current and future counseling to see if there have been any changes in consumption of these foods.

13. Check the beverages that you usually drink each day or on most days: Water, Soda, Diet soda, Tea, Coffee, Nutrition drinks (Boost, Ensure), 100% fruit juice, Other drinks (Kool-Aid, Hi-C, punch, Sunny Delight, Gatorade, PowerAde), *(Note amounts for beverages)*
Answers to this can help you determine if the woman is consuming excess sugar calories or if she is drinking large amounts of tea or coffee, which could prevent iron absorption. For example, if she checks that she drinks soda, ask her questions such as "What kind of soda?" "When during the day do you usually drink soda?" "How much soda do you drink?" Again, drinking excessive soda, coffee, or tea would not qualify a woman for a dietary risk, but would be a possible topic to discuss during counseling. It is recommended that the CPA add details to the note box regarding amounts for beverages. This information is helpful to document what is currently being done and for reference in future counseling.

14. Check all you eat: Baby powder, ashes, dirt, clay etc., or large amounts of ice, baking soda, or cornstarch, Undercooked eggs, Raw fish/oysters, Smoked seafood, Raw/undercooked meat, None apply
This is trying to determine if the pregnant woman is eating large quantities of non-food items. If the woman checks one of these items she should be asked how much she eats. If she is consuming non-food items or a large amount of ice, she would qualify for risk 427.03 "Pica." If a pregnant woman states she eats any undercooked eggs, raw fish/oysters, smoked seafood, raw or undercooked meat, she would qualify for risk 427.05 "Potentially Unsafe Food Consumption." Counseling should be provided as appropriate.

15. Was there any day recently when someone in your household did not eat because you did not have enough money for food? Yes, No
If the woman answers that "Yes" someone went hungry because she did not have enough money for food, further probing will be necessary. The woman should be referred to appropriate social service agencies such as a food bank or SNAP/food assistance. Additional education/counseling on how to stretch food dollars may be useful to the woman.

Overview of Breastfeeding Questions in FL-WiSE

Medical Screens

Pregnancy Information Questions

Answers to these questions may be useful in counseling and referral and may trigger nutrition risk codes to be automatically assigned in FL-WiSE. The counseling, information sharing, or referral information should be made after the nutrition assessment has been completed.

1. Total number of pregnancies (including this one):

• How many times have you been pregnant for 20 weeks or more *before* this pregnancy? None, Number of pregnancies *(Enter number of pregnancies)***, Unknown**
If "none" is checked, the next two questions are removed.

• Total number of *previous* pregnancies which resulted in a live birth – multiple count as one (if postpartum or breastfeeding, include most recent pregnancy) None, Number of pregnancies *(Enter number of previous pregnancies)*

• What was the date of delivery of your last live birth? If postpartum or breastfeeding, do not include most recent pregnancy *(Enter date)*

Note: For the Breastfeeding and Postpartum woman, questions 2-6 are disabled.

7. Check all that apply to the most recent pregnancy: Premature delivery (less than 37 weeks), Early term delivery (≥37 and <39 weeks), Infant weighing 5 lb. 8 oz. or less, Multifetal gestation, Infant congenital or other birth defect, Cesarean section, Spontaneous abortion (<20 weeks of pregnancy), Fetal death (≥20 weeks of pregnancy), Infant born alive but died within 28 days, Other *(Specify othe*r), **None apply**

If "Multifetal gestation" is selected on question #7 additional information will appear on the screen— **"What food packages will babies from this multifetal gestation receive?"**

- All babies IFF or IBP - Some
- 1 IBP - Mostly + 1 IBP - Some or IFF
- 2-3 IBP - Mostly (others IFF or IBP - Some)
- 1 IBE + 1 IBP - Mostly and/or ≥ 1 IBP - Some/IFF
- 2 IBE or 1 IBE + 2 IBP - Mostly OR 4 IBP - Mostly

The CPA will check the most appropriate response regarding what food packages infants from the current pregnancy receive. The answer will impact the food packages for the mother and infants. This question must be updated if the food package for the mother and/or one or more infants changes. Answers to these questions may trigger nutrition risk codes to be automatically assigned in FL-WiSE.

8. Have you ever had: Gestational diabetes, Preeclampsia, Infant weighing 9 pounds or more, None apply
If the response is "yes", then remind the woman to get regular follow up screenings with her health care provider.

9. How is breastfeeding going? Great, Okay, Some Concerns *(Specify the concerns)* This is a question for a woman who may be having problems breastfeeding but doesn't verbalize it. Those who answer "okay" or "some concerns" should be asked some follow-up questions such as "Tell me what kind of concerns you have?" "Why did you respond just okay?" But, for a woman who reports that she is doing "great," congratulate her and tell her to keep up the good work!

10. Do you have any severe breastfeeding problems? No, Yes *(Specify the problems)* Ask probing or clarifying questions, if needed, to understand the woman's concerns. Document the responses that the woman gives in response to the CPA's questions. Remember, after the nutrition assessment has been completed, the counselor can address these questions or concerns as part of counseling. Refer the woman to a designated breastfeeding expert (DBE) as appropriate. Answering yes to this question will trigger risk 602.01, "Breastfeeding Complications or Potential Complications" to be automatically assigned by FL-WiSE.

Medical Information Questions

1. Do you have a future doctor's appointment? Yes *(If yes, enter date),* **Unknown, None** Asking this question is a good way to determine if the woman is seeking medical care. If she does not have a doctor, probe further and if applicable, refer her to an appropriate health care provider in your area.

2. Do you have any health or medical issues? Yes, No
If yes, the CPA will select all applicable medical conditions to document the actual condition(s). This question is to identify health or medical problems that a health care provider has diagnosed that the woman has. Additional probing questions should be asked. The CPA should not check a condition if the woman reports a medical condition that has not been diagnosed by a health care provider. It is not required to have a written diagnosis to assign a risk code. However, the client must be able to verbally provide adequate information to "validate" a self-reported medical condition and assign the risk code. All these responses should be documented in the NE notes for low risk or Care Plan for high risk. The CPA would counsel and/or refer her to a health care provider, if appropriate.

Self-Reported Medical Conditions**:** In order to certify a woman for a self-reported medical condition (i.e., no medical diagnosis or diet prescription provided), the CPA must attempt to validate the presence of the condition and then document the information the woman gives about the diagnosis, prior to using it for a certification risk. For example, if the woman states that she has a thyroid disorder, ask her how and when it was diagnosed, medications she is on, any diet modification she has, and the name of the health care provider. All these responses need to be documented. Finally, the CPA must ask for a written diagnosis. This can be done by contacting the health care provider for a written or oral diagnosis (followed up by a written diagnosis) or by asking the woman to bring in a written diagnosis from the health care provider. The request for the medical documentation of the self-reported medical condition must then be documented in the NE notes for low risk or Care Plan for high risk. No specialized nutrition counseling can be done until a counseling order is obtained. The woman will continue to be certified for the self-reported medical condition, whether or not the written confirmation of the diagnosis is received.

3. Are you on any medications? Yes--What kind?
Asking this question is a way to check what medicine the woman may be consuming. If the woman reports that she takes medicine, probe further to find out if the medicine was prescribed, by whom and for what condition. If the medication can cause drug/nutrient interactions, the CPA will choose risk 357.01, "Drug-Nutrient Interactions" on the Nutrition Risk screen.

4. Check all you have: Constipation, Diarrhea, Nausea, Vomiting, Oral health conditions, Food Allergy--To what? Lactose intolerance, or None apply
This is to identify problems that the woman has. Additional probing questions should be asked. For example, if the woman says she is having dental problems, ask her to tell you how or if the dental problem impacts her ability to eat. If the woman has a serious oral health condition such as periodontal disease or if the dental caries, tooth loss, or oral infections impair the woman's ability to ingest food in adequate quantity or quality, the CPA can designate the woman as high risk by checking the high risk box at the top of the Nutrition Risk screen. *Food Allergy* and/or *Lactose Intolerance* are to be checked only if they were diagnosed by a health care provider. If the woman gives symptoms of food allergy or lactose intolerance, this information is to be documented in NE notes for low risk or Care Plan for high risk along with the request for written confirmation.

5. Do you go for regular dental check-ups? Yes, No
If the woman is on Medicaid and answers "No", refer her to an appropriate dentist, if there are Medicaid dentists available. If not, you might want to discuss the importance of proper dental care.

6. In the 3 months before you got pregnant, how many cigarettes, e-cigarettes, or cigars did you usually smoke? Did not smoke, Smoked, Number per day.
This question is to identify the woman's history of smoking and the CPA can address any questions or concerns as part of counseling.

7. Are you currently using any products containing tobacco and/or nicotine, such as cigarettes, cigars, e-cigarettes, hookahs, chewing tobacco, snuff, or nicotine replacement gums or patches? Yes, What, No
If the woman is currently using tobacco and/or nicotine, this is a good way to discuss if she is interested in quitting. Most people know that smoking causes cancer, heart disease, and other serious health. During the client-centered approach to assessment and counseling, the CPA can address the effects of using tobacco and/or nicotine and the benefits of quitting. Referrals may be given for support in quitting. A "yes" response will trigger a nutrition risk factor to be assigned in FL-WiSE for risk 371.01, "Nicotine and Tobacco Use."

8. In the last 3 months of pregnancy, how many cigarettes, e-cigarettes or cigars did you usually smoke? Did not smoke, Smoked, Number per day
Again, if the woman is currently smoking, this is a good way to discuss if she is interested in quitting. The CPA can address the effects of smoking during and after pregnancy and the benefits of quitting at this time. Referrals may be given for support in quitting.

9. In the past 7 days, have you been in an enclosed space while someone smoked or vaped tobacco products? Yes, No
This is to identify a woman for risk 904.01, "Environmental Tobacco Smoke Exposure." If the woman answers yes, you must ask some additional questions. This is to identify a woman for the risk 904.01, "Environmental Tobacco Smoke Exposure." This specific question that is asked has

been validated by the Centers for Disease Control and Prevention and cannot be changed or modified. All secondhand smoke is a health risk, but the only way to qualify a woman for this nutrition risk is if in the past 7 days, she has been in an enclosed space while someone smoked or vaped tobacco products.

10. Are you currently drinking alcohol? Yes, No
This question will identify current unsafe alcohol consumption. The CPA will assess the woman's understanding of the potential health risks for herself and her baby and will need to ask about the amount and frequency of alcohol consumption. The CPA is to check "Yes" here if the woman is currently drinking alcohol and document the amount and frequency of alcohol consumed. Not all amounts of drinking count as a nutrition risk for breastfeeding. The CPA must check the nutrition risk on the Nutrition risk screen if the following conditions are met:

For Breastfeeding women

- Routine current use of ≥ 8 drinks/week or ≥ 4 drinks/day, or
- Binge drinking, i.e., drinks ≥4 drinks within 2 hours.

11. Are you currently using illegal drugs, marijuana, or abusing prescription medications? Yes, No
If yes, indicate what they are using. A "yes" answer to this question will trigger FL-WiSE to automatically assign nutrition risk 372.03, "Substance Use". The CPA is to document the type of illegal drug used and/or if the woman is misusing prescription medications.

Nutrition History Screens

Nutrition Information Questions

1. What is one nutrition or health topic or question that you want to make sure that we discuss today? Follow with a blank box to type in. Some response must be typed in the box, even if just "none."
Asking this question is a good way to start the client-centered approach to assessment and counseling. This question provides a space where the CPA can write down the woman's response. Ask probing or clarifying questions if needed, to understand the woman's concerns. Write "See NE notes" for low risk or "See Care Plan" for high risk in the Nutrition History screens if there is additional information to document in any note box when there is insufficient space to put all information. Remember, after the nutrition assessment has been completed, the counselor can address these questions or concerns as part of counseling.

2. Do you want to change the way you eat? No, Yes, If yes what changes?
Asking this question is a way to find out if the woman is interested in changing the way she eats. There is a space where the CPA can write down the woman's response. For example, maybe she wants to lose weight or eat more fruits and vegetables. Because this is of interest to her, it would be good to talk to her about what she wants to change, talk about the appropriateness of the change, and how to best accomplish it.

3. Are you on any special diet? Yes, No, If yes what type of diet?
If the client reports that she is on a special diet, probe further to determine if the client is on a diet

that may be an indication of a medical/health condition or another nutrition risk or if the diet is restrictive. When yes is checked, a pop up will appear to indicate the type of special diet ("**Vegan diet", "Macrobiotic diet", "Other restrictive diet", "Medically prescribed diet"**). If "Vegan diet", "Macrobiotic diet", or "Other restrictive diet" is checked, risk 427.02, "Restricted Diet," will be automatically assigned at the nutrition risk screen. Some examples of restricted diet include: consuming a diet very low in calories and/or essential nutrient such as a vegan diet; low carbohydrate, high protein diet; or a macrobiotic diet. However, if the restricted diet does not result in a restriction of nutrients, for example, a soft diet or the woman is tube fed, the CPA should not check "Other Restricted Diet". The CPA should document the information the client discussed about her diet in the NE notes for low risk or Care Plan for high risk.

4. Check all you take: Vitamins/minerals--What kind? Excessive? Herbal products--What kind? None

If Vitamins/Minerals or Herbal products is checked, the CPA must put information on what kind. This is to check what vitamins/minerals or herbal products the woman may be consuming. This would be risk 427.01, "Potentially Harmful Dietary Supplements" if the woman checks that she consumes any herbal product. It would also be risk 427.01 if in conversation the CPA determines that she takes **excessive** quantities of vitamins or minerals. A breastfeeding woman should be encouraged to take a multivitamin and mineral supplement to ensure adequate folic acid and other important nutrients. Inadequate vitamin and mineral supplementation is not risk 427.01. If the woman reports at this time that she takes medicine, probe further to find out if the medicine was prescribed, by whom and for what condition. Medicines are to be documented in the Medical Information question # 3.

5. How often do you walk or do other type of physical activity for 15 minutes or more at a time? Daily |4-6 times a week |1-3 times a week |Never

A woman who reports that she is never active might need suggestions on ways to get physically active. The response to this question might be a springboard to talking about the importance of physical activity and encouraging discussion with a health care provider about appropriate physical activity.

6. How many times a day do you eat (including meals and snacks)?

Breastfeeding women who report that they eat 3 or fewer times a day should be counseled on the importance of eating frequently during the day.

7. How often do you eat vegetables? Daily, Sometimes, what kind _____, Never

This is a way to determine how often the woman is consuming vegetables. You may want to probe further based on the client's response. If she only "sometimes" or "never" eats vegetables, probe to find out why and what kind of vegetables she eats. This additional information can be documented in the add notes section and can be useful in providing client-centered counseling. If the woman says "never," she would qualify for risk 427.02 as having a "Restrictive Diet." It would not be classified as a 427.02 risk if "sometimes" is checked. If the woman does not eat any vegetables and is getting all/almost all nutrients from tube feeding, the CPA will need to delete risk 427.02, which is automatically assigned on the nutrition risk screen when "Never" is checked, as the restrictive risk 427.02 is not appropriate.

8. How often do you eat fruit? Daily, Sometimes, what kind _____, Never
This is a way to determine how often the woman is consuming fruit. You may want to probe further based on the woman's response. If she only "sometimes" eats fruit, probe to find out why. This additional information can be documented in the add notes section and can be useful in providing client-centered counseling. If the woman says "never" she would qualify for risk 427.02, "Restrictive Diet." It would not be classified as risk 427.02 if "sometimes" is checked. If the woman does not eat any fruit and is getting all/almost all nutrients from tube feeding, the CPA will need to delete risk 427.02, which is automatically assigned on the nutrition risk screen when "Never" is checked, as the restrictive risk 427.02 is not appropriate.

9. Check all the dairy that you eat or drink daily or on most days: Fat free or 1% milk, 2% milk, Whole milk, Cheese, Yogurt, Other *(Specify other)***, None**
This is a way to determine if the woman is consuming dairy in her diet. If the woman answers "none," she would qualify for risk 427.02 as having a "Restrictive Diet." Additional probing questions about her diet might be indicated. It may be a possible goal or it might relate to other risk codes, this may be an area to discuss milk/dairy foods available on WIC and/or hints for switching to fat free or 1% lowfat milk (if currently drinking higher fat milk). If the woman does not eat or drink any milk or milk products and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

10. Check all the protein foods that you eat daily or on most days: Beef/pork, Turkey/chicken, Fish, Beans, Eggs, Peanut Butter, Nuts/seeds, Other *(Specify other)***, None**
This is a way to determine if the woman is consuming protein in her diet. If the woman answers "none," she would qualify for risk 427.02 as having a "Restrictive Diet." Additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or it might relate to other risk codes. If the woman does not eat any protein foods and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

11. Check all the grains that you eat daily or on most days: Bread, Cereal, Rice, Pasta, Tortillas, Other *(Specify other)*, **None**
This is a way to determine if the woman is consuming grains in her diet. If the woman answers "none," she would qualify for risk 427.02 as having a "Restrictive Diet." Additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or it might relate to other risk codes. If the woman does not eat any grains and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

12. Check all the other foods that you eat daily or on most days: Candy/cookies, Ice cream, Butter/lard, Fried foods, French fries, Chips, Sausage, hot dogs, bacon, salami, bologna, None Apply (*Note frequency for "other" foods)*
This information can be used to determine if a woman consumes excessive high fat or sugar foods. However, if a woman eats excessive high fat or sugar foods this would not qualify as a dietary risk. The fact that she consumes excessive fat and sugar foods would, however, indicate that additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or it may relate to other risk codes. It is recommended that the CPA add details

to the note box regarding frequency of consumption of these foods. This information is useful in current and future counseling to see if there have been any changes in consumption of these foods.

13. Check the beverages that you usually drink each day or on most days: Water, Soda, Diet soda, Tea, Coffee, Nutrition drinks (Boost, Ensure), 100% fruit juice, Other drinks (Kool-Aid, Hi-C, punch, Sunny Delight, Gatorade, PowerAde) *(Note amounts for beverages)*
Answers to this can help you determine if the woman is consuming excess sugar calories or if she is drinking large amounts of tea or coffee, which could prevent iron absorption. For example, if she checks that she drinks soda, ask her questions such as "What kind of soda?", "When during the day do you usually drink soda?", "How much soda do you drink?" Again, drinking excessive soda, coffee, or tea would not qualify a woman for a dietary risk, but would be a possible topic to discuss during counseling. It is recommended that the CPA add details to the note box regarding amounts for beverages. This information is helpful to document what is currently being done and for reference in future counseling.

14. Check all you eat: Baby powder, ashes, dirt, clay etc., or large amounts of ice, baking soda, or cornstarch, Undercooked eggs, Raw fish/oysters, Smoked seafood, Raw/undercooked meat, None apply
This is trying to determine if the breastfeeding woman is eating large quantities of non-food items. If the woman checks one of these items, she should be asked how much she eats. If she is routinely ingesting non-food items or a large amount of ice, she would qualify for risk 427.03, "Pica." If a breastfeeding woman eats any undercooked eggs, raw fish/oysters, smoked seafood, raw or undercooked meat, it would not be risk 427.05, "Potentially Unsafe Food Consumption." This is only a risk for pregnant women. Counseling should be provided as appropriate.

15. Was there any day recently when someone in your household did not eat because you did not have enough money for food? Yes |No
If the woman answers that "Yes" someone went hungry because she did not have enough money for food, further probing will be necessary. The woman should be referred to appropriate social service agencies such as a food bank or SNAP/food assistance. Additional education/counseling on how to stretch food dollars may be useful to the woman.

Mid-Certification Assessment Questions

The last page or pages of the Nutrition History questions have a series of questions in black. These are questions that are to be answered at mid-certification for a breastfeeding woman who continues to breastfeed past 6 months. These questions should not be asked at a certification visit.

If the CPA identifies any additional medical or nutrition risks during the mid-certification assessment, the CPA will need to assign these risks at the Nutrition Risk screen. FL-WiSE will not automatically assign risks to questions on the mid-certification assessment screens.

1. Reviewed previous medical screen? Yes, no changes; Yes, see notes
This is a question to determine if there are any updates in the woman's medical history. These are the answers that were completed at the certification visit. If the woman's issues have changed since the medical screens were initially completed, the CPA would update the information in the

NE notes for low risk or Care Plan for high risk. You should not update the responses on the Medical and Nutrition screens unless every question is asked.

2. Reviewed previous nutrition questions? Yes, no changes; Yes, see notes
This is a question to determine if there are any updates in the woman's nutrition history. These are the answers that were completed at the certification visit. If the woman's issues have changed since the nutrition screens were initially completed, the CPA would update the information in the NE notes for low risk or Care Plan for high risk. You should not update the responses on the Medical and Nutrition screens unless every question is asked.

3. How is breastfeeding going? Great, Okay, Some concerns *(Specify concerns)*
First congratulate the woman on her continued breastfeeding. If the woman reports that she is doing "great" tell her to keep up the good work. For those who report some concerns, or it is just going "okay," probe to determine what the issue or issues are and then address them.

4. Number of Breastmilk Feeds in 24 hours: (*Enter number of breastmilk feeds)*
This is to determine how much the baby is being breastfed. Ask more probing questions if you feel the baby is not getting enough breastmilk and/or to address reasons mother is not breastfeeding more often.

5. Tell me about any recent changes in your health _____ Some response must be typed in the box, even if just "none." (*Additional health notes)*
This is to determine if the woman has developed any health issues in the last few months. If there are health issues, make sure the woman is getting health care and if not, provide referral information. Determine also if there are possible new nutrition risks and additional counseling to be provided. If there is not room in the note box to record changes in health, the information can be recorded in the NE notes for low risk or Care Plan for high risk.

6. Has your eating pattern changed in the last few months? No, Yes, (*Additional eating notes)*
This is to determine the adequacy of her diet and ensure that she is eating frequent meals. Other issues might present themselves after probing the response to this question. If there is not room in the text box to record changes in eating pattern, the CPA can document information in the NE notes for low risk or Care Plan for high risk.

7. How do you feel about your weight? Good, OK, Could be better
A woman who reports that she is not happy with her weight might be at an appropriate stage of change to discuss whatever issue she presents. The interconceptional period is an important time for a woman to establish healthy eating habits and attain a healthy BMI.

8. How often do you walk or do other types of physical activity for 15 minutes or more at a time? Daily |4-6 times a week |1-3 times a week |Never |Activity notes:_____
The response to this question might be a springboard to talking about the importance of physical activity. A woman who reports that she is never active might need suggestions on ways to get physically active.

Overview of Postpartum Questions in FL-WiSE

Medical Screens

Pregnancy Information Questions

Answers to these questions may be useful in counseling and referral and may trigger nutrition risk codes to be automatically assigned in FL-WiSE. The counseling, information sharing, or referral information should be made after the nutrition assessment has been completed.

1. Total number of pregnancies (including this one):

- **How many times have you been pregnant for 20 weeks or more *before* this pregnancy? None, Number of pregnancies** *(Enter number of pregnancies)***, Unknown**
  If "none" is checked, the next two questions are removed.

- **Total number of *previous* pregnancies which resulted in a live birth – multiple count as one (if postpartum or breastfeeding, include most recent pregnancy) None, Number of pregnancies** *(Enter number of previous pregnancies)*

- **What was the date of delivery of your last live birth? If postpartum or breastfeeding, do not include most recent pregnancy** *(Enter date)*

Note: For the Breastfeeding and Postpartum woman, questions 2-6 are disabled.

7. Check all that apply to the most recent pregnancy: Premature delivery (less than 37 weeks), Early term delivery (≥37 and <39 weeks), Infant weighing 5 lb. 8 oz. or less, Multifetal gestation, Infant congenital or other birth defect, Cesarean section, Spontaneous abortion (<20 weeks of pregnancy), Fetal death (≥20 weeks of pregnancy), Infant born alive but died within 28 days, Other *(Specify other),* **None apply**

If "Multifetal gestation" is selected on question #7 additional information will appear on the screen—**"What food packages will babies from this multifetal gestation receive?"**

- All babies IFF or IBP - Some
- 1 IBP - Mostly + 1 IBP - Some or IFF
- 2-3 IBP - Mostly (others IFF or IBP - Some)
- 1 IBE + 1 IBP - Mostly and/or ≥ 1 IBP - Some/IFF
- 2 IBE or 1 IBE + 2 IBP - Mostly OR 4 IBP - Mostly

The CPA will check the most appropriate response regarding what food packages infants from the current pregnancy receive. The answer will impact the food packages for the mother and infants. This question must be updated if the food package for the mother and/or one or more infants will change. Answers to these questions may trigger nutrition risk codes to be automatically assigned in FL-WiSE.

8. Have you ever had: Gestational diabetes, Preeclampsia, Infant weighing 9 pounds or more, None apply

If the woman answers yes, then remind the woman to get regular follow up screenings with her health care provider.

Medical Information Questions

1. Do you have a future doctor's appointment? Yes *(If yes, enter date)***, Unknown, None** This is a good way to determine if the woman is seeking medical care. If she does not have a doctor, probe further and if applicable, refer her to an appropriate health care provider in your area.

2. Do you have any health or medical issues? Yes, No
If yes, the CPA will select all applicable medical conditions to document the actual condition(s). This question is to identify health or medical problems that a health care provider has diagnosed that the woman has. Additional probing questions should be asked. The CPA should not check a condition if the woman reports a medical condition that has not been diagnosed by a health care provider. It is not required to have a written diagnosis to assign a risk code. However, the client must be able to verbally provide adequate information to "validate" a self-reported medical condition and assign the risk code. All these responses should be documented in the NE notes for low risk or Care Plan for high risk. The CPA would counsel and/or refer her to a health care provider, if appropriate.

Self-Reported Medical Conditions**:** In order to certify a woman for a self-reported medical condition (i.e., no medical diagnosis or diet prescription provided), the CPA must attempt to validate the presence of the condition and then document the information the woman gives about the diagnosis, prior to using it for a certification risk. For example, if the woman states that she has a thyroid disorder, ask her how and when it was diagnosed, medications she is on, any diet modification she has, and the name of the health care provider. All these responses need to be documented. Finally, the CPA must ask for a written diagnosis. This can be done by contacting the health care provider for a written or oral diagnosis (followed up by a written diagnosis) or by asking the woman to bring in a written diagnosis from the health care provider. The request for the medical documentation of the self-reported medical condition must then be documented in the NE notes for low risk or Care Plan for high risk. No specialized nutrition counseling can be done until a counseling order is obtained. The woman will continue to be certified for the self-reported medical condition, whether or not written confirmation of the diagnosis is received.

3. Are you on any medications? Yes--What kind? No
Asking this question is a way to check what medicine the woman may be consuming. If the woman reports that she takes medicine, probe further to find out if the medicine was prescribed, by whom and for what condition. If the medication can cause drug/nutrient interactions, the CPA will choose risk 357.01, "Drug-Nutrient Interaction" on the Nutrition Risk screen.

4. Check all you have: Constipation, Diarrhea, Nausea, Vomiting, Oral health conditions, Food Allergy--To what? Lactose intolerance, or None apply
This is to identify problems that the woman has. Additional probing questions should be asked. For example, if the woman says she is having dental problems, ask her to tell you how or if the dental problem impacts her ability to eat. If the woman has a serious oral health condition such as periodontal disease or if the dental caries, tooth loss, or oral infections impair the woman's ability to ingest food in adequate quantity or quality, the CPA can designate the woman as high risk by checking the high risk box at the top of the Nutrition Risk screen. *Food Allergy* and/or *Lactose Intolerance* are to be checked only if it was diagnosed by a health care provider. If the woman gives symptoms of food allergy or lactose intolerance, this information is to be documented in NE notes for low risk or Care Plan for high risk along with the request for written confirmation.

5. Do you go for regular dental check-ups? Yes, No
If the woman is on Medicaid and answers "No", refer her to an appropriate dentist, if there are Medicaid dentists available. If not, you might want to discuss the importance of proper dental care.

6. In the 3 months before you got pregnant, how many cigarettes, e-cigarettes, or cigars did you usually smoke? Did not smoke, Smoked, Number per day.
This question is to identify the woman's history of smoking, and the CPA can address any questions or concerns as part of counseling.

7. Are you currently using any products containing tobacco and/or nicotine, such as cigarettes, cigars, e-cigarettes, hookahs, chewing tobacco, snuff, or nicotine replacement gums or patches? Yes, What, No
If the woman is currently using tobacco and/or nicotine, this is a good way to discuss if she is interested in quitting. Most people know that smoking causes cancer, heart disease, and other serious health. During the client-centered approach to assessment and counseling, the CPA can address the effects of using tobacco and/or nicotine and the benefits of quitting. Referrals may be given for support in quitting. A "yes" response will trigger a nutrition risk factor to be assigned in FL-WiSE for risk 371.01, "Nicotine and Tobacco Use."

8. In the last 3 months of pregnancy, how many cigarettes, e-cigarettes or cigars did you usually smoke? Did not smoke, Smoked, Number per day
Again, if the woman is currently smoking, this is a good way to discuss if she is interested in quitting. The CPA can address the effects of smoking during and after pregnancy and the benefits of quitting at this time. Referrals may be given for support in quitting.

9. In the past 7 days, have you been in an enclosed space while someone smoked or vaped tobacco products? Yes, No
This is to identify a woman for risk 904.01, "Environmental Tobacco Smoke Exposure." If the woman answers yes, you must ask some additional questions. This is to identify a woman for the risk 904.01, "Environmental Tobacco Smoke Exposure." This specific question that is asked has been validated by the Centers for Disease Control and Prevention and cannot be changed or modified. All secondhand smoke is a health risk, but the only way to qualify a woman for this nutrition risk is if in the past 7 days, she has been in an enclosed space while someone smoked or vaped tobacco products.

10. Are you currently drinking alcohol? Yes, No
This question will identify current unsafe alcohol consumption. The CPA will assess the woman's understanding of the potential health risks for herself and her baby and will need to ask about the amount and frequency of alcohol consumption. The CPA is to check "Yes" here if the woman is currently drinking alcohol and document the amount and frequency of alcohol consumed. Not all amounts of drinking count as a nutrition risk for postpartum women. The CPA must check the nutrition risk on the Nutrition risk screen if the following conditions are met:
For postpartum women
• Routine current use of ≥ 8 drinks/week or ≥ 4 drinks/day, or
• Binge drinking, i.e., drinks ≥4 drinks within 2 hours

11. Are you currently using illegal drugs, marijuana, or abusing prescription medications? Yes, No
If yes, indicate what they are using. A "yes" answer to this question will trigger FL-WiSE to

automatically assign nutrition risk 372.03, “Substance Use”. The CPA is to document the type of illegal drug or marijuana used and/or the woman is misusing prescription medications. If marijuana only is being used by a non-breastfeeding postpartum woman, the CPA must delete the nutrition risk Substance Use (372.03) from the Nutrition Risk screen.

Nutrition History Screens

Nutrition Information Questions

1. What is one nutrition or health topic or question that you want to make sure that we discuss today? Follow with a blank box to type in. Some response must be typed in the box, even if just “none.”
Asking this question is a good way to start the client-centered approach to assessment and counseling. This question provides a space where the CPA can write down the woman’s response. Ask probing or clarifying questions if needed, to understand the woman’s concerns. Write “See NE notes” if low risk or “See Care Plan” if high risk in Nutrition History screens if there is additional information to document on any text box when there is insufficient space to put all information. Remember, after the nutrition assessment has been completed, the counselor can address these questions or concerns as part of counseling.

2. Do you want to change the way you eat? No, Yes, If yes what changes?
Asking this question is a way to find out if the woman is interested in changing the way she eats. There is a space where the CPA can write down the woman’s response. For example, maybe she wants to lose weight or eat more fruits and vegetables. Because this is of interest to her it would be good to talk to her about what she wants to change, talk about the appropriateness of the change, and how to best accomplish it.

3. Are you on any special diet? Yes, No, If yes what type of diet?
If the client reports that she is on a special diet, probe further to determine if the client is on a diet that may be an indication of a medical/health condition or another nutrition risk or if the diet is restrictive. When yes is checked, a pop up will appear to indicate the type of special diet (“**Vegan diet”, “Macrobiotic diet”, “Other restrictive diet”, “Medically prescribed diet”**). If “Vegan diet”, “Macrobiotic diet”, or “Other restrictive diet” is checked, risk 427.02, “Restricted Diet,” will be automatically assigned at the nutrition risk screen. Some examples of restricted diet include: consuming a diet very low in calories and/or essential nutrient such as a vegan diet; low carbohydrate, high protein diet; or a macrobiotic diet. However, if the restricted diet does not result in a restriction of nutrients, for example, a soft diet or the woman is tube fed, the CPA should not check “Other Restricted Diet”. The CPA should document the information the client discussed about her diet in the NE notes for low risk or Care Plan for high risk.

4. Check all you take: Vitamins/minerals--What kind? Excessive? Herbal Products--What kind? None
If Vitamins/Minerals or Herbal products is checked, the CPA must enter information on what kind. This is to check what vitamins/minerals or herbal products the woman may be consuming. This would be risk 427.01, “Potentially Harmful Dietary Supplements,” if the woman checks that she consumes any herbal product. It would also be risk 427.01 if in conversation the CPA determines that she takes **excessive** quantities of vitamins or minerals. A postpartum woman should be encouraged to take a multivitamin and mineral supplement to ensure adequate folic acid and other important nutrients. Inadequate vitamin and mineral supplementation is not risk 427.01. If

the woman reports at this time that she takes medicine, probe further to find out if the medicine was prescribed, by whom and for what condition. Medicines are to be documented in the Medical Information section, question #3.

5. How often do you walk or do other type of physical activity for 15 minutes or more at a time? Daily |4-6 times a week |1-3 times a week |Never
A woman who reports that she is never active might need suggestions on ways to get physically active. The response to this question might be a springboard to talking about the importance of physical activity and encouraging discussion with a health care provider about appropriate physical activity in pregnancy.

6. How many times a day do you eat (including meals and snacks)?
A woman who reports that she eats 3 or fewer times a day should be counseled on the importance of eating frequently during the day.

7. How often do you eat vegetables? Daily, Sometimes, Never Add Note:_____
This is a way to determine how often the woman is consuming vegetables. You may want to probe further based on the client's response. If she only "sometimes" or "never" eats vegetables, probe to find out why and what kind of vegetables she eats. This additional information can be documented in the Add note section and can be useful in providing client-centered counseling. If the woman says "never," she would qualify for risk 427.02 as having a "Restrictive Diet." It would not be classified as a 427.02 risk if "sometimes" is checked. If the woman does not eat any vegetables and is getting all/almost all nutrients from tube feeding, the CPA will need to delete risk 427.02, which is automatically assigned on the nutrition risk screen when "Never" is checked, as the restrictive risk 427.02 is not appropriate.

8. How often do you eat fruit? Daily, Sometimes, Never Add Note:_____
This is a way to determine how often the woman is consuming fruit. You may want to probe further based on the woman's response. If she only "sometimes" eats fruit, probe to find out why. This additional information can be documented in the Add note section and can be useful in providing client-centered counseling. If the woman says "never" she would qualify for risk 427.02, "Restrictive Diet." It would not be classified as risk 427.02 if "sometimes" is checked. If the woman does not eat any fruit and is getting all/almost all nutrients from tube feeding, the CPA will need to delete risk 427.02, which is automatically assigned on the nutrition risk screen when "Never" is checked, as the restrictive risk 427.02 is not appropriate.

9. Check all the dairy that you eat or drink daily or on most days: Fat free or 1% milk, 2% milk, Whole milk, Cheese, Yogurt, Other *(Specify other),* **None**
This is a way to determine if the woman is consuming dairy in her diet. If the woman answers "none," she would qualify for risk 427.02, "Restrictive Diet." Additional probing questions about her diet might be indicated. As a possible goal or as it might relate to other risk codes, this may be an area to discuss milk/dairy foods available on WIC and/or hints for switching to fat free or 1% lowfat milk (if currently drinking higher fat milk). If the woman does not eat or drink any milk or milk products and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

10. Check all the protein foods that you eat daily or on most days: Beef/pork, Turkey/chicken, Fish, Beans, Eggs, Peanut Butter, Nuts/seeds, Other *(Specify other*)**, None**
This is a way to determine if the woman is consuming protein in her diet. If the woman answers "none," she would qualify for risk 427.02, "Restrictive Diet." Additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or as it might relate to other risk codes. If the woman does not eat any protein foods and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

11. Check all the grains that you eat daily or on most days: Bread, Cereal, Rice, Pasta, Tortillas, Other *(Specify other)*, **None**
This is a way to determine if the woman is consuming grains in her diet. If the woman answers "none," she would qualify for risk 427.02 as having a "Restrictive Diet." Additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or as it might relate to other risk codes. If the woman does not eat any grains and is getting all/almost all nutrients from tube feeding, the CPA should select Other/ and type "tube feeding" in the box. The risk 427.02 is not appropriate for a client whose nutrient needs are met by tube feeding. Risk 427.02 will not be automatically assigned when Other/ is checked.

12. Check all the other foods that you eat daily or on most days: Candy/cookies, Ice cream, Butter/lard, Fried foods, French fries, Chips, Sausage, hot dogs, bacon, salami, bologna, None apply, *(Note frequency for other foods)*
This information can be used to determine if a woman consumes excessive high fat or high sugar foods. However, if a woman eats foods high in fat or high in sugar this would not qualify as a dietary risk. The fact that she consumes foods high in fat and sugar would, however, indicate that additional probing questions about her diet might be indicated. This may be an area to discuss as a possible goal or as it may relate to other risk codes. It is recommended that the CPA add details to the note box regarding frequency of consumption of these foods. This information is useful in current and future counseling to see if there have been any changes in consumption of these foods.

13. Check the beverages that you usually drink each day or on most days: Water, Soda, Diet soda, Tea, Coffee, Nutrition drinks (Boost, Ensure), 100% fruit juice, Other drinks (Kool-Aid, Hi-C, punch, Sunny Delight, Gatorade, PowerAde), *(Note amounts for beverages)*
Answers to this can help you determine if the woman is consuming excess sugar calories or if she is drinking large amounts of tea or coffee, which could prevent iron absorption. For example, if she checks that she drinks soda, ask her questions such as "What kind of soda?" "When during the day do you usually drink soda?", "How much soda do you drink?" Again, drinking excessive soda, coffee, or tea would not qualify a woman for a dietary risk, but would be a possible topic to discuss during counseling. It is recommended that the CPA add details to the note box regarding amounts for beverages. This information is helpful to document what is currently being done and for reference in future counseling.

14. Check all you eat: Baby powder, ashes, dirt, clay etc., or large amounts of ice, baking soda, or cornstarch, Undercooked eggs, Raw fish/oysters, Smoked seafood, Raw/undercooked meat, None apply
This is trying to determine if the postpartum woman is eating large quantities of non-food items. If she checks one of these items, she should be asked how much she eats. If she is routinely ingesting non-food items or a large amount of ice, she would qualify for risk 427.03, "Pica." If a

postpartum woman eats any undercooked eggs, raw fish/oysters, smoked seafood, raw or undercooked meat, it would not be risk 427.05 “Potentially unsafe food consumption.” Counseling should be provided as appropriate.

15. Was there any day recently when someone in your household did not eat because you did not have enough money for food? Yes |No

If the woman answers that “Yes” someone went hungry because she did not have enough money for food, further probing will be necessary. The woman should be referred to appropriate social service agencies such as a food bank or SNAP/food assistance. Additional education/counseling on how to stretch food dollars may be useful to the woman.

Overview of Infant Questions in FL-WiSE

Remember, the counseling, information sharing, or referral information should be made <u>after</u> the nutrition assessment has been completed.

Medical Screens

Medical Information Questions

1. Does your baby have a future doctor's appointment? Yes, *(If yes, enter date),*
Unknown, None
This is a good way to determine if the baby is receiving medical care. If the baby does not have an appointment, refer the baby to an appropriate health care provider, or refer the baby to Medicaid or the KidCare Program. If the baby has an appointment, affirm the caregiver and stress the importance of keeping all well child visits and immunizations, if not up-to-date.

2. Does your baby have any health or medical issues? Yes, No
If the parent or caregiver states the baby has any health or medical issues and the CPA checks the yes box, a pop up window will appear. The CPA will select all applicable medical conditions to document the actual conditions. This question is to identify health or medical problems that a health care provider has diagnosed that the baby has. Additional probing questions should be asked to validate a self-reported medical diagnosis. The CPA should not check a condition on this screen if there is not enough information to validate that a medical condition has been diagnosed by a health care provider. It is not required to have a written diagnosis to assign a risk code. However, the client must be able to verbally provide adequate information to "validate" a self-reported medical condition and assign the risk code. All these responses and validation of self-reported medical conditions should be documented in the NE notes for low risk clients or Care Plan for high risk clients. The CPA would counsel and/or refer the baby to a health care provider, if appropriate. If a caregiver brings in written diagnosis, this is to be scanned into FL-WiSE.

<u>Self-Reported Medical Conditions</u>**:** In order to certify a client for a self-reported medical condition (i.e., no medical diagnosis or diet prescription provided), the CPA must attempt to validate the presence of the condition and then document the information the client gives about the diagnosis, prior to using it for a certification risk. For example, if a caregiver states that the baby has a gastrointestinal disorder, ask the caregiver how and when it was diagnosed, medications the baby is on, any feeding modifications the baby has, and the name of the health care provider. All these responses need to be documented. Finally, the CPA must ask for a written diagnosis. This can be done by contacting the health care provider for a written or oral diagnosis (followed up by a written diagnosis) <u>or</u> by asking the caregiver to bring in a written diagnosis from the health care provider. The request for the medical documentation of the self-reported medical condition must then be documented in the NE notes for low risk or Care Plan for high risk. No <u>specialized</u> nutrition counseling can be done until a counseling order is obtained. The baby will continue to be certified for the self-reported medical condition, whether or not written confirmation of the diagnosis is received.

3. Does your baby take any medicine? Yes—What kind? No
If the caregiver reports the baby is on medicine, ask further questions to determine if the medicine was prescribed, by whom, and for what condition. This may also identify a health condition that

the caregiver did not specify in the previous question. Document the medication here and validation information, as appropriate, in the care plan screen. If the medication can cause drug/nutrient interactions, the CPA will choose risk 357.01, “Drug-Nutrient Interactions” on the nutrition risk screen.

4. In the last 24 hours, your baby had: Number of wet diapers *(Specify the number)* This is to determine if the baby is adequately hydrated. Infrequent urination might be an indication that the formula is not diluted properly, or the baby is not drinking an adequate amount of breastmilk or formula. For a breastfed baby who has less than 6 wet diapers, this will trigger risk 603.01, “Breastfeeding Complications or Potential Complications”. Additional probing questions, as well as appropriate counseling should be provided.

5. In the last 24 hours, your baby had: Number of dirty diapers *(Specify the number)*
This is to determine if the baby is adequately hydrated. Infrequent dirty diapers might be an indication that the formula is not diluted properly, or the baby is not drinking an adequate amount of breastmilk or formula. Additional probing questions, as well as appropriate counseling should be provided.

6. Check all your baby has: Constipation, Diarrhea, Vomiting, Problems breathing *(Describe),* **Oral health conditions, Food allergy—To what? Lactose intolerance, None apply**
This is to identify any current problems that need to be addressed. The CPA should ask further questions, if needed, regarding the problems that the caregiver has stated, and document the responses in the Nutrition Education notes for low risk clients or Care Plan for high risk clients. Responses to these issues might have an impact on what is discussed during the nutrition counseling and food package assignment. It might also indicate a nutrition risk condition. *Food Allergy and/or Lactose Intolerance* are to be checked only if they were diagnosed by a health care provider. If the baby gives symptoms of a food allergy or lactose intolerance, this information is to be documented in the NE notes for low risk clients or Care Plan for high risk clients. If the parent states that it was diagnosed by a health care provider, validation information is to be documented along with the request for written confirmation. The CPA should check that the formula assigned agrees with the diagnosis.

7. In the past 7 days, has your baby been in an enclosed space while someone smoked or vaped tobacco products? Yes, No
This is to identify babies for nutrition risk 904.01, “Environmental Tobacco Smoke Exposure”. In order to meet risk 904.01, someone must have smoked tobacco products in an enclosed space with the baby in the past 7 days. This specific question that is asked has been validated by CDC and cannot be changed or modified. All secondhand smoke is a health risk to babies, but the only way to qualify a baby for this nutrition risk is if someone had smoked or vaped tobacco products in an enclosed space with the baby in the past 7 days. However, if there is secondhand smoke exposure to the baby, regardless of how or where it occurs, the CPA can discuss the health risks of the secondhand smoke to the baby.

Breastfeeding Statistics Questions

These questions collect information about the baby’s experience with breastfeeding. Responses to some questions will generate additional probing questions for clarification and are used to update breastfeeding statistics. If there are <u>any</u> changes in breastfeeding status, the Breastfeeding Statistics questions should be updated. These questions are required for children up to 24 months of age.

• Was this child ever breastfed or given breastmilk? Yes, No, Unknown

• Is this child currently breastfeeding or given breastmilk? Yes – Fully breastfeeding, Yes – Partially breastfeeding, No

- Date when stopped breastfeeding or giving breastmilk: *(Enter date)* **Unknown**
If mother is unsure, ask approximately what month she stopped breastfeeding. Generally, unknown should not be checked in the breastfeeding statistics questions unless the birth mother is not available to answer the question.

- Reason breastfeeding ended: *(Enter reason)*

• Was this child ever fully breastfed? Yes, No, Unknown

- Date when stopped fully breastfeeding: *(Enter date),* **Unknown**
If mother is unsure, ask approximately what month she stopped breastfeeding. Generally, unknown should not be checked in the breastfeeding statistics questions unless the birth mother is not available to answer the question.

• Date when child was first fed something other than breastmilk (i.e. formula, juice, etc.): *(Enter date)*, **Unknown, Not Applicable**

Nutrition History Screens

Nutrition Information Questions

1. What is one nutrition or health topic or question that you want to make sure that we discuss about your baby today? Follow with a blank box to type in. Some response must be typed in the box, even if just "none."
This is how we start the client-centered approach in counseling. This question provides a space to document issues that concern the caregiver about her baby. It is important that the CPA ask additional questions to clarify or understand the caregiver's concerns. Additional information given by the caregiver can be documented in the NE notes or Care Plan, as appropriate. After the nutrition assessment has been completed, it is important that the CPA provide counseling or help the caregiver problem solve any questions or issues of concern expressed by the caregiver.

2. Is your baby on any special diet? Yes, No If yes, what type of diet.
Based on a caregiver's response regarding a special diet, risk 411.08, "Restrictive Diet," might be indicated. When yes is checked, a pop up will appear to indicate the type of special diet (**"Vegan diet", "Macrobiotic diet", "Other restrictive diet", "Medically prescribed diet"**). If "Vegan diet", "Macrobiotic diet", or "Other restricted diet" is checked, risk 427.02, "Restricted Diet," will be automatically assigned at the nutrition risk screen. Some examples of restricted diet include: a baby who is consuming a diet very low in calories and/or essential nutrient such as a vegan diet; low carbohydrate, high protein diet; or a macrobiotic diet. However, if the restricted diet does not result in a restriction of nutrients, e.g. tube feeding, the CPA should not check "Other Restricted Diet". The CPA should document the information the caregiver discusses about the baby's diet in the Nutrition Education notes for low risk or Care Plan for high risk.

3. Check all that you give to your baby: Vitamins/minerals—What kind? Herbal products—What kind? None
This is to check what vitamins, minerals, or herbal products the baby may be taking. The CPA is to document what vitamins, minerals, or herbal products are being given to the infant. This would be risk 411.10, "Potentially Harmful Dietary Supplements," if the caregiver checks that the baby takes an herbal product. It would also be risk 411.10 if **in conversation** the caregiver mentions that she/he gives the baby excessive quantities of vitamins or minerals. If the caregiver reports the baby is on medicine ask further questions to determine if the medicine was prescribed, for what condition, etc. This may identify a health condition that the caregiver did not report on the Medical Information questions. Medicines are to be documented on the Medical Screen.

Questions 4 – 9----Breastfed Infants

4. How do you feel breastfeeding is going? Great, Okay, Some concerns Required for box to be completed if some concerns is checked.
This is to determine how the mom thinks breastfeeding is going. Ask her other probing questions as appropriate. For example, ask her if she has any soreness or if it is painful when she nurses or if a referral to a breastfeeding expert or peer counselor is appropriate.

5. How many times do you breastfeed or give breastmilk in one day (24 hours)?
This is to determine if the baby is being breastfed and if so, how often. Risk 411.07, "Restrictive Nursing," would apply if the mother is scheduling feedings instead of feeding on- demand such as a fully breastfed baby who is consuming breastmilk as its sole nutrition and has less than 8 feedings in 24 hours (if less than 2 months of age) or less than 6 feedings in 24 hours (if between 2 months & 6 months of age). This risk may be automatically assigned by FL-WiSE depending on the number of feedings entered and the age of the infant.

6. Do you hear the baby swallowing while breastfeeding?
This question is to help determine if the baby is latching on and sucking efficiently. It is important that staff provide counseling or help to address the issues of breastfeeding concerns expressed by the mother and/or refer to breastfeeding staff. This question will not trigger a nutrition risk.

7. Who ends the nursing session? Mom, Baby
This is to determine if the baby is being breastfed frequently and if the baby is being allowed to finish a nursing session. It is important that the staff provide counseling or help to address the issues of breastfeeding concerns, stress, or pain expressed by the mother and/or refer to breastfeeding staff. This question will not trigger a nutrition risk.

8. Do you ever use a breast pump: No, Yes, How often?
This is to determine if a breast pump is being used. Additional questions should be asked to determine how the pumping is being done, how much milk is being obtained, how the milk is being stored, etc. The CPA should manually assign 411.09, "Inappropriate Sanitation of Expressed Breast Milk or Formula," if the mother/caregiver does not properly prepare, handle, or store the breastmilk after it is pumped.

9. Have you had any complications breastfeeding this baby? Jaundice, Weak/ineffective suck, Difficulty latching on, Inadequate stooling, Other *(Specify concerns)***, None apply** This question is to determine if the mother has had complications with breastfeeding. The CPA should

ask additional questions to clarify or understand the caregiver's concerns. Additional information given by the caregiver can be documented in the NE notes or Care Plan, as appropriate. It is important that the staff provide counseling or help to address the complications or concerns expressed by the caregiver. The CPA would counsel and/or refer the baby to a health care provider or designated breastfeeding expert (DBE), if appropriate. Checking any of the issues listed or other will trigger risk 603.01, "Breastfeeding Complications or Potential Complications," to be automatically assigned in FL-WiSE.

Question 10----Breastfed and Non-Breastfed Infants

10. Are you currently feeding your baby infant formula? No, Yes *(What formula)* This is to determine if the caregiver is giving infant formula to the baby and if so the formula brand. When the response to this question is no, the CPA will skip to question # 19.

Questions 11 – 18----Partially Breastfed Infants and Non-Breastfed Infants

11. Type of formula and preparation: ❒ Powder To prepare a bottle, I use: _____ oz. water and mix it with _____ scoops of powder ❒ Concentrate To prepare a bottle, I use: _____ oz. water and mix it with _____ oz. concentrated liquid ❒ Ready-to-Feed
This is to determine if the caregiver is mixing the formula correctly. The caregiver should be following the instructions on the formula can, which are typically 1 scoop powder to two ounces water or equal parts concentrated formula to water. The ready-to-feed formula should have no added water. Due to a medical or health issue, the baby's health care provider could also provide different mixing instructions. If the formula is not being prepared according to a health care provider's prescription or according to the label, the baby would be eligible for risk 411.06, "Inappropriate Formula Preparation." If the mixing instructions are not being done appropriately, it is very important that the caregiver be instructed in the proper mixing ratios and why this is essential for the baby's nutrient and fluid needs. The CPA must document that correct mixing instructions were explained to the caregiver.

12. How many bottles do you feed your baby: during the day*? (Enter number of bottles)* This question will not trigger a risk but will provide additional information for the CPA to determine the amount of formula the baby is drinking throughout the day.

13. How many bottles do you feed your baby: at night? *(Enter number of bottles)*
This question will not trigger a risk but will provide additional information for the CPA to determine the amount of formula the baby is drinking during the night.

14. How many ounces at each feeding? *(Enter number of ounces)*
This question is to determine how much formula the baby is consuming in 24 hours and to determine if it is an adequate amount. Don't forget to consider the caregiver's responses to question # 5 about breastfeeding when assessing the amount. Depending on the response, the baby may qualify for risk 411.08, "Restrictive Diet" if the mother is limiting the amount of calories and nutrients the baby receives. The CPA would manually assign this risk, if appropriate.

15. What type of water do you use to mix the formula? City/tap, Well, Bottled, Nursery (baby water), Other *(Specify "other")***, Potentially unsafe water**
If the caregiver indicates well water is used, the CPA should ask questions to make sure that it is

safe. Checking this box will not automatically trigger a risk in FL-WiSE. Check with your Environmental Health Unit to determine if the well water in the client's area is safe. If it is questionable, risk 411.09, "Inappropriate Sanitation of Expressed Breast Milk or Formula," can be used. Risk 411.09 will automatically assign if "Potentially Unsafe Water" is checked by the CPA. If another type of water is used, it is not risk 411.09, but the caregiver should be advised to follow the health care provider's recommendations in preparing bottles.

16. How long do you keep prepared formula in the refrigerator? ___ hours Concentrate or Ready-to-feed more than 48 hr Powder more than 24 hr
Risk 411.09, "Inappropriate Sanitation of Expressed Breast Milk or Formula," will be automatically assigned by FL-WiSE if CPA checks concentrate or ready-to-feed formula is kept in the refrigerator more than 48 hours and powder formula is kept in refrigerator more than 24 hours.

17. What do you do with the formula left in the bottle after your baby has eaten? Throw it out, Refrigerate it, Other *(Specify "other")*
Risk 411.09, "Inappropriate Sanitation of Expressed Breast Milk or Formula," will automatically be assigned by FL-WiSE if the CPA checks that the caregiver refrigerates formula left in the bottle after the baby has eaten or checks "other", e.g. feeds leftover formula to the baby.

18. Do you put baby cereal, juice, or baby food in the bottle? Yes, No
Babies should not routinely be fed anything but water, infant formula, or breastmilk in a bottle unless specified by a health care provider. If yes is checked, **"Prescribed? Yes, No"** will appear on the screen. If yes is checked and not specified by a health care provider (not prescribed) risk 411.02, "Inappropriate Use of Bottles or Sugar-Containing Fluids," will be automatically assigned by FL-WiSE. The exception is if the health care provider instructs the caregiver to feed the baby one of these items by bottle. For example, if yes is checked and adding cereal to the bottle was prescribed by a health care provider, prescribed yes should be checked and then risk 411.02 is not assigned. If the health care provider has prescribed putting cereal in the bottle, the CPA should ask additional questions regarding amounts and frequency and document this information in the NE notes for low risk clients or the Care Plan for high risk clients.

19. How often is your baby held while being fed from a bottle? Always, Most of the time, Some of the time, Baby has bottle without restriction, Not applicable
If the caregiver states that the baby is held only some of the time or most of the time while being fed from a bottle or baby has bottle without restriction, and these are checked, risk 411.02, "Inappropriate Use of Bottles," will be automatically assigned by FL-WiSE.

20. Does your baby drink anything other than breastmilk, formula, or plain water? Yes, No
If the caregiver reports that the baby is drinking cow's milk, goat's milk, sheep's milk, canned evaporated or sweetened condensed milk, imitation or substitute milks or other homemade beverages the CPA should check Milk substitute. This is risk 411.01, "Breastmilk or Formula Substitute." If the baby is drinking juice, sugar containing beverage, or anything else other than breastmilk, formula, or water from the bottle, risk 411.02, "Inappropriate Use of Bottles or Sugar-Containing Fluids," is also indicated. These risk codes are automatically assigned by FL-WiSE when these other beverages are checked.

21. Check all your baby uses: Baby bottle, Sippy cup, Infant feeder, Regular cup, Eats with fingers, Spoon or fork, Tube fed, Pacifier, Breastfeeding aid, None apply Compare the items checked with those that are age-appropriate for the baby's age. For example, if an 8-month old is

still exclusively taking a bottle, the caregiver should be counseled about the need to offer a cup and/or finger foods. Or, an older baby who is able and ready to finger feed and/or try self-feeding is always fed by the caregiver, counseling should be provided. A baby who is not using age-appropriate methods of feeding would qualify for risk 411.12, "Feeding Practices Not Developmentally Appropriate." This would be manually assigned by the CPA. In addition, for babies who are tube fed, a nutritionist should ensure the caregiver is correctly preparing the formula used for the tube feeding and answer any questions he or she may have and assign a risk for the medical condition that required tube feeding to be implemented. FL-WiSE will automatically assign risk code 360.08 when tube fed is checked.

22. Does your baby eat solid foods? Yes, No
If the baby is being fed foods that are not appropriate for his or her age, risk 411.12, "Feeding Practices Not Developmentally Appropriate," would need to be manually assigned by the CPA. A baby who is tube fed and is receiving adequate nutrients/calories is not risk 411.03, "Inappropriate Introduction of Solid Foods" or 411.12, "Feeding Practices Not Developmentally Appropriate, Other."

23. Is this infant in foster care or temporary custody? ❒ Yes ❒ No
If yes: Has this infant entered or changed foster care homes within the last 6 months? ❒ Yes ❒ No
The answer to these questions will help determine if risk 903.01, "Foster/Shelter Care, Entering or Changing Foster/Shelter Care Home in Previous 6 Months" is appropriate. If the answer to the second question is yes, the system with automatically assign risk 903.01. In Florida, shelter care is considered as foster care.

Mid-Certification Assessment Questions

This is to be completed at the mid-certification assessment, usually around 6 months of age. It is designed to document the mid-certification assessment. **The mom should be commended if she is breastfeeding.**

If the CPA identifies any additional medical or nutrition risks during the mid-certification assessment, the CPA will need to assign these risks at the Nutrition Risk screen. FL-WiSE will not automatically assign risks to questions on the mid-certification assessment screens.

1. Reviewed previous medical screen? Yes, no changes; Yes, see notes
This is a question to determine if there are any updates in the baby's medical history. These are the answers that were completed at the certification visit. If the baby's issues have changed since the medical screens were initially completed, the CPA would update the information in the NE notes for low risk clients or Care Plan for high risk clients. Type "See NE note" or "See Care Plan" in the text box. The responses on the Medical and Nutrition screens should not be updated unless every question is asked again.

2. Reviewed previous nutrition questions? Yes, no changes; Yes, see notes
This is a question to determine if there are any updates in the baby's nutrition history. These are the answers that were completed at the certification visit. If the baby's issues have changed since the medical screens were initially completed, the CPA would update the information in the NE

notes for low risk clients or Care Plan for high risk clients. Type “See NE note” or “See Care Plan” in the text box. The responses on the Medical and Nutrition screens should not be updated unless every question is asked again.

3. What questions or concerns do you have about how your baby is eating or growing? No, Yes *(If yes, explain), (Additional questions/concerns)*
This is to determine if the caregiver has any questions or concerns about how the baby is eating or growing. It is important that any questions or concerns be addressed. Other issues might present themselves after probing the response to this question. If there is not room in the text box to record the caregiver’s questions or concerns, the CPA can document information in the NE notes for low risk and Care Plan for high risk. Type “See NE note” or “See Care Plan” in the text box.

4. Tell me about any recent changes in your baby’s health or development. _____ Some response must be typed in the box, even if just “none.” *(Additional health notes)*
If the caregiver reports that the baby’s health has not changed, then you don’t need to probe further if no health problems were previously identified. If a health problem had been identified at certification or the baby’s health has changed, additional probing will be required and a referral may be necessary. This is to determine if the baby has developed any health issues in the last few months. If there are health issues, make sure the baby is getting health care and if not, provide referral information. Determine also if there are possible new nutrition risks and additional counseling to be provided. If there is not room in the text box to record changes in health, the information can be recorded in the NE notes for low risk and Care Plan for high risk. Type “See NE note” or “See Care Plan” in the text box.

Questions 5 – 6----Breastfed Infants
5. How many times do you breastfeed or give breastmilk in one day (24 hours)?
This is to determine how much the baby is being breastfed. Ask more probing questions if you feel the baby is not getting enough breastmilk (and formula if IBP). Manually assign risk 411.08, “Restrictive Diet,” if the baby is not getting enough breastmilk and/or formula.

6. Do you have any concerns about breastfeeding? No, Yes
This is to determine how the mom thinks breastfeeding is going. If mom has concerns, ask her other probing questions as appropriate. Refer her to a designated breastfeeding expert (DBE) or peer counselor as appropriate and if needed.

7. Are you currently feeding your baby infant formula? No, Yes
(If yes, answer questions 8-10)
If yes, enter the brand of formula. When yes if checked, questions 8 – 10 will be auto generated by FL-WiSE.

8. What type of formula does your baby drink? Powder, Concentrate, Ready-to-Feed
Compare this response to what was documented at the previous visit. This is to determine if the formula has changed and if so, to discuss why.

9. How do you prepare the formula? Appropriately prepared, Not appropriately prepared *(Formula preparation notes)*
This is to determine if the formula is being prepared appropriately. This would be risk 411.06, “Inappropriate Formula Preparation,” if the caregiver is not preparing formula according to the manufacturer’s or health care provider’s instructions. If not appropriately prepared is checked but

the variation was prescribed by a medical provider, then it is not risk 411.06, “Inappropriate Formula Preparation.”

10. How much formula does your baby drink in 24 hours?
This is to determine if the quantity of formula the baby is consuming, along with the breastmilk, is adequate. Risk 411.08, “Restrictive Diet,” should be manually assigned by the CPA if the baby is not getting enough breastmilk and/or formula for his or her age.

11. Does your baby drink anything other than breastmilk, formula, or plain water? Yes, No
When yes is checked**, Milk substitute, Sugar containing beverage**, and **Other** will appear on the screen. *(Specify what “other” is in the text box provided.)* If the caregiver reports that the baby is drinking cow’s milk, goat’s milk, sheep’s milk, canned evaporated or sweetened condensed milk, imitation or substitute milks, or other homemade beverages, this is risk 411.01, “Breastmilk or Formula Substitute.” If the baby is drinking juice, sugar containing beverage or anything else other than breastmilk, formula, or water from the bottle, risk 411.02, “Inappropriate Use of Bottles or Sugar-Containing Fluids,” is also indicated. A risk code will be automatically assigned by FL-WiSE when Milk substitute or Sugar containing beverage is checked. A risk code is not system assigned when “Other” is checked.

12. **Check all your baby uses: Baby bottle, Sippy cup, Infant feeder, Regular cup, Eats with fingers, Spoon or fork, Tube fed, Pacifier, Breastfeeding aid, None apply** Compare the items checked with those that are age-appropriate for the baby’s age. For example, if an 8-month old is still exclusively taking a bottle, the caregiver should be counseled about the need to offer a cup and/or finger foods. Or, an older baby who is able and ready to finger feed and/or try self-feeding is always fed by the caregiver. A baby who is not using age-appropriate methods of feeding would qualify for risk 411.12, “Feeding Practices Not Developmentally Appropriate, Other.” This would be manually assigned by the CPA. A CPA needs to account for prematurity and adjusted age when determining what is age appropriate. In addition, for babies who are tube fed, a nutritionist should ensure the caregiver is correctly preparing the tube feeding and answer any questions he or she may have and assign nutrition risk for the medical condition that required tube feeding to be implemented.

13. Does your baby eat solid foods? Yes, No
If the caregiver reports that the baby is being fed foods that are not appropriate for his or her age, risk 411.12, “Feeding Practices Not Developmentally Appropriate,” can be used and will need to be manually assigned by the CPA. A baby who is tube fed and is receiving adequate nutrients/calories is not risk, 411.03, “Inappropriate Introduction of Solid Foods“ or 411.12, “Feeding Practices Not Developmentally Appropriate, Other.”

Overview of Child Questions in FL-WiSE

Medical Screens

Medical Information Questions

Remember, the counseling, information sharing, or referral information should be made after the nutrition assessment has been completed.

1. Does your child have a future doctor's appointment? Yes, Unknown, None
This is a good way to determine if the child is receiving medical care. If the parent/caregiver (may be used interchangeably) answers that the child does not have an appointment nor has a health care provider, refer them to an appropriate medical facility in your area. If the child does have an appointment affirm the caregiver and stress the importance of keeping all the well child appointments and immunizations, if not up to date.

2. Does your child have any health or medical issues? Yes, No
If yes, the CPA will select all applicable medical conditions to document the actual condition(s). This question is to identify health or medical problems that a health care provider has diagnosed that the child has. Additional probing questions should be asked. The CPA should not check a condition if the caregiver reports the child has a medical condition that has not been diagnosed by a health care provider. It is not required to have a written diagnosis to assign a risk code. However, the client must be able to verbally provide adequate information to "validate" a self-reported medical condition and assign the risk code. All these responses and validation of self-reported medical condition(s) are to be documented in the NE notes for low risk or Care Plan for high risk. The CPA would counsel and/or refer child to a health care provider, if appropriate.

Self-Reported Medical Conditions**:** In order to certify a client for a self-reported medical condition (i.e., no medical diagnosis or diet prescription provided), the CPA must attempt to validate the presence of the condition and then document the information the caregiver gives about the diagnosis, prior to using it for a certification risk. For example, if the caregiver states that the child has a thyroid disorder ask her how and when it was diagnosed, medications the child is on, any diet modification the child has, and the name of the health care provider. All these responses need to be documented. Finally, the CPA must ask for a written diagnosis. This can be done by contacting the health care provider for a written or oral diagnosis (followed up by a written diagnosis) or by asking the caregiver to bring in a written diagnosis from the health care provider. The request for the medical documentation of the self-reported medical condition must then be documented in the NE notes for low risk or Care Plan for high risk. No specialized nutrition counseling can be done until a counseling order is obtained. The child will continue to be certified for the self-reported medical condition, whether or not written confirmation of the diagnosis is received.

3. Does your child take any medicine? Yes--What kind? No
This is to check what medicine the child may be consuming. If the caregiver reports that the child takes medicine, probe further to find out if the medicine was prescribed, by whom, and for what condition. Document the drug/medications here and any validation information, if appropriate, on the care plan screen. If the medication can cause drug/nutrient interactions, the CPA will choose risk 357.01, "Drug-Nutrient Interactions" on the Nutrition Risk screen.

4. Check all your child has: Constipation, Diarrhea, Vomiting/upset stomach, Difficulty chewing or swallowing, Oral health conditions, Food allergy *(To what?)***, Lactose intolerance, None apply**

This is to identify problems that the child has. Additional probing questions should be asked. For example, if the caregiver says the child has had diarrhea, ask how long he has had the diarrhea, what type of foods/drinks he is being given, and if he has seen a health care provider. The responses to probing questions should be documented in the NE notes for low risk or Care Plan for high risk. The CPA would counsel and/or refer the child to a health care provider, if appropriate. *Food Allergy* and/or *Lactose Intolerance* are to be checked only if they were diagnosed by a health care provider. If the caregiver states the child has symptoms of food allergy or lactose intolerance, this information is to be documented in the NE notes for low risk and Care Plan for high risk. If the parent states that it was diagnosed by a healthcare provider, validation information is also to be documented along with the request for written confirmation.

5. Does your child go for regular dental check-ups? Yes, No

If the child is on Medicaid and answers "No," refer her to an appropriate dentist if the child is on Medicaid and there are Medicaid dentists available. Discuss the importance of proper dental care for children.

6. In the past 7 days, has your child been in an enclosed space while someone smoked or vaped tobacco products? Yes, No

This is to identify children for nutrition risk 904.01, "Environmental Tobacco Smoke Exposure". In order to meet risk 904.01, someone must have smoked tobacco products in an enclosed space with the child in the past 7 days. This specific question that is asked has been validated by CDC and cannot be changed or modified. All secondhand smoke is a health risk to children, but the only way to qualify a child for this nutrition risk is if someone had smoked or vaped tobacco products in an enclosed space with the child in the past 7 days. However, if there is secondhand smoke exposure to the child, regardless of how or where it occurs, the CPA can discuss the health risks of the secondhand smoke to the child.

Breastfeeding Statistics Questions

These questions collect information about the child's experience with breastfeeding. Responses to some questions will generate additional probing questions for clarification. If there are any changes in breastfeeding status, the Breastfeeding Statistics questions should be updated. The breastfeeding statistics are only collected for children up to twenty-four months of age. The responses to these questions will be useful in counseling, referral, and updating breastfeeding statistics.

- **Was this child ever breastfed or given breastmilk? Yes, No, Unknown**

- **Is this child currently breastfeeding or given breastmilk? Yes – Fully breastfeeding, Yes – Partially breastfeeding, No**

  - Date when stopped breastfeeding or giving breastmilk: *(Enter date)* **Unknown** If mother is unsure, ask approximately what month she stopped breastfeeding. Generally, unknown should be checked only in cases where it really is not known, such as a foster child.

  - Reason breastfeeding ended: *(Enter reason)*

- **Was this child ever fully breastfed? Yes, No, Unknown**

  - Date when stopped fully breastfeeding: *(Enter date),* **Unknown**
  If mother is unsure, ask approximately what month she stopped breastfeeding. Generally, unknown should be checked only in cases where it really is not known, such as a foster child.

- **Date when child was first fed something other than breastmilk (i.e. formula, juice, etc.):** (*Enter date),* **Unknown, Not Applicable**

Nutrition History Screens

Nutrition Information Questions

1. What is one nutrition or health topic or question that you want to make sure that we discuss about your child today? Followed with a blank box to type in. Some response must be typed in the box, even if just "none."
Asking this question is a good way to start the client-centered approach in counseling. This question provides a space to document issues that concern the parent/caregiver about their child. It is important that the CPA ask additional questions to clarify or understand the caregiver's concerns. Additional information given by the caregiver can be documented in the NE notes or Care Plan, as appropriate. After the nutrition assessment has been completed, it is important that the CPA provide counseling or help the caregiver problem solve to address the questions or concerns that the caregiver had indicated.

2. What do you think about your child's weight/size? Too little, Too big, Okay
This is a good way to determine how the caregiver feels about the size of the child. If the child is overweight or obese but the caregiver does not recognize it, it is important to communicate with the caregiver in a way that is supportive and nonjudgmental, and with a careful choice of words that convey an empathetic attitude and minimize embarrassment or harm. You might want to use terms such as "weight is not proportional to height" or "excess weight/BMI" when discussing a child's weight with the caregiver.

3. Is your child on any special diet? Yes, No
Based on a caregiver's response regarding a special diet, risk 425.06, "Restrictive Diet," might be indicated. When yes is checked, a pop up will appear to indicate the type of special diet (**"Vegan diet", "Macrobiotic diet", "Other restrictive diet" "Medically prescribed diet", Formula**). If "Vegan diet", "Macrobiotic diet", or "Other restricted diet" is checked, risk 425.06, "Restricted Diet," will be automatically assigned at the nutrition risk screen. It would be risk 425.06 if the child is consuming a diet very low in calories and or essential nutrients, including "never" eats food from one or more food groups. This would also include a restricted diet such as a vegan diet; low carbohydrate, high protein diet; or macrobiotic diet. It could also be an indication of another medical condition and/or nutrition risk. If the child is on a special diet that does not restrict calories or nutrients--for example, if child is on a soft diet and eating foods from all food groups or is being tube fed—this is not a "Restricted diet," risk 425.06. Information is to be documented in the NE notes for low risk and Care Plan for high risk and the nutrition risk removed from the Nutrition Risk screen.

4. Check all your child takes: Vitamins/minerals, Herbal products, --What kind? None
If Vitamins/Minerals or Herbal products is checked, the CPA must document information on what kind. This question is to check what vitamins/minerals or herbal products the child may be consuming. This would be risk 425.07, "Potentially Harmful Dietary Supplements," if the caregiver reports that any herbal product is given to the child. Like drugs, herbal or botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications—these interactions can cause problems and can even be dangerous. It would also be risk 425.07 if **in conversation** the caregiver mentions that they give the child large quantities of vitamins or minerals. If the caregiver reports the child is on medicine, ask further questions to determine if the medicine was prescribed, for what condition, etc. This may identify a health condition that the caregiver did not report on the Medical Information questions. Medicines are to be documented on the Medical Screen.

5. How many hours a day does your child watch TV or play video games? 3+ hours, 1-2 hours, Almost never
The answer to this question does not trigger a nutrition risk but the information may be useful in counseling. There is a strong correlation between TV/video watching and overweight. The caregiver should be encouraged to remove the TV from the child's room if there is one and limit the number of hours of TV and video/computer time to 1 to 2 hours or less a day. The American Academy of Pediatrics recommends that children under 2 should not be watching any TV.

6. Check all your child uses to eat or drink: Bottle, Sippy cup, Carries sippy cup all day, Regular cup, Eats with fingers, Spoon or fork, Tube fed, None apply
This question will automatically trigger risk 425.03, "Child uses bottle > 14 months of age or carries sippy cup all day" if the CPA checks that a child who is greater than 14 months uses a bottle or carries a sippy cup all day. Note: If the answer given for a one-year-old child at certification (prior to 14 months of age) triggers a new nutrition risk at the mid-certification assessment, the CPA is

to remove the newly generated nutrition risk at the mid-certification assessment on the Nutrition risk screen—if the child is no longer using the bottle at that time. Risk 425.11, “Inappropriate Use of Bottles, Cups or Pacifiers,” will need to be manually assigned by the CPA if the caregiver responds that the child is routinely using nursing bottle, cups, or pacifiers improperly. This would include using a bottle to feed juice or solids and allowing a child to fall asleep or be put to bed with a bottle. Risk 425.12, “Feeding Practices Not Developmentally Appropriate,” will need to be manually assigned by the CPA if the child is routinely using feeding practices that disregard the developmental needs or stages of the child. For example, if a 2-year-old is still being spoon fed by the caregiver and the caregiver does not allow the child to feed himself or herself. If the CPA checks that the child is tube fed, risk 360.08, “Tube Fed” will be automatically assigned by FL-WiSE. The nutritionist should ensure the caregiver is correctly preparing the tube feeding, answer any questions the caregiver may ask, and assign the nutrition risk(s) for the medical condition(s) that required tube feeding to be implemented.

7. How many times a day does your child eat (including meals and snacks)? *(Enter number)*
This is to determine if the child is eating only at meals and is not given snacks. The caregiver should be encouraged to provide healthy snacks to children at least twice a day in addition to their meals. This question is also to determine if the child is allowed to graze all day long, which should be discouraged.

8. How often does your child eat vegetables? Daily, Sometimes, Never, Not applicable Add Note _____
This is a way to determine how often the child is consuming vegetables. Probe further based on which box is checked. If the child only sometimes or never eats vegetables, probe to find out why. This additional information can be documented in the Add note section and can be useful in counseling. If the caregiver reports the child “never” eats vegetables, the child would qualify for risk 425.06, “Restrictive Diet." It would not be classified as risk 425.06 if “sometimes” was checked. If the child does not eat any vegetables and is getting all/almost all nutrients from tube feeding, the CPA should select Not Applicable. The risk 425.06 is not appropriate and will not be automatically assigned.

9. How often does your child eat fruit? Daily, Sometimes, Never, Not applicable Add Note_____
This is a way to determine how often the child is consuming fruit. Probe further based on which box is checked. If the child only sometimes or never eats fruit, probe to find out why. This additional information can be documented in the Add note section and can be useful in counseling. If the caregiver reports the child “never” eats fruit the child would qualify for risk 425.06 as having a “Restrictive Diet." It would not be classified as risk 425.06 if “sometimes” was checked. If the child does not eat any fruit and is getting all/almost all nutrients from tube feeding, the CPA should select Not Applicable. The risk 425.06 is not appropriate and will not be automatically assigned.

10. Check all your child eats or drinks at home or away from home: Fat free or 1% milk, 2% milk, Whole milk, Breastmilk, Cheese, Yogurt, Other/Not applicable, None *(Specify “other”), (Note amounts for dairy)*
For a child under twenty-four months of age, if a caregiver reports that the child drinks milk that is not appropriate for the child’s age, this would be risk 425.01, “Feeding fat free, lowfat, or reduced fat milk < 24 months of age.” For example, if a 1-year-old child is drinking 1% lowfat milk, this risk 425.01 will be automatically assigned by FL-WiSE. Based on state policies or the health care provider’s prescription, if the CPA has **appropriately** assigned a 2% reduced fat milk, 1% lowfat or fat free milk food package to a child under 24 months of age, remove this risk at the

Nutrition Risk screen. This question also helps determine if the child does not routinely eat foods from the dairy group. If a caregiver reports that the child consumes “none” from the dairy group and this is confirmed by probing questions, the child can be certified as risk 425.06, as a “Restrictive Diet." This question can also be used to determine the types of foods in this food group that the child consumes. If the child does not eat or drink any milk or milk products and is getting all/almost all nutrients from tube feeding, the CPA should select Other/Not Applicable and type “tube feeding” in the box. The risk 425.06 is not appropriate and will not be automatically assigned.

11. Check and provide amounts of protein foods that your child usually eats at home or away from home: Beef/pork, Turkey/chicken, Fish, Beans, Eggs, Peanut Butter, Other/Not applicable *(Specify “other”),* **None**
This question helps determine if a child does not routinely eat foods from the protein group. If a caregiver reports that a child consumes “none” from the protein group and this is confirmed by probing questions, the child can be certified as risk 425.06, as a “Restrictive Diet." This question can also be used to determine the types of foods in this food group that the child consumes. The CPA may choose to obtain additional information on typical quantities eaten and how cooked if there are concerns with overweight, low hemoglobin, etc. If the child does not eat any protein foods and is getting all/almost all nutrients from tube feeding, the CPA should select Other/Not Applicable and type “tube feeding” in the box. The risk 425.06 is not appropriate and will not be automatically assigned.

12. Check all the grains that your child eats at home or away from home: Bread, Cereal, Rice, Pasta, Tortillas, Other/Not applicable *(Specify “other”)***, None**
This question helps determine if the child does not routinely eat foods from the grain group. If the caregiver reports that a child consumes “none” from the grain group and this is confirmed by probing questions, the client can be certified as risk 425.06, “Restrictive Diet." This question can also be used to determine the types of foods in this food group that the child consumes. It may be appropriate to discuss and document quantities typically eaten, for use in client-centered counseling currently and to see if there are changes in the future. If the child does not eat any grains and is getting all/almost all nutrients from tube feeding, the CPA should select Other/Not Applicable and type “tube feeding” in the box. The risk 425.06 is not appropriate and will not be automatically assigned.

13. Check the other foods that your child eats at home or away from home: Cookies Ice cream |Butter/lard |Fried foods |French fries |Chips Gum |Hard Candy |Popcorn Pretzels |Dried fruit/Raisins |Raw vegetables |Whole grapes |Nut/seeds |Sausage, hot dogs, bacon, salami, bologna |None apply (*Note frequency for other foods)*
This is a way to determine if the child consumes excessive high fat or high sugar foods. However, if a child eats foods high in fat or sugar, this would <u>not</u> automatically qualify the child for a dietary risk. The fact that she/he consumes high fat and high sugar foods would, however, indicate that probing questions about the child’s diet might be indicated. This may be an area to discuss as a possible goal or as it may relate to other risk codes. This section includes a list of choking foods applicable for children under the age of 4. If the child is under the age of 4 and the caregiver reports the child eats any of these foods, the child would qualify for risk 425.04, “Feeding foods that put child at risk for choking.” It is recommended that the CPA clarify answers with the caregiver and add details to the text box regarding frequency of consumption of these foods. This documentation is useful in future counseling to see if there have been any changes in consumption of these foods.

14. **Check and provide amounts of beverages that the child usually drinks each day or on most days: Water, 100% fruit juice, Pediasure, Boost, etc., Soda, Sweet tea or coffee, Other drinks (Kool-Aid, Hi-C, punch, Sunny Delight, Gatorade, PowerAde, None Apply),**
(Note amount for beverages)
Determine which of these beverages the child is drinking and how much. This question will automatically trigger risk 425.02, "Feeding Sugar Containing Fluids" if the CPA checks that the child usually or on most days drinks soda, sweet tea or coffee, or other drinks (such as Kool-Aid, Hi-C, punch, Sunny Delight, Gatorade, or PowerAde). If juice is checked this will not trigger risk 425.02, "Feeding Sugar Containing Fluids." It is recommended that the CPA add details to the text box regarding amounts for beverages. This information is helpful to document what is currently being done and for reference in future counseling.

15. Check all your child regularly eats: Crayons, Paper, Baby powder, ashes, dirt, clay, etc. or large amounts of ice or cornstarch, None apply
This is a way to find out if a child is regularly eating any non-food items. If any of these food items are eaten regularly, this would be risk 425.09, "Pica." Many children occasionally put non-food items in their mouth. If child only occasionally puts a non-food item in his/her mouth, the CPA should not check the item.

16 Was there any day recently when someone in your household did not eat because you did not have enough money for food? Yes |No
If the caregiver answers that "Yes" someone went hungry because there was not enough money for food, further probing will be necessary. The family should be referred to appropriate social service agencies such as a food bank or SNAP/food assistance. Using food dollars wisely might also be a useful topic of discussion with the caregiver. This is not a dietary risk.

17. What do you do if your child does not want to eat all or most of the food on his or her plate?
Caregivers should be discouraged from requiring the child to finish all the food on his or her plate. A child who "listens" to his/her own fullness cues to stop eating when he/she feel full is less likely to become overweight. Encourage the caregiver to give the child a chance to stop eating when the child states that he/she feels full, even if the caregiver does not think the child is full. The child will feel more independent and it will help him/her keep a healthy weight. The CPA might want to mention that when a meal is served to a child, the caregiver should leave it up to the child to choose whether or not to eat it. Also, the caregiver should be encouraged not to substitute an unhealthy alternative or cook something else for the child.

18. Is this child in foster care or temporary custody? ❒ Yes ❒ No
If yes: Has this child entered or changed foster care homes within the last 6 months? ❒ Yes ❒ No
The answer to these questions will help determine if risk 903.01, "Foster/Shelter Care, Entering or Changing Foster/Shelter Care Home in Previous 6 Months" is appropriate. If the answer to the second question is yes, the system with automatically assign risk 903.01. In Florida, shelter care is considered as foster care.

Mid-Certification Assessment Questions

This is to be completed at the mid-certification assessment, usually around 6 months from the certification. These questions should not be asked at a certification visit.

If the CPA identifies any additional medical or nutrition risks during the mid-certification assessment, the CPA will need to assign these risks at the Nutrition Risk screen. FL-WiSE will not automatically assign risks to questions on the mid-certification assessment screens.

1. Reviewed previous medical screen? Yes, no changes; Yes, see notes
This is a question to determine if there are any updates in the child's medical history. These are the answers that were completed at the certification visit. If the child's issues have changed since the medical screens were initially completed, the CPA would update the information in the NE notes for low risk or Care Plan for high risk. Type "See NE note" or "See Care Plan" in the text box. Do not update the responses on the Medical and Nutrition screens unless every question is asked again.

2. Reviewed previous nutrition questions? Yes, no changes; Yes, see notes
This is a question to determine if there are any updates in the child's nutrition history. These are the answers that were completed at the certification visit. If child's issues have changed since the Nutrition screens were initially completed, the CPA would update the information in the NE notes for low risk or Care Plan for high risk. Type "See NE note" or "See Care Plan" in the text box. You should not update the responses on the Medical and Nutrition screens unless every question is asked again.

3. What questions or concerns do you have about how your child is eating or growing?
None, Yes *(If yes, explain), (Additional questions/concerns)*
Once again, asking this question is a good way to start the client-centered approach in counseling and find out what concerns the caregiver has about the child. Document the caregiver's questions or concerns. Additional probing may be required. Other issues might present themselves after probing the response to this question. If there is not room in the text box to record questions or concerns, the CPA can document information in the NE notes for low risk and Care Plan for high risk. Type "See NE note" or "See Care Plan" in the text box.

4. Tell me about any recent changes in your child's health or development. _____
*(explain) (***Additional** *health notes)*
If the caregiver reports that the child's health has not changed, then you don't need to probe further if no health problems were previously identified. If a health problem had been identified at certification or the child's health has changed, additional probing will be required and referral may be necessary. Also, additional nutrition risks and additional nutrition counseling might be indicated. If there is not room in the text box to record changes in health, the information can be recorded in the NE notes for low risk and Care Plan for high risk. Type "See NE note" or "See Care Plan" in the text box.

5. Has your child's eating or beverage intake changed in the last few months? No, Yes *(If yes, explain), (Additional health notes)*
Again, if nothing has changed from the certification, no further probing is needed. If the child's eating has changed, additional probing will be required. The caregiver's responses are to be recorded. Type "See NE note" or "See Care Plan" in the text box.

6. Are there any foods your child dislikes or is unable to eat? No, Yes
Asking this question will let you know if the child has any food aversions or is unable to eat certain foods. If a response indicates that the child is consuming a diet very low in calories and/or essential nutrients, risk 425.06, "Restrictive Diet," would be given. The caregiver's responses are to be recorded. Type "See NE note" or "See Care Plan" in the text box.

7. What do you think about your child's weight/size? Too little, Too big, Okay, *(Weight notes)*
Once again this is a good way to determine the caregiver's opinion about how the child appears to the caregiver and if anything has changed since the child's certification. This is not a nutrition risk.

8. Tell me about your child's activity level: Very active, Active, Not active, *(Activity notes)*
Caregivers who report that the child is not very active might need suggestions on ways to get them more physically active. The response to this question might be a springboard to talking about the importance of physical activity and suggestions for physical activity that the child would enjoy. This is not a nutrition risk.

9. How many hours a day does your child watch TV or play video games?
3+ hours/day, 1-2 hours/day, Almost never
Again, due to the strong correlation between TV/video watching and overweight, the caregiver should be encouraged to remove the TV from the child's room if there is one and limit the number of hours of TV/video and computer time to 1 to 2 hours or less a day or to decrease the amount of screen time. It may be helpful to remind parents that the American Academy of Pediatrics recommends that children under 2 should not be watching any TV.

Instructions for CPAs When Assigning Nutrition Risks in FL-WiSE

The nutrition risks assigned by FL-WiSE are **suggested** risks for which the CPA must use his/her judgment as to whether they are or are not appropriate for the client. When a CPA is assigning nutrition risks in FL-WiSE, keep the following in mind:

1. Check all of the anthropometric and lab risks that FL-WiSE has automatically assigned to make sure that these assigned risks are accurate and appropriate for the client. Make sure that the anthropometric and lab data was entered accurately into FL-WiSE. If not, go back to the Anthro/Lab screen and make the necessary corrections to the data that was entered. As long as you are making changes on the day the data was originally entered, you can make the change and the incorrect data will no longer appear. You must then make sure you remove any inaccurate Nutrition Risks from the Nutrition Risk screen. Inaccurate risks must be deleted on the day of certification, preferably before the certification is completed.

2. If on the day of certification, FL-WiSE identifies a risk that is not appropriate because a question was incorrectly answered on the Medical Information screen or Nutrition History screen, you must go back to the screen where the question was answered inaccurately, change the answer to the correct answer, and then remove the incorrect nutrition risk from the Nutrition Risk screen.

3. Whenever FL-WiSE gives you a risk code that does not make sense, go back to the appropriate screen that generates that risk and make a change before completing the certification.

4. There are also several risk codes that must be manually assigned. Remember that you can only enter one risk at a time, save, and then enter the next risk.

5. There are some nutrition risks that are automatically assigned by FL-WiSE because of the way a question was correctly answered on the medical or nutrition history screens. While it may be a risk in some cases, it is not a nutrition risk for this client. When it is not a nutrition risk for the client, the CPA will need to remove the risk from the nutrition risk screen. For example:

    a. A one-year old child who is consuming low fat milk and the CPA assigns a food package for low fat milk. The nutrition risk will be assigned based on the answer to the question regarding the type of milk the one year old is consuming, but the CPA must remove the risk as the child is being assigned a food package for low fat milk.

    b. A postpartum woman who is smoking marijuana, but no other illegal drugs. Since the CPA checked yes to a question about currently using illegal drugs, marijuana or abusing prescription drugs, the nutrition risk will be automatically assigned. Use of marijuana is a nutrition risk for pregnant and breastfeeding women, but it is not an approved WIC nutrition risk for postpartum women.

6. At times, FL-WiSE will not identify someone as high risk, but you can make that designation on the Nutrition Risk screen.

7. If you find a risk code in error on a day other than the day in which it was assigned, you cannot delete it. When that happens, make a note in the Care Plan screen or in the NE notes and also in the alert screen and in the note section on the Nutrition Risk screen. Please also indicate that this client no longer needs to receive a high-risk follow-up if the client is low risk instead of high risk.

8. Add any newly identified risks at the time of a follow-up visit or mid-certification assessment.

Instructions for Calculating a BMI

Note: FL-WiSE automatically calculates BMI based on height/stature and weight data inputted into the anthropometric screen.

Body Mass Index (BMI) is a screening tool used to determine how a person's weight compares to his or her height. The formula to calculate a BMI is as follows:

$$\frac{\text{wt (pounds)} \times 703}{\text{ht}^2 \text{ (inches)}}$$

Classification of Weight Status

Infant or Child less than 24 months	**Weight-for-Length based on WHO Growth Charts**
Underweight	≤ 2nd percentile
At Risk of Underweight	> 2nd and ≤ 5th percentile
High Weight-for-Length	≥ 98th percentile

FL-WiSE uses recumbent measurements for an infant or a child less than 24 months.

Child 24 months or older	**BMI-for-age based on CDC Growth Charts**
Underweight	≤ 5th percentile
At Risk of Underweight	> 5th and ≤ 10th percentile
Overweight	≥ 85th percentile and < 95th percentile
Obese	≥ 95th percentile

Note: Stature measurements must be done for a child 24 months or older. When a child 24 months or older cannot be measured standing up or if the data from a referral form is questionable and the child is not in the WIC office to be remeasured, the anthropometric data should still be entered into the FL-WiSE anthropometric data screen but the question mark box should be checked on the line where the data is entered.

Adults	**BMI**
Underweight	< 18.5
Normal	18.5 - 24.9
Overweight	25 - 29.9
Obese	≥ 30

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Weight and Height/Length Measurement Conversions

Note: In FL-WiSE, weight is entered to the nearest ounce.

Converting from pounds to quarter or half pounds and decimals to ounces:

Weight

Pounds	Decimal	Ounces
	.10	2
	.20	3
1/4	.25	4
	.30	5
	.40	6
2/4 or 1/2	.50	8
	.60	10
	.70	11
3/4	.75	12
	.80	13
	.90	14

Note: In FL-WiSE, Height/Length is entered to the nearest 16th of an inch.

Converting from 8th of an inch or decimals to 16th of an inch:

Height/Length

Inches	Decimal	16th of an Inch
1/8	.125	2/16
2/8 or 1/4	.25	4/16
3/8	.375	6/16
4/8 or 1/2	.50	8/16
5/8	.625	10/16
6/8 or 3/4	.75	12/16
7/8	.875	14/16

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Bloodwork Requirements

Risk 201.02 Low Hemoglobin/Hematocrit (High Risk) for all client categories:
< 9.5 g/dL Hemoglobin (Hgb); < 28.5% Hematocrit

Category and Nutrition Risk	Bloodwork Screening Schedule
Pregnant Woman (PG) **Risk 201.01** **1st** or **3rd** trimester: < 11 g/dL Hgb < 33% Hematocrit **2nd** trimester: < 10.5 g/dL Hgb, < 32% Hematocrit	Must be obtained during the current pregnancy (as early in the pregnancy as possible) Evaluation of the hemoglobin or hematocrit must be based on the trimester from which it was obtained. **May be:** 1. Obtained at the time of certification, **or** 2. Obtained from a referral source with no time limit on how old the data is as long as it was taken during the current pregnancy, **or** 3. Deferred up to 90 days from the date of certification.*
Breastfeeding Woman (BE or BP) **Risk 201.01** < 11.8 g/dL Hgb < 36% Hematocrit	Must be obtained after delivery of most recent pregnancy (ideally around 4 - 6 weeks postpartum). **May be:** 1. Obtained at the time of certification, **or** 2. Obtained from a referral source, with no time limit on how old the data is, **or** 3. Deferred for up to 90 days from the date of certification.* For a breastfeeding woman 6 - 12 months postpartum, no additional bloodwork is required for certification after the initial postpartum bloodwork.
Postpartum Woman (NPP) **Risk 201.01** < 11.8 g/dL Hgb < 36% Hematocrit	Must be obtained after delivery/termination of the most recent pregnancy. **May be:** 1. Obtained at the time of certification, **or** 2. Obtained from a referral source, with no time limit on how old the data is as long as it was taken after delivery, **or** 3. Deferred for up to 90 days from the date of certification.*
Infant (IBE, IBP, or IFF) **Risk 201.01** < 11 g/dL Hgb < 33% Hematocrit	Once between 9 - 12 months of age. Bloodwork must be done prior to the end of the infant's first year of age. Exception: If the infant is initially certified at 10 months or older, bloodwork is required within 90 days of certification.
Child 12 to < 24 months (C1) **Risk 201.01** < 11 g/dL Hgb < 33% Hematocrit	Must be obtained once between ages of 12 - 24 months (recommended 6 months after the infant bloodwork is taken, or around 15 - 18 months of age). If value is < 11.0 g/dL or < 33% at certification, then bloodwork must be repeated at 6 month interval. **May be:** 1. Obtained at the time of certification, **or** 2. Obtained from a referral source, with no time limit on how old the data is, **or** 3. Deferred for up to 90 days from the date of certification.*
Child ≥ 24 months (C2, C3, or C4) **Risk 201.01** < 11.1 g/dL Hgb < 33% Hematocrit	On or after 24 months of age must be obtained every year unless value is < 11.1 g/dL or <33% at certification, then bloodwork must be repeated at 6 month interval. **May be:** 1. Obtained at the time of certification, **or** 2. Obtained from a referral source as long as it conforms to the screening schedule, **or** 3. Deferred for up to 90 days from the date of certification.*

*Bloodwork may be deferred as long as the client has at least one qualifying nutrition risk at the time of certification. Once the bloodwork is obtained, the CPA must review the results. The parent/caregiver must be informed of the test results when there is a finding of a low Hemoglobin or Hematocrit. The CPA must make sure that the appropriate risk code is assigned on the FL-WiSE Nutrition Risk screen. The date of the bloodwork test and results must be documented in the FL-WiSE Bloodwork screen. Nutrition education, food package assignment, and referral services must be provided to the client or parent/caregiver and documented, as appropriate. A care plan must be written by the CPA when the client is found to have risk 201.02.

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Self-Reported Medical Conditions

In order to certify a client for a self-reported medical condition (i.e., no medical diagnosis or diet prescription is provided), the CPA must attempt to validate the presence of the condition and then document the information the client gives about the diagnosis, prior to using it for a certification risk. To do this, the CPA must determine and document the following:

1. whether the condition is being managed by a medical professional,
2. name of the medical professional (for communication and verification), and
3. what type, if any, diet and/or medication has been prescribed.

The CPA must then request written medical confirmation documentation. This may be done by either:

1. Having the client sign the *Authorization to Disclose Confidential Information* form
   - send it to the medical provider's office **OR**
   - call the medical provider's office for confirmation of the self-reported medical condition, and, if appropriate, authorization for a diet prescription and diet counseling. Subsequent written documentation must be requested.

OR

2. Giving the client/caregiver the *Florida WIC Program Medical Referral* form, with the areas for "medical condition" and "Nutrition Counseling Requested specify diet prescription/order" highlighted and verbally request that the client take the referral form to the medical provider's office to complete and return to WIC at the next appointment.

The request for written medical confirmation documentation of the self-reported medical condition must then be documented in the Care Plan screen in FL-WiSE.

Note: The client will continue to be certified for the self-reported medical condition, whether or not the written confirmation is received.

Clarification Regarding Self-Reporting a Medical Condition
Self-reporting of a diagnosis by a medical professional should not be confused with **self-diagnosis**, where a person simply claims to have or to have had a medical condition without any reference to a professional diagnosis.

The confirmed diagnosis and/or the diet prescription **must** be obtained prior to providing any **specialized** nutrition counseling on the specific medical condition. However, a nutrition care plan must be developed whether or not documentation is received. General nutrition information related to the medical condition may be provided prior to obtaining the medical diagnosis, but a specific diet plan may not.

Below are the Dietitian/Nutritionist practice requirements in Florida Statutes 468.516:

> *Florida Statutes: F.S. 468.516 (1) (a) Practice requirements (for licensed dietitian/nutritionist) A licensee under this part shall not implement a dietary plan*

for a condition for which the patient is under the active care of a physician licensed under chapter 458 or chapter 459, without the oral or written dietary order of the referring physician. In the event the licensee is unable to obtain authorization or consultation after a good faith effort to obtain it from the physician, the licensee may use professional discretion in providing nutrition services until authorization or consultation is obtained from the physician.
Note: F.S. 468.516 (2) (a) gives the same requirements for a patient under the active care of a chiropractic physician licensed under chapter 460.

Example: A pregnant woman reports that she has gestational diabetes and is on a carbohydrate controlled diet. She is monitoring her blood sugar 4 times per day.

Without a diet prescription:

1. The nutritionist may:
   a. Talk about healthy food consumption during pregnancy and general issues related to a carbohydrate controlled diet such as:
      - portion control,
      - avoiding sweetened beverages and high fat/high sugar foods, and
      - importance of following her diet plan.
   b. Offer to provide more specific diet counseling if referral or diet prescription is obtained from the doctor.
2. The nutritionist may not:
   a. Counsel the client on a specific amount of carbohydrate at each meal and snack. **OR**
   b. Counsel the client to follow the standard servings suggested in the "Food for a Healthy Mother and Baby," pamphlet since the client has stated that she has a prescribed diet plan.

Slow/Faltering Growth Pattern - Risk 135.01

Risk 135.01 is automatically calculated by FL-WiSE. The information below explains how it is calculated in FL-WiSE.

Parameters:

- Infant birth to 2 weeks of age: ≥ 7 % loss of birth weight (weight ≤ 93% of birth weight)
  or
- Infant 2 weeks to 6 months of age: Any weight loss. There must be at least 2 separate weight measurements at least 8 weeks apart.

General steps:

1. **If infant is ≤ 2 weeks of age, and weight loss has occurred, calculate percent weight loss**
2. **If infant is 2 weeks to 6 months, are there 2 measurements at least 8 weeks apart?**
3. **Calculate actual weight gain/loss.**
4. **Determine if infant is eligible for WIC using this criterion.**

Example #1 Infant - Birth to 2 weeks of age

Date of Measures	Age of Infant	Weight
03/13/17	Birth	8 lb. 1 oz. (129 oz.)
03/23/17	10 days	7 lb. 6 oz. (118 oz.)

1. Determine whether Interval is between birth and 2 weeks:
   - Baby is 10 days old
2. Calculate Actual weight gain/loss =
   - Current Weight (118 oz.) – Birth Weight (129 oz.) = **-**11 oz. (weight loss).
3. Calculate percent weight loss:
   - Amount weight loss (11 oz.) / Birth weight (129 oz.) * 100 = 8.5%
4. 8.5% is ≥ 7% parameter
5. Infant is eligible for WIC using this criterion.

Example # 2 Infant - 2 weeks to 6 months of age

Date of Measures	Age of Infant	Weight
02/27/17	1 month (4 weeks)	10 lb.
05/27/17	4 month (16 weeks)	10.5 lb.

1. Determine whether Interval between two measures is ≥ 8 weeks:
   - Current age (16 weeks) – age at first weight (4 weeks) = 12 weeks
2. Calculate Actual weight gain/loss =
   - Current weight (10.5 lb.) – weight at 4 weeks (10 lb.) = **+** 0.5 lbs.
3. Determine if there has been any weight loss between the two separate weight measurements:
   - 10.5 lb. – 10 lb. = 0.5 lb. **gain (**No weight loss has occurred).
4. Infant is not eligible for WIC using this criterion.

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PRENATAL WEIGHT GAIN GRIDS

Used by:
Health care professionals, including Competent Professional Authorities (CPAs) in WIC, and other staff Members.

Purpose:
To provide a system of plotting and/or assessing the weight gain of a pregnant woman. This allows staff to determine if the woman is following an appropriate weight gain based on the woman's prepregnancy Body Mass Index (BMI) range. Once the grid is plotted or the computer-generated grid is reviewed and assessed, appropriate counseling is provided to the woman for future weight gain recommendations.

Summary:
The review of the FL-WiSE Prenatal Weight Gain Grid or the completion of the manual Prenatal Weight Gain Grid form is initiated by the health care professional or other staff member at the time the prenatal client is first seen in the clinic. **The prenatal weight gain grid MUST be reviewed as part of the nutrition assessment process.** Staff should also share the weight gain grid (whether electronic or manual) with the client with an explanation of its meaning. Substantial changes in weight gain should be discussed and documented, as appropriate.

Note: The only time the CPA would manually complete the Prenatal Weight Gain Grid is when FL-WiSE is unavailable and a pregnant woman is being certified or counseled. Once the system is available the data can be entered into the FL-WiSE anthropometric screen and the completed Prenatal Weight Gain Grid can be given to the client to take home or it can be shredded.

INSTRUCTIONS FOR THE MANUAL COMPLETION OF THE PRENATAL WEIGHT GAIN GRID DH 3086D (Singleton Pregnancy) and DH 3086M (Multifetal Pregnancy)

The manual Prenatal Weight Gain Grids can be printed from the DOH WIC Intranet website. There are forms for a woman with a singleton pregnancy and other forms for a woman with a multifetal pregnancy. Here are the links to the Prenatal Weight Gain Grids:

Singleton Pregnancy: http://www.floridahealth.gov/programs-and-services/wic/health-providers/_documents/prenatal-weight-grid-singleton.pdf

Multifetal Pregnancy: http://www.floridahealth.gov/programs-and-services/wic/health-providers/_documents/prenatal-weight-grid-multifetal.pdf

Page 1 (upper left corner) contains a **Prepregnancy Body Mass Index (BMI) Table for Determining Weight Classification for Pregnant Women**. The four BMI ranges are listed below:

- **A**. **Underweight:** BMI of < 18.5
- **B**. **Normal:** BMI of 18.5 to 24.9
- **C**. **Overweight:** BMI of 25 to 29.9
- **D**. **Obese:** BMI of ≥ 30.0

The appropriate prepregnancy BMI range is selected using the table. The corresponding grid on page 1 or 2 for the singleton pregnancy (OR page 1, 2, or 3 for the multifetal pregnancy) is then used to plot the weight gain (or loss) of the prenatal client. For the singleton pregnancy, page 1 contains a weight gain range for those prenatal clients who had a prepregnancy BMI within the normal range (**B**) and clients who had a prepregnancy BMI that was in the obese range (**D**). Page 2 contains the weight gain ranges for those prenatal clients who had a prepregnancy BMI which was in the underweight (**A**) or overweight (**C**) range. For the multifetal pregnancy, page 1 contains a weight gain range for those prenatal clients who had a BMI within the normal range (**B**) or underweight range (**A**). Page 2 contains

the weight gain range for those prenatal clients who had a prepregnancy BMI which was in the overweight (**C**) range. Page 3 contains the weight gain range for those prenatal clients who had a prepregnancy BMI which was in the obese (**D**) range.

The number of weeks of pregnancy (weeks gestation) are represented along the horizontal axis of the grid, and pounds gained (or lost) are measured along the vertical axis of the grid. The recommended goal is that the client's weight gain pattern stay within the appropriate weight gain range. The prenatal weight gain recommendations for each prepregnancy BMI range are included on the following page of these instructions.

Procedures:
Brief "Instructions for Use" are located on page 2 of the form in the upper left corner. These instructions are repeated in more detail below.

1. **Determine the woman's prepregnancy BMI range** using the table on page 1 of the form. Determine the woman's height (in inches, without shoes) and locate the corresponding prepregnancy weight (in pounds). If the woman's height is not a whole number, then round it to the nearest whole number when determining the prepregnancy weight for height status. Fractions less than 1/2 should be rounded down; fractions of 1/2 or more should be rounded up to the next higher whole number. For example, a woman who is 64 1/2 inches would have her prepregnancy BMI range determined by using the row for 65 inches. A woman who is 64 1/4 inches would have her prepregnancy BMI range determined by using row for 64 inches. Once the prepregnancy BMI range is determined, check box **A**, **B**, **C**, or **D** located at the top of the table above each prepregnancy BMI range. Now, select the corresponding weight gain range (A, B, C, or D). Check box A, B, C, or D above the grid to facilitate plotting at a follow-up visit.

   If the prepregnancy weight is unknown, use professional judgment to decide if the woman was most likely at underweight (A), normal weight (B), overweight (C), or obese (D) prior to pregnancy. Go to the corresponding weight gain range and place an "X" at the point where the woman's current number of weeks pregnant intersects with the midpoint line of the selected weight gain range. Then move across the grid to find the number of pounds gained. The number of pounds gained is considered to be the "Expected Weight Gain". Then use the following equation to obtain the "Estimated Prepregnancy Weight".

   [Current Weight] **-** [Expected Weight Gain] **= Estimated Prepregnancy Weight**

   Record the "Estimated Prepregnancy Weight" in the prepregnancy weight space beside zero (0) pounds.

2. **On the selected page of the form (top right corner), record the woman's name, ID number, date of birth. Then record the EDD (estimated date of delivery), height (without shoes, in inches), and prepregnancy weight in the area to the left of the grid.** The ID number can represent the FL-WiSE ID number if it is available.

3. **Each time a current weight measurement is available:**

   a. On the chart to the left of the grid, enter the date of the weight measurement, current weight (in pounds), number of weeks pregnant, and total weight gain (or loss). A gestational wheel can be used to determine the woman's number of weeks pregnant. Note: Completion of this chart is optional if this information has already been recorded in another section of the client's medical record.
   b. On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained (or lost) for the current visit. Note: All women will have their weight gain (or loss) based on their actual or estimated prepregnancy weight starting at the **zero (0) point** on the grid.

4. **Revised EDD:** If the EDD is revised, make a note beside the EDD space with the date it was revised and the health professional's initials. At that time, begin to plot the new weight measurements at the corrected number of weeks pregnant.

Prenatal Weight Gain Recommendations

These desirable weight gains are general recommendations. Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

Singleton Pregnancy

Prepregnancy BMI Range	1st Trimester	2nd & 3rd Trimesters	Total weight gain for pregnancy
A: Underweight Range	2.2 to 6.6 lb.	about 1 lb. per week	28 to 40 lb.
B: Normal Weight Range	2.2 to 6.6 lb.	about 1 lb. per week	25 to 35 lb.
C: Overweight Range	2.2 to 6.6 lb.	about 0.6 lb. per week	15 to 25 lb.
D: Obese Range	1.1 to 4.4 lb.	about 0.5 lb. per week	11 to 20 lb.

For singleton pregnancies, a low maternal weight gain is defined as:
Underweight women – a weight gain of less than 1 pound per week in the 2nd and 3rd trimesters
Normal weight women – a weight gain of less than 0.8 pound per week in the 2nd and 3rd trimesters
Overweight women – a weight gain of less than 0.5 pound per week in the 2nd and 3rd trimesters
Obese women – a weight gain of less than 0.4 pound per week in the 2nd and 3rd trimesters

For singleton pregnancies, a high maternal weight gain is defined as:
7 or more pounds per month for all trimesters and all weight groups

Multifetal Pregnancy: The Institute of Medicine (IOM) provisional guidelines for twin pregnancies: normal weight women should gain 37 to 54 pounds; overweight women, 31 to 50 pounds; and obese women, 25 to 42 pounds (1). There was insufficient information for the IOM to develop provisional guidelines for underweight women, therefore there is no weight gain grid available for the underweight woman. The normal weight grid should be used for the underweight woman along with any medical provider recommendations. A consistent rate of weight gain is advisable for all women. A gain of 1.5 pounds per week during the 2nd and 3rd trimesters has been associated with a reduced risk of preterm and low-birth weight delivery in twin pregnancy (2). For triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy (2). Education by the CPA should address a steady rate of weight gain that is higher than for singleton pregnancies.

Multifetal Pregnancy

Prepregnancy BMI Range	1st Trimester	2nd & 3rd Trimesters	Total weight gain for pregnancy
B: Normal Weight Range (also used for Underweight clients)	7.5 to 8.6 lb.	1.1 to 1.7 lb. per week	37 to 54 lb.
C: Overweight Range	3.7 to 5.7 lb.	1.0 to 1.6 lb. per week	31 to 50 lb.
D: Obese Range	3.2 to 5.4 lb.	0.8 to 1.4 lb. per week	25 to 42 lb.

Note: Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

References:

(1) Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009.

(2) Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C.; 1996.

Prenatal Weight Gain Grid

Singleton Pregnancy
Normal Weight or Obese

Body Mass Index (BMI) Table for Determining Weight Classification for Women (1)
(weight in pounds)

Height (in inches no shoes)	❑ A Underweight BMI < 18.5	❑ B Normal Weight BMI 18.5 - 24.9	❑ C Overweight BMI 25.0 - 29.9	❑ D Obese BMI ≥ 30.0
58	< 89	89 – 118	119 – 142	> 142
59	< 92	92 – 123	124 – 147	> 147
60	< 95	95 – 127	128 – 152	> 152
61	< 98	98 – 131	132 – 157	> 157
62	< 101	101 – 135	136 – 163	> 163
63	< 105	105 – 140	141 – 168	> 168
64	< 108	108 – 144	145 – 173	> 173
65	< 111	111 – 149	150 – 179	> 179
66	< 115	115 – 154	155 – 185	> 185
67	< 118	118 – 158	159 – 190	> 190
68	< 122	122 – 163	164 – 196	> 196
69	< 125	125 – 168	169 – 202	> 202
70	< 129	129 – 173	174 – 208	> 208
71	< 133	133 – 178	179 – 214	> 214
72	< 137	137 – 183	184 – 220	> 220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

[Current Weight] – [Expected Weight Gain] = Estimated Prepregnancy Weight

See top of page 2 for instructions.

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Florida Department of Health
WIC Program
USDA is an equal opportunity provider and employer.

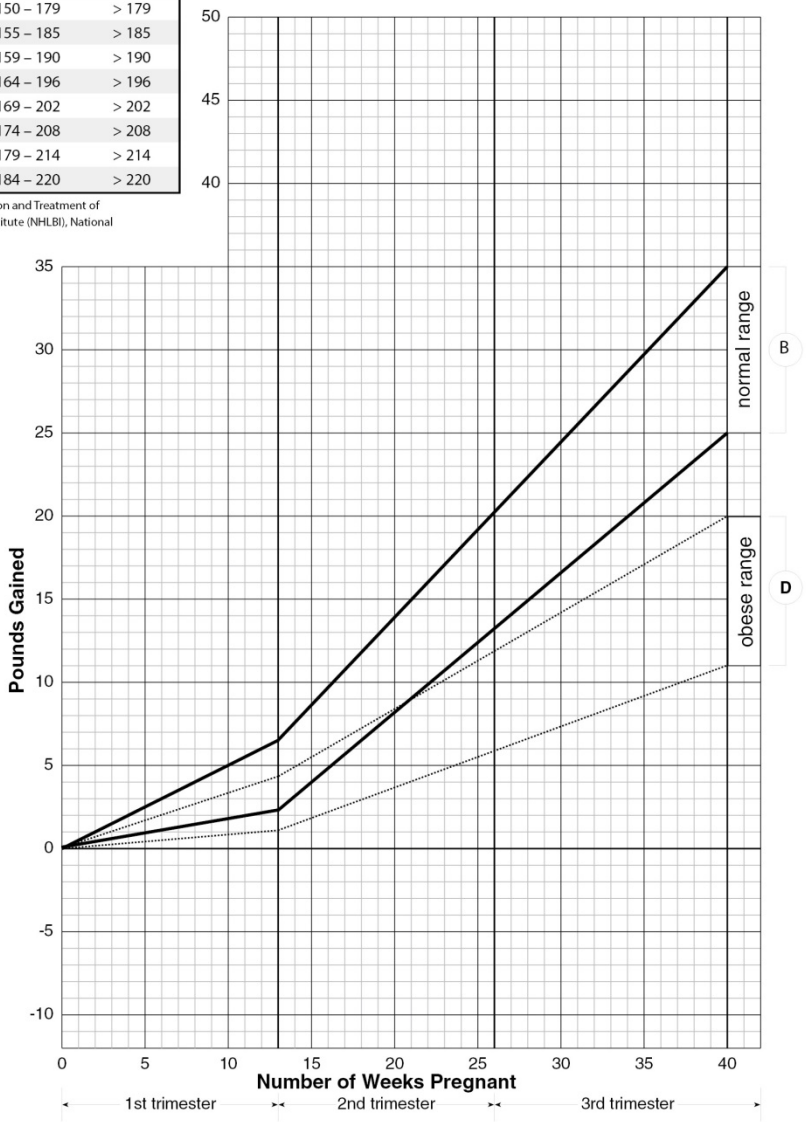
Name: _____

ID#: _____ Date of Birth: _____

Weight Gain Recommendations

B - Normal Weight	D - Obese
25 to 35 lb total weight gain 1st trimester: 2.2 to 6.6 lb gain 2nd & 3rd trimesters: about 1 lb/week	11 to 20 lb total weight gain 1st trimester: 1.1 to 4.4 lb gain 2nd & 3rd trimesters: about 0.5 lb/week

Check one: ❑ B ❑ D



Prenatal Weight Gain Grid

Singleton Pregnancy
Underweight or Overweight

Name:_____

ID#: _____Date of Birth: _____

Instructions for Use

Determine the woman's prepregnancy weight for height status using the table on the top of side 1. Check box A, B, C, or D, and then select the corresponding weight gain range on page 1 or 2. Record the name, ID#, birthdate, EDD (Expected Delivery Date), height, and prepregnancy weight. If prepregnancy weight is unknown, it must be estimated. See box under prepregnancy weight space for instructions.

Each time a current weight measurement is available:

a. On the chart to the left of the grid, enter the date, current weight, number of weeks pregnant, and total weight gain.
b. On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained or lost for the current visit.

Revised EDD: If the EDD is revised, make a note beside the EDD space on the form. At that time, begin to plot new weight measurements at the corrected number of weeks pregnant.

Multifetal Pregnancy: Use Prenatal Weight Gain Grid for Multfetal Pregnancy.

Note: Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

Weight Gain Recommendations	
A - Underweight 28 to 40 lb total weight gain 1st trimester: 2.2 to 6.6 lb gain 2nd & 3rd trimesters: about 1 lb/week	C - Overweight 15 to 25 lb total weight gain 1st trimester: 2.2 to 6.6 lb gain 2nd & 3rd trimesters: about 0.6 lb/week

Check one: ❑ A ❑ C

Date	Weight	# Wks. Preg.	Total Wt. Gain

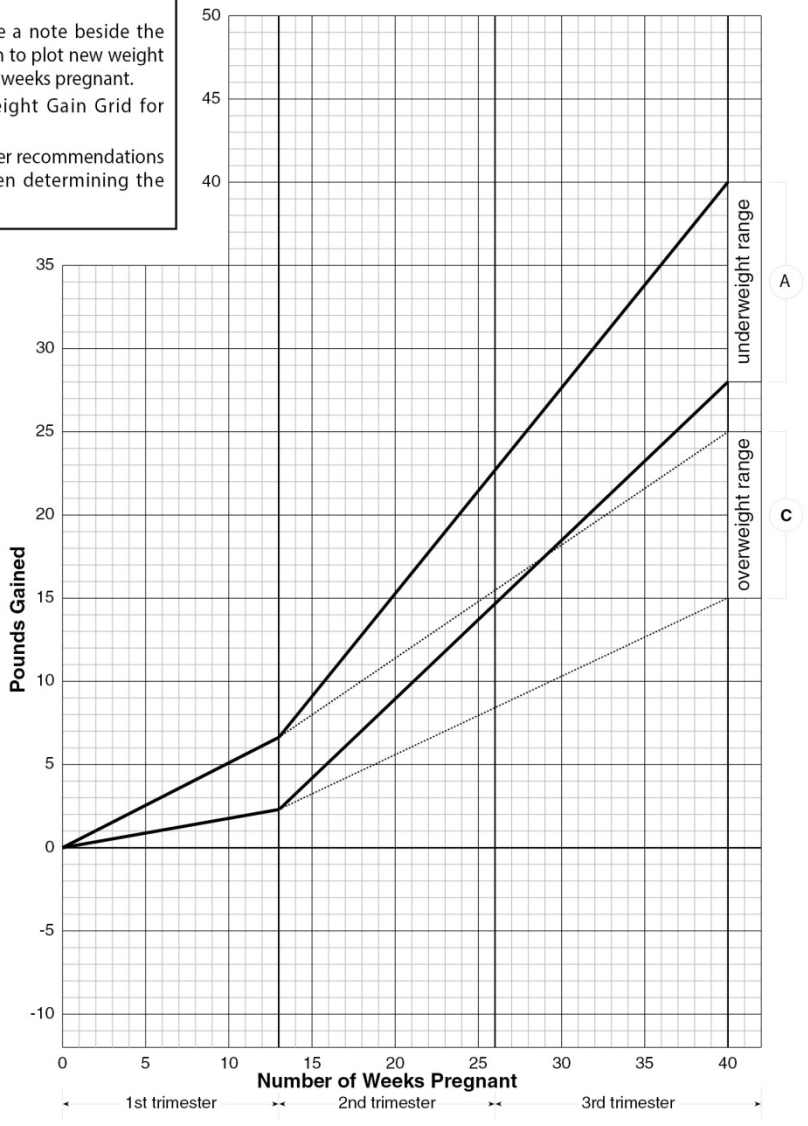
EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

[Current Weight] – [Expected Weight Gain] = Estimated Prepregnancy Weight



References:

(1) Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009.

(2) Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C.; 1996.

Prenatal Weight Gain Grid

Multifetal Pregnancy
Normal Weight or Underweight

Body Mass Index (BMI) Table for Determining Weight Classification for Women (1)
(weight in pounds)

Height (in inches no shoes)	❑ A Underweight BMI < 18.5	❑ B Normal Weight BMI 18.5 - 24.9	❑ C Overweight BMI 25.0 - 29.9	❑ C Overweight BMI ≥ 30.0	❑ D Obese
58	< 89	89 – 118	119 – 142		> 142
59	< 92	92 – 123	124 – 147		> 147
60	< 95	95 – 127	128 – 152		> 152
61	< 98	98 – 131	132 – 157		> 157
62	< 101	101 – 135	136 – 163		> 163
63	< 105	105 – 140	141 – 168		> 168
64	< 108	108 – 144	145 – 173		> 173
65	< 111	111 – 149	150 – 179		> 179
66	< 115	115 – 154	155 – 185		> 185
67	< 118	118 – 158	159 – 190		> 190
68	< 122	122 – 163	164 – 196		> 196
69	< 125	125 – 168	169 – 202		> 202
70	< 129	129 – 173	174 – 208		> 208
71	< 133	133 – 178	179 – 214		> 214
72	< 137	137 – 183	184 – 220		> 220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Name:_____

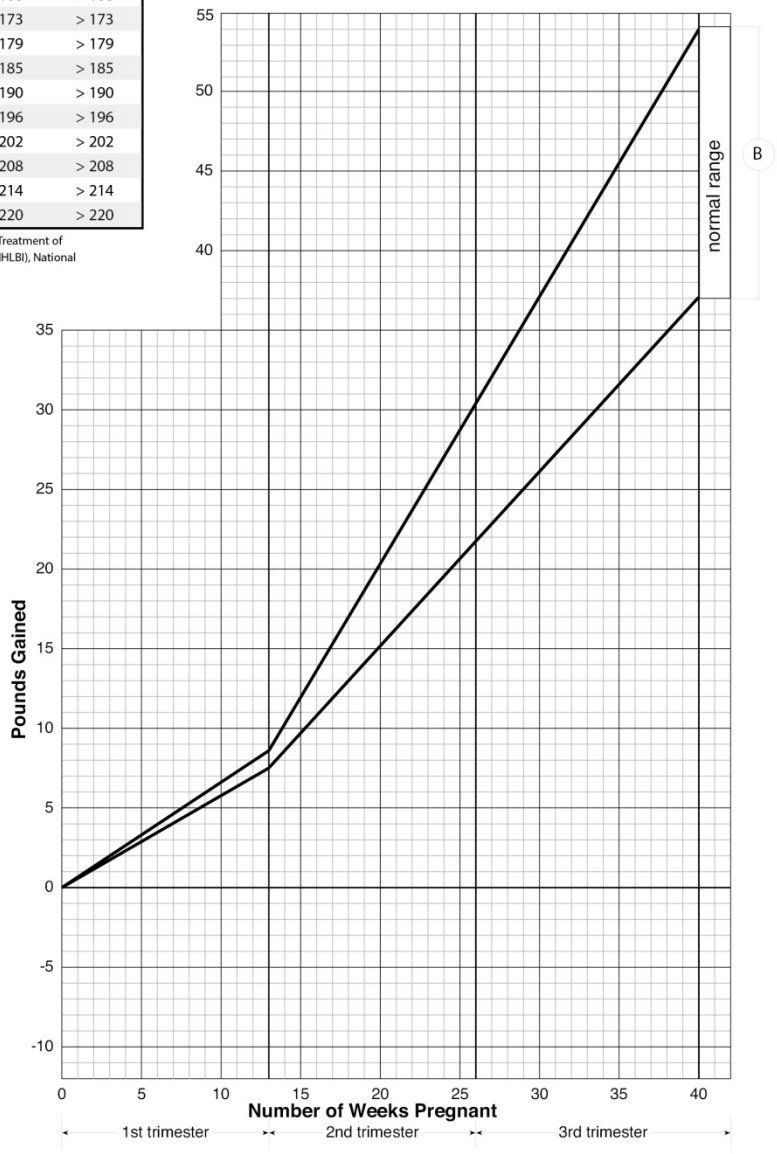
ID#: _____ Date of Birth: _____

Weight Gain Recommendations

B - Normal Weight: 37 to 54 lb total
1st trimester: 7.5 to 8.6 lb gain
2nd & 3rd trimesters: 1.1 to 1.7 lb/week

A - Underweight:
No weight grid is available. Use Normal Weight grid below and any medical provider recommendations.

Check one: ❑ A ❑ B



Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

[Current Weight] – [Expected Weight Gain] = Estimated Prepregnancy Weight

See top of page 2 for instructions.

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Prenatal Weight Gain Grid

Multifetal Pregnancy
Overweight

Name:_____

ID#: _____Date of Birth: _____

Instructions for Use

Determine the woman's prepregnancy weight for height status using the table on the top of page 1 or 3. Check box A, B, C, or D, and then select the corresponding weight gain range on page 1, 2, or 3. Record the name, ID#, birthdate, EDD (Expected Delivery Date), height, and prepregnancy weight. If prepregnancy weight is unknown, it must be estimated. See box under prepregnancy weight space for instructions.

Each time a current weight measurement is available:

a. On the chart to the left of the grid, enter the date, current weight, number of weeks pregnant, and total weight gain.
b. On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained or lost for the current visit.

Revised EDD: If the EDD is revised, make a note beside the EDD space on the form. At that time, begin to plot new weight measurements at the corrected number of weeks pregnant.

Multifetal Pregnancies: Institute of Medicine (IOM) provisional guidelines for twin pregnancies: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds(1). There was insufficient information for the IOM to develop provisional guidelines for underweight women. A consistent rate of weight gain is advisable. A gain of 1.5 pounds per week during the 2nd & 3rd trimesters has been associated with a reduced risk of preterm and low-birth weight delivery in twin pregnancy(2). For triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds/week throughout the pregnancy(2). Education by the WIC nutritionist should address a steady rate of weight gain that is higher than for singleton pregnancies.

Note: Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

[Current Weight] – [Expected Weight Gain] = Estimated Prepregnancy Weight

References:

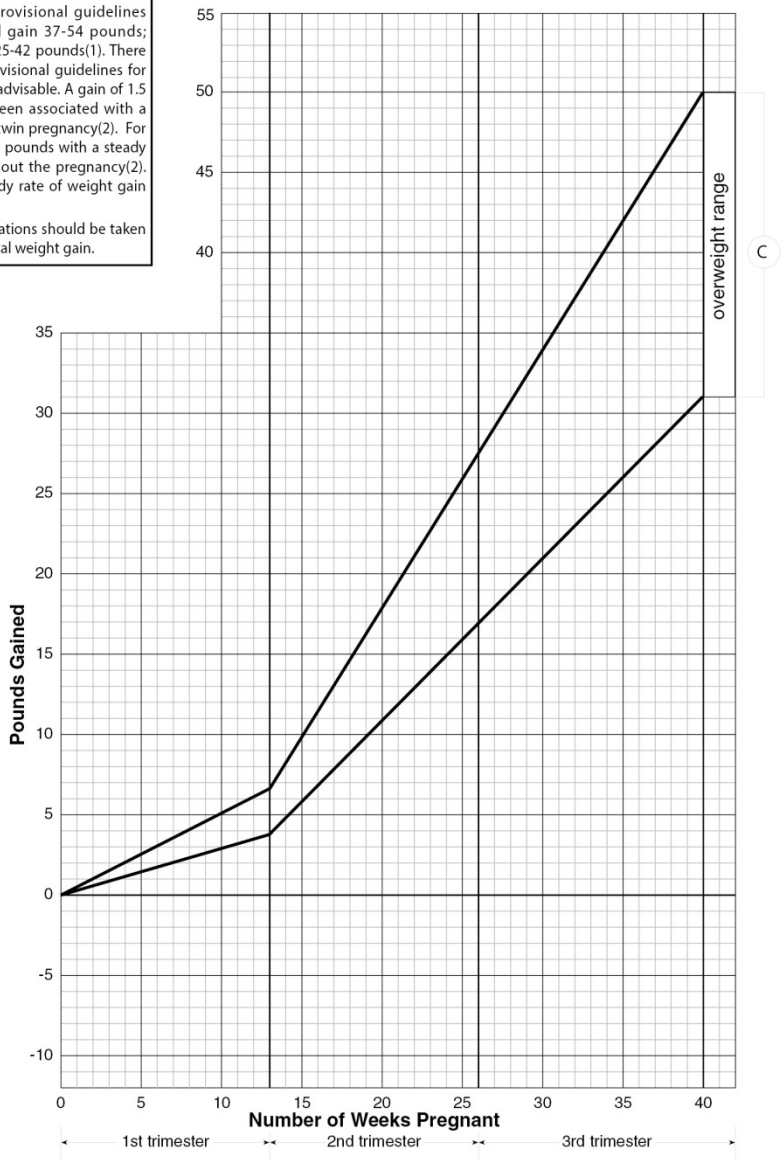
(1) Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009.

(2) Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C.; 1996.

Weight Gain Recommendations

C - Overweight: 31 to 50 lb total
1st trimester: 3.7 to 5.7 lb gain
2nd & 3rd trimesters: 1.0 to 1.6 lb/week

Check if applicable: ❑ C



Prenatal Weight Gain Grid

Multifetal Pregnancy
Obese

Body Mass Index (BMI) Table for Determining Weight Classification for Women (1)
(weight in pounds)

Height (in inches no shoes)	❑ A Underweight BMI < 18.5	❑ B Normal Weight BMI 18.5 - 24.9	BMI 25.0 - 29.9	❑ C Overweight BMI ≥ 30.0	❑ D Obese
58	< 89	89 – 118	119 – 142		> 142
59	< 92	92 – 123	124 – 147		> 147
60	< 95	95 – 127	128 – 152		> 152
61	< 98	98 – 131	132 – 157		> 157
62	< 101	101 – 135	136 – 163		> 163
63	< 105	105 – 140	141 – 168		> 168
64	< 108	108 – 144	145 – 173		> 173
65	< 111	111 – 149	150 – 179		> 179
66	< 115	115 – 154	155 – 185		> 185
67	< 118	118 – 158	159 – 190		> 190
68	< 122	122 – 163	164 – 196		> 196
69	< 125	125 – 168	169 – 202		> 202
70	< 129	129 – 173	174 – 208		> 208
71	< 133	133 – 178	179 – 214		> 214
72	< 137	137 – 183	184 – 220		> 220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

[Current Weight] – [Expected Weight Gain] = Estimated Prepregnancy Weight

See top of page 2 for instructions.

DH 3086M, 10/14
Florida Department of Health
WIC Program
USDA is an equal opportunity provider and employer.

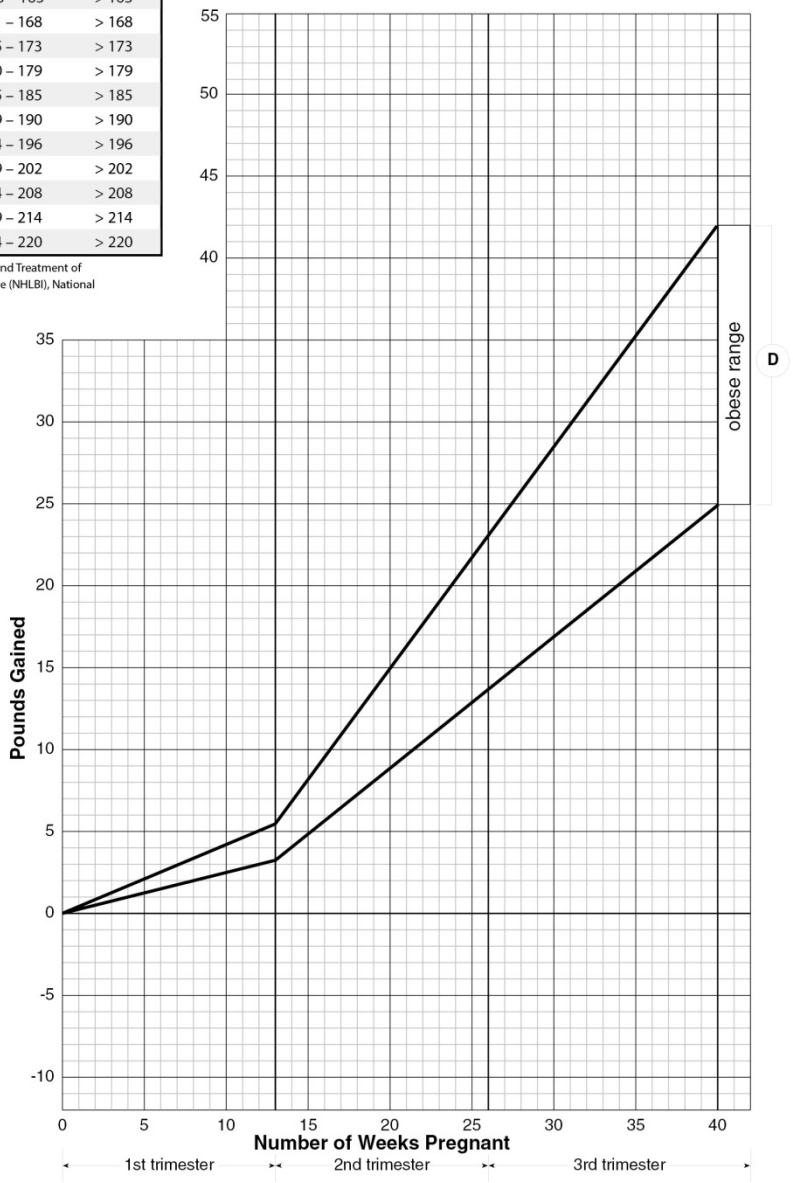
Name: _____

ID#: _____ Date of Birth: _____

Weight Gain Recommendations

D - Obese: 25 to 42 lb total
1st trimester: 3.2 to 5.4 lb gain
2nd & 3rd trimesters: 0.8 to 1.4 lb/week

Check if applicable: ❑ D



Infant and Child Growth Charts

Computer Generated Growth Charts
WHO and CDC Growth Charts
Adjusting for Gestational Age

INSTRUCTIONS FOR COMPUTER GENERATED GROWTH CHARTS

Used By:
WIC staff members

Purpose:
To assess physical growth in infants and children using computer generated growth charts that are based on CDC growth chart data.

Summary:
FL-WiSE will plot the height/length and weight measurements of infants and children in WIC in place of a hand-plotted growth chart. The determination of nutrition risks is based on recumbent measurements for children less than 24 months and stature measurements for children 24 months and older. Recumbent measurement is lying down, while stature measurement is in standing position. The computer will also adjust the height and weight measurements based on gestational age. Printing the computer-generated chart is optional if the parent/caretaker requests a copy of the chart.

The Competent Professional Authority (CPA) must review an infant or child's growth and weight status as a required component of a WIC nutrition assessment. Staff should also share the graphs (whether electronic or manual) with the client with an explanation of their meaning. Substantial or progressive changes in growth parameters or measurements outside the normal range should be discussed and documented, as appropriate.

PROCESSING INSTRUCTIONS FOR WHO and CDC GROWTH CHARTS

Used By:
Health care professionals (including Competent Professional Authorities in WIC) and other staff members.

Purpose:
To assess the physical growth of infants and children less than 24 months of age using World Health Organization (WHO) Growth Charts and to assess the physical growth of children 24 months to 5 years of age using the Centers for Disease Control and Prevention (CDC) Growth Charts.

Summary:
The Competent Professional Authority (CPA) must review an infant or child's growth and weight status as a required component of a WIC nutrition assessment. Staff should also discuss the graphs with the parent/caretaker with an explanation of their meaning. Substantial or progressive changes in growth parameters or measurements outside the normal range should be discussed and documented as appropriate.

Procedure:
The only time the CPA would manually complete the growth charts is when FL-WiSE is unavailable when the child is being certified or counseled. Once the system is available, the data can be entered into the FL-WiSE anthropometric screen and the completed growth chart can be shredded.

Growth charts can be downloaded and printed using the following links:

Birth to 24 Months Boys
http://dohiws/Divisions/Family_Health/WIC/Intranet/Documents/WICForms/Boys_GrowthChart_Birth-24month-WHO.pdf

Birth to 24 Months Girls
http://dohiws/Divisions/Family_Health/WIC/Intranet/Documents/WICForms/Girls_GrowthChart_Birth-24month-WHO.pdf

Ht/Wt 2-5 Years Boys (side 1) and BMI 2 to 20 Years Boys (side 2)
http://dohiws/Divisions/Family_Health/WIC/Documents/WICForms/3188_9-02.pdf

Ht/Wt 2-5 Years Girls (side 1) and BMI 2 to 20 Years Girls (side 2)
http://dohiws/Divisions/Family_Health/WIC/Documents/WICForms/3187_9-02.pdf

Step 1: Obtain accurate weights and measures.

Step 2: Select the appropriate growth chart (see above). Note: The determination of nutrition risks is based on recumbent measurements for children less than 24 months and stature measurements for children 24 months and older. Recumbent measurement is lying down, while stature measurement is in standing position.

Step 3: Record data.

Step 4: Calculate BMI for children 24 months and older.

Step 5: Plot measurements.

Step 6: Interpret the plotted measurements.

For more complete information on plotting growth charts and instructions on how to accurately weigh and measure infants and children, go to the CDC website at: http://www.cdc.gov/growthcharts/

INSTRUCTIONS FOR ADJUSTING FOR GESTATIONAL AGE

Computerized Growth Charts

- The computerized growth chart automatically plot adjusted weight for all infants and children < 24 months who were BOTH premature (≤ 37 weeks gestation) AND low birth weight (≤ 5 lb. 8 oz.) AND who have reached the equivalent age of 40 weeks gestation.

Manual Growth Charts if FL-WiSE is Not Available

- Infants and children < 24 months who were BOTH premature (≤ 37 weeks gestation) AND low birth weight (≤ 5 lb. 8 oz.) AND who have reached the equivalent age of 40 weeks gestation assessed for growth using the WHO Birth to 24 Months Growth Charts, after adjusting for gestational age. The growth must be adjusted for gestational age until the child is 24 months of age.

- The assignment of nutrition risk criteria 121.01 (Short Stature) or 152.01 (Low Head Circumference) for premature and low birth weight infants/children must be based on adjusted gestational age.

- Infants/children born prematurely and low birth weight who have not reached the equivalent age of 40 weeks gestation do not have to have their growth plotted on a growth chart and do not have to be assessed for growth until they are 40 weeks gestation.

You can use any of the following methods to adjust for gestational age:

Medical Record/Referral Form Method:

1. Obtain the infant/child's gestational age at birth from the medical record/referral form.
2. Subtract the gestational age at birth from 40 weeks. The difference between these two numbers is the "adjustment factor" in weeks.
3. Convert this adjustment factor from weeks to months: # weeks divided by 4.3 (there are 4.3 weeks per month)
4. Subtract the adjustment factor in months from the child's chronological age in months. This is the infant/child's adjusted age, which should be used for plotting growth.
5. Write "Age Adjustment" and the number of age adjusted months at the top of the growth chart.
6. Subtract the adjustment factor in months from the child's chronological age in months every time the child's growth is plotted until the child reaches two years of age.

Gestational Wheel Method

1. Determine the mother/child's Expected Date of Delivery (EDD).
2. Using the gestational wheel, place the "40 Weeks" arrow on the EDD.
3. Find the infant/child's actual date of birth and read the child's gestational age in weeks displayed on the wheel at the time of his/her birth.
4. Subtract the infant/child's gestational age in weeks at birth from 40 weeks. This is the "adjustment factor".
5. Convert this adjustment factor from weeks to months by dividing the adjustment factor by 4.3. (There are 4.3 weeks per month.)
6. Subtract the adjustment factor in months from the child's chronological (actual) age in months. This is the infant/child's adjusted age, which should be used for plotting growth.
7. Write "Age Adjustment" and the number of age adjusted months at the top of the growth chart.
8. Subtract the adjustment factor in months from the child's chronological age in months every time the child's growth is plotted until the child reaches two years of age.

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I. Policy

Use of standardized abbreviations, acronyms, and symbols to document care provided for clients is a component of a consistent statewide clinical-records management system. All applicable Department of Health (DOH) employees shall use the DOH-approved clinical abbreviations, acronyms, and symbols for client health records. All abbreviations, acronyms, and symbols must comply with the Joint Commission standards and the Institute of Safe Medication Practices (ISMP) standards. This policy is directly related to client safety standards and the DOH commitment to continuously improve the safety and quality of care provided to the public.

II. Authority

A. Chapter 154.001, Florida Statutes

III. Scope

A. Division Directors

B. Bureau Chiefs and Office Directors

C. County Health Department Directors/Administrators

D. County Health Department Medical and Nursing Directors

E. Children's Medical Services Medical Directors/Administrators/Nursing Directors

F. Public Health Practice Unit

G. Policy and Procedures Library

H. Web Managers

IV. Definitions

A. **Abbreviation:** A shortened form of a word or phrase.

B. **Acronym:** A word formed from the first (or first few) letters of a series of words.

C. **Prohibited Abbreviations:** DOH has adopted the ISMP, List of Error-Prone Abbreviations, Symbols, and Dose Designations as the prohibited abbreviations list for the organization.

D. **Symbol:** Something that stands for, or represents, another thing; a written or printed mark, letter, abbreviation standing for an object, quality, process, quantity, etc.

V. Procedure

A. The Office of Information Technology (OIT) will maintain the DOH approved and prohibited clinical abbreviations, acronyms, and symbols list.

B. This list will be updated at least every two years in accordance with the DOH procedure, Policies and Procedures Management IOP 5-2-16.

C. OIT will coordinate the review of the approved list with all DOH divisions and bureaus and the Health Information Management (HIM) Council.

D. During the review process, each DOH Bureau Chief or Program Director will be responsible for disseminating the clinical abbreviations, acronyms, and symbols list, along with these procedures, within their respective area. The Bureau Chief or Program Director will conduct a final review of recommendations from their area and submit recommendations for modifications to the clinical abbreviation, acronym, and symbol list for appropriateness before forwarding said recommendations to the OIT.

Each requested modification submitted by a bureau or program must be supported by at least one of the following:

1. Referenced in a recognized, field-appropriate, clinical evidence-based reference manual/book/list current within the last five years (referenced by book/volume/author(s)/year published/page number or web page address and the date the web page was last accessed must be included);

2. Currently on a list approved within the last five years by a nationally recognized professional organization; or

3. On a list currently adopted by a specific DOH program.

E. The updated list and policy will be submitted to the HIM Council for approval.

F. The DOH Surgeon General has the authority for final approval.

G. OIT will disseminate the updated list and policy via e-mail.

H. DOH nursing directors, medical directors and administrators/health officers will implement the approved clinical abbreviations/acronyms/symbols list.

VI. Training

None

VII. Supportive Data and References

A. "Department of Health Brand and Content Standards"

B. DOHP 5-2, "Policies and Procedures Management"

C. ISMP's List of Error-Prone Abbreviations, Symbols, and Dose Designations, 2015

VIII. History Notes

This policy replaces and supersedes DOHP 380-3-14, "Clinical Abbreviation/Acronyms/Symbols Policy," dated August 20, 2014, and its predecessor DOHP 40-1-05, "Abbreviations/Acronyms/Symbols Policy," dated June 1, 2005.

IX. Signature Block with Effective Date

Chief of Staff or Delegated Authority

Date

X. Appendices

Appendix A – Prohibited Abbreviations: Institute for Safe Medication Practices, List of Error-Prone Abbreviations, Symbols, and Dose Designations, 2015

Appendix B – DOH Clinical Abbreviations/Acronyms/Symbols Listing

Appendix A – Prohibited Abbreviations: ISMP's List of Error-Prone Abbreviations, Symbols, and Dosage Designations.

Institute for Safe
Medication Practices

ISMP's List of Error-Prone Abbreviations, Symbols, and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported to ISMP through the ISMP National Medication Errors Reporting Program (ISMP MERP) as being frequently misinterpreted and involved in harmful medication errors. They should **NEVER** be used when communicating medical information. This includes internal communications, telephone/verbal prescriptions, computer-generated labels, labels for drug storage bins, medication administration records, as well as pharmacy and prescriber computer order entry screens.

Abbreviations	Intended Meaning	Misinterpretation	Correction
µg	Microgram	Mistaken as "mg"	Use "mcg"
AD, AS, AU	Right ear, left ear, each ear	Mistaken as OD, OS, OU (right eye, left eye, each eye)	Use "right ear," "left ear," or "each ear"
OD, OS, OU	Right eye, left eye, each eye	Mistaken as AD, AS, AU (right ear, left ear, each ear)	Use "right eye," "left eye," or "each eye"
BT	Bedtime	Mistaken as "BID" (twice daily)	Use "bedtime"
cc	Cubic centimeters	Mistaken as "u" (units)	Use "mL"
D/C	Discharge or discontinue	Premature discontinuation of medications if D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of discharge medications	Use "discharge" and "discontinue"
IJ	Injection	Mistaken as "IV" or "intrajugular"	Use "injection"
IN	Intranasal	Mistaken as "IM" or "IV"	Use "intranasal" or "NAS"
HS **hs**	Half-strength At bedtime, hours of sleep	Mistaken as bedtime Mistaken as half-strength	Use "half-strength" or "bedtime"
IU**	International unit	Mistaken as IV (intravenous) or 10 (ten)	Use "units"
o.d. or OD	Once daily	Mistaken as "right eye" (OD-oculus dexter), leading to oral liquid medications administered in the eye	Use "daily"
OJ	Orange juice	Mistaken as OD or OS (right or left eye); drugs meant to be diluted in orange juice may be given in the eye	Use "orange juice"
Per os	By mouth, orally	The "os" can be mistaken as "left eye" (OS-oculus sinister)	Use "PO," "by mouth," or "orally"
q.d. or QD**	Every day	Mistaken as q.i.d., especially if the period after the "q" or the tail of the "q" is misunderstood as an "i"	Use "daily"
qhs	Nightly at bedtime	Mistaken as "qhr" or every hour	Use "nightly"
qn	Nightly or at bedtime	Mistaken as "qh" (every hour)	Use "nightly" or "at bedtime"
q.o.d. or QOD**	Every other day	Mistaken as "q.d." (daily) or "q.i.d. (four times daily) if the "o" is poorly written	Use "every other day"
q1d	Daily	Mistaken as q.i.d. (four times daily)	Use "daily"
q6PM, etc.	Every evening at 6 PM	Mistaken as every 6 hours	Use "daily at 6 PM" or "6 PM daily"
SC, SQ, sub q	Subcutaneous	SC mistaken as SL (sublingual); SQ mistaken as "5 every;" the "q" in "sub q" has been mistaken as "every" (e.g., a heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery)	Use "subcut" or "subcutaneously"

ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken as "55"	Spell out "sliding scale;" use "one-half" or "½"
SSRI **SSI**	Sliding scale regular insulin Sliding scale insulin	Mistaken as selective-serotonin reuptake inhibitor Mistaken as Strong Solution of Iodine (Lugol's)	Spell out "sliding scale (insulin)"
i/d	One daily	Mistaken as "tid"	Use "1 daily"
TIW or tiw	3 times a week	Mistaken as "3 times a day" or "twice in a week"	Use "3 times weekly"

Institute for Safe Medication Practices

ISMP's List of Error-Prone Abbreviations, Symbols, and Dose Designations (continued)

ose Designations and Other Information	Intended Meaning	Misinterpretation	Correction
U or u**	Unit	Mistaken as the number 0 or 4, causing a 10-fold overdose or greater (e.g., 4U seen as "40" or 4u seen as "44"); mistaken as "cc" so dose given in volume instead of units (e.g., 4u seen as 4cc)	Use "unit"
UD	As directed ("ut dictum")	Mistaken as unit dose (e.g., diltiazem 125 mg IV infusion "UD" misinterpreted as meaning to give the entire infusion as a unit [bolus] dose)	Use "as directed"
Trailing zero after decimal point (e.g., 1.0 mg)**	1 mg	Mistaken as 10 mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
"Naked" decimal point (e.g., .5 mg)**	0.5 mg	Mistaken as 5 mg if the decimal point is not seen	Use zero before a decimal point when the dose is less than a whole unit
Abbreviations such as mg. or mL. with a period following the abbreviation	mg mL	The period is unnecessary and could be mistaken as the number 1 if written poorly	Use mg, mL, etc. without a terminal period
Drug name and dose run together (especially problematic for drug names that end in "l" such as Inderal40 mg; Tegretol300 mg)	Inderal 40 mg Tegretol 300 mg	Mistaken as Inderal 140 mg Mistaken as Tegretol 1300 mg	Place adequate space between the drug name, dose, and unit of measure
Numerical dose and unit of measure run together (e.g., 10mg, 100mL	10 mg 100 mL	The "m" is sometimes mistaken as zero or two zeros, risking a 10- to 100-fold overdose	Place adequate space between the dose and unit of measure
Large doses without properly placed commas (e.g., 100000 units; 1000000 units)	100,000 units 1,000,000 units	100000 has been mistaken as 10,000 or 1,000,000; 1000000 has been mistaken as 100,000	Use commas for dosing units at or above 1,000, or use words such as 100 "thousand" or 1 "million" to improve readability
Drug Name Abbreviations	**Intended Meaning**	**Misinterpretation**	**Correction**
To avoid confusion, do not abbreviate drug names when communicating medical information. Examples of drug name abbreviations involved in medication errors include:			
APAP	acetaminophen	Not recognized as acetaminophen	Use complete drug name
ARA A	vidarabine	Mistaken as cytarabine (ARA C)	Use complete drug name
AZT	zidovudine (Retrovir)	Mistaken as azathioprine or aztreonam	Use complete drug name
CPZ	Compazine (prochlorperazine)	Mistaken as chlorpromazine	Use complete drug name
DPT	Demerol-Phenergan-Thorazine	Mistaken as diphtheria-pertussis-tetanus (vaccine)	Use complete drug name
DTO	Diluted tincture of opium, or deodorized tincture of opium (Paregoric)	Mistaken as tincture of opium	Use complete drug name
HCl	hydrochloric acid or hydrochloride	Mistaken as potassium chloride (The "H" is misinterpreted as "K")	Use complete drug name unless expressed as a salt of a drug

HCT	hydrocortisone	Mistaken as hydrochlorothiazide	Use complete drug name
HCTZ	hydrochlorothiazide	Mistaken as hydrocortisone (seen as HCT250 mg)	Use complete drug name

Dose Designations an

Institute for Safe Medication Practices

ISMP's List of Error-Prone Abbreviations, Symbols, and Dose Designations (continued)

Drug Name Abbreviations	Intended Meaning	Misinterpretation	Correction
MgSO4**	magnesium sulfate	Mistaken as morphine sulfate	Use complete drug name
MS, MSO4**	morphine sulfate	Mistaken as magnesium sulfate	Use complete drug name
MTX	methotrexate	Mistaken as mitoxantrone	Use complete drug name
NoAC	novel/new oral anticoagulant	No anticoagulant	Use complete drug name
PCA	procainamide	Mistaken as patient controlled analgesia	Use complete drug name
PTU	propylthiouracil	Mistaken as mercaptopurine	Use complete drug name
T3	Tylenol with codeine No. 3	Mistaken as liothyronine	Use complete drug name
TAC	triamcinolone	Mistaken as tetracaine, Adrenalin, cocaine	Use complete drug name
TNK	TNKase	Mistaken as "TPA"	Use complete drug name
TPA or tPA	Tissue plasminogen activator, Activase (altepase)	Mistaken as TNKase (tenecteplase), or less often as another tissue plasminogen activator, Retavase (retaplase)	Use complete drug names
ZnSO4	zinc sulfate	Mistaken as morphine sulfate	Use complete drug name
Stemmed Drug Names	**Intended Meaning**	**Misinterpretation**	**Correction**
"Nitro" drip	nitroglycerin infusion	Mistaken as sodium nitroprusside infusion	Use complete drug name
"Norflox"	norfloxacin	Mistaken as Norflex	Use complete drug name
"IV Vanc"	intravenous vancomycin	Mistaken as Invanz	Use complete drug name
Symbols	**Intended Meaning**	**Misinterpretation**	**Correction**
ʒ ♏	Dram Minim	Symbol for dram mistaken as "3" Symbol for minim mistaken as "mL"	Use the metric system
x3d	For three days	Mistaken as "3 doses"	Use "for three days"
> and <	More than and less than	Mistaken as opposite of intended; mistakenly use incorrect symbol; "< 10" mistaken as "40"	Use "more than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Mistaken as the number 1 (e.g., "25 units/10 units" misread as "25 units and 10" units)	Use "per" rather than a slash mark to separate doses
@	At	Mistaken as "2"	Use "at"
&	And	Mistaken as "2"	Use "and"
°	Hour	Mistaken as a zero (e.g., q2° seen as q 20)	Mistaken as a zero (e.g., q2° seen as q 20)
Φ or ⌀	zero, null sign	Mistaken as numerals 4, 6, 8, and 9	Use 0 or zero or describe intent using whole words

**These abbreviations are included on The Joint Commission's "minimum list" of dangerous abbreviations, acronyms, and symbols that must be included on an organization's "Do Not Use" list, effective January 1, 2004. Visit www.jointcommission.org for more information about this Joint Commission requirement.

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www.ismp.org

Appendix B – **DOH Clinical Abbreviations/Acronyms/Symbols as of 05/22/2018**

Symbols

SYMBOLS	Meaning
p̄	After
ā	Before
Δ	Change
✓	Check
↓	Decrease
=	Equal To
’	Feet Measurement
♀	Female
”	Inches
↑	Increased
Ⓛ	Left
♂	Male
ϴ	Negative, Absent
#	Number Sign
%	Percentage
⊕	Positive
?	Questionable
Ⓡ	Right
1^0	Primary
2^0	Secondary
≠	Unequal
c̄	With
s̄	Without

Abbreviation	
A	**MEANING**
A & P	**Assessment and Plan**
A and P	**Auscultation and Percussion**
A and W	**Alive and Well**
AA	**Alcohol Anonymous**
AAP	**American Academy of Pediatrics**
abd	**Abdominal or Abdomen**
ABG	**Arterial Blood Gases**
ABM	**Artificial Baby Milk / Infant Formula**
ABNL	**Abnormal**
abs	**Abscess**
Abx	**Antibiotic**
a.c.	**Before Meals**
ACHES	**Abdominal Pain; Chest Pain; Headaches; Eye Changes; Severe Leg Cramps (Five Danger Signs for Pill Users)**
ACLF	**Adult Congregate Living Facility**
ACLS	**Advanced Cardiac Life Support**
ACOG	**American College of Obstetricians and Gynecologists**
Acr	**Acrylic**
ACTH	**Adrenocorticotropic Hormone (corticotropin)**
ad lib	**Freely, as desired**
ADD	**Attention Deficit Disorder**
ADHD	**Attention Deficit & Hyperactivity Disorder**
adj	**Adjustment / Adjusted**
ADL	**Activities of Daily Living**
ADM	**Admitted**
ADQ	**Adequate**
AED	**Automated External Defibrillator**
AF	**Anteflexed**
AFB	**Acid Fast Bacillus**
AFI	**Amniotic Fluid Index**
AFib	**Atrial Fibrillation**
AFOF	**Anterior Fontanelle Open Flat**
AFOS	**Anterior Fontanelle Open Soft**
Ag	**Antigen**
AGA	**Appropriate for Gestational Age**
AGC	**Atypical Glandular Cells**

AGH	**A.G. Holley State Hospital (Closed 2012)**
AGUS	**Atypical Glandular Cells of Uncertain Significance**
AHA	**American Hospital Association**
AHCA	**Agency for Health Care Administration**
AI	**Aortic Insufficiency**
AIDS	**Acquired Immune Deficiency Syndrome**
AII	**Airborne Infection Isolation**
ALA	**American Lung Association**
alb	**Albumin**
ALF	**Assisted Living Facility**
alg	**Alginate**
Alk Phos	**Alkaline Phosphatase**
ALS	**Advanced Life Support**
ALT	**Alanine Aminotransferase (formerly SGPT)**
a.m. ; AM	**Before Noon**
AMA	**Against Medical Advice**
AMI	**Acute Myocardial Infarction**
amt	**Amount**
ANA	**Antinuclear Antibody**
ANC	**Absolute Neutrophil Count**
anes	**Anesthesia / Anesthetic**
ant.	**Anterior**
Anti-HBs	**Hepatitis B Surface Antibody**
ANUG	**Acute Necrotizing Ulcerative Gingivitis**
AP	**Anterior Posterior X-ray**
APD	**Agency for Persons with Disabilities**
approx	**Approximately**
appt	**Appointment**
AR	**Aortic Regurgitation**
ARC	**AIDS-Related Complex**
ARDS	**Acute Respiratory Distress Syndrome**
ARNP	**Advanced Registered Nurse Practitioner**
ART	**Anti-Retroviral Therapy**
as tol	**As Tolerated**
ASAP	**As Soon As Possible**
ASC	**Atypical Squamous Cells**
ASCCP	**American Society for Colposcopy and Cervical Pathology**

ASC-H	**Atypical Squamous Cell Changes Cannot Rule Out HSIL**
ASCUS	**Atypical Squamous Cell Changes of Undetermined Significance**
ASD	**Atrial Septal Defect**
ASSM	**Assessment**
AST	**Aspartate Aminotransferase (formerly SGOT)**
ATP III	**Adult Treatment Panel III**
ATS	**American Thoracic Society**
ausc	**Auscultation**
AV	**Anteversion (Anteverted)**
avg	**Average**
ax.	**Axillary**
B	**MEANING**
B	**Buccal**
Ba	**Barium**
BBB	**Bundle Branch Block**
BBS	**Bilateral Breath Sounds**
B-cells	**B Lymphocytes**
BCA	**Bichloracetic acid**
BCG	**Bacillus of Calmette - Guérin**
BCP	**Birth Control Pills**
BE	**Barium Enema**
BEE	**Basal Energy Expenditure**
B/F	**Black Female**
BF	**Breast Feeding**
BG	**Blood Glucose or Blood Sugar**
BGM	**Blood Glucose Monitoring**
BIC	**Penicillin G Benzathine (Bicillin LA)**
bilat	**Bilateral**
bili	**Bilirubin**
BI-RADS	**Breast Imaging Reporting and Data System**
BLS	**Basic Life Support**
B/M	**Black Male**
BM	**Bowel Movement**
BMI	**Body Mass Index**
BMR	**Basal Metabolic Rate**
BOTL	**Bottle**
BP	**Blood Pressure**
BPD	**Bronchopulmonary Dysplasia**
BPH	**Benign Prostate Hypertrophy**

Br	**Breast**
BRAIDED	**Benefits, Risks, Alternatives, allowing time for Inquiry, Decision, Explanation and Documentation.**
brkf	**Breakfast**
BrM	**Breast Milk, Human Milk**
BSA	**Body Surface Area**
BSE	**Breast Self-Examination**
BTB	**Breakthrough Bleeding**
BTL	**Bilateral Tubal Ligation**
BUN	**Blood Urea Nitrogen**
BUS	**Bartholin, Urethral, Skene's Glands**
BV	**Bacterial Vaginosis**
BW	**Birth Weight**
BWX	**Bite-Wing X-rays**
Bx	**Biopsy**
C	**MEANING**
C	**Centigrade**
C&S	**Culture and Sensitivity**
C1 – C7	**Cervical Vertebrae 1-7**
CA	**Cancer**
Ca	**Calcium**
CABG	**Coronary Artery Bypass Graft(ing)**
CAD	**Coronary Artery Disease**
CAH	**Congenital Adrenal Hyperplasia**
cal	**Calorie**
cap	**Capsule**
cath	**Catheter, Catheterize**
CBC	**Complete Blood Count**
CBE	**Clinical Breast Exam**
C/C	**Complete Upper and Lower Dentures**
CCD	**Continuity of Care Document**
CrCl	**Creatinine Clearance**
CD	**Communicable Disease**
CD_4	**Cluster of Differentiation 4 (HIV helper cell count)**
CDC	**Centers for Disease Control and Prevention**
CEA	**Carcinoembryonic Antigen**
CEJ	**Cementum Enamel Junction**
CEMED	**Cemented**
cert	**Certification**

CF	**Cystic Fibrosis**
CFT	**Complement Fixation Test**
CHC	**Combined Hormonal Contraceptives**
CHD	**County Health Department**
CHF	**Congestive Heart Failure**
Chlamydia	**Chlamydia Trachomatis**
CHO	**Carbohydrate**
chol	**Cholesterol**
CIG	**Cigarette**
CIN	**Cervical Intraepithelial Neoplasia**
circ	**Circumference**
circum	**Circumcision**
CIS	**Carcinoma in Situ**
CK	**Creatine Kinase**
CKC	**Cold Knife Cone Biopsy**
Cl	**Chloride**
CL/CP	**Cleft Lip / Cleft Palate**
CLC	**Certified Lactation Counselor**
CLD	**Chronic Lung Disease**
cm	**Centimeters**
CMA	**Correctional Medical Authority**
CMAT	**Childrens Multidisciplinary Assessment Team**
CMCP	**Camphorated Paramonochlorophenol**
CMS	**Children's Medical Services**
CMSN	**Children’s Medical Services Network**
CMT	**Cervical Motion Tenderness**
CMV	**Cytomegalovirus**
CNA	**Certified Nursing Assistant**
CNS	**Central Nervous System**
c/o	**Complaint of**
colpo	**Colposcopy**
com res	**Composite Resin**
compl	**Completed / Complete**
conc	**Concentrated**
cont	**Continue**
COPD	**Chronic Obstructive Pulmonary Disorder**
cor	**Coronary-heart**
CP	**Cerebral Palsy**
CPA	**Competent Professional Authority**
CPAP	**Constant (continuous) Positive Airway Pressure**

CPI	**Child Protection Investigator**
CPK	**Creatine Phosphokinase**
CPR	**Cardiopulmonary Resuscitation**
CPS	**Child Protective Services**
Creat	**Creatinine**
CRP	**C- Reactive Protein**
cryo	**Cryosurgery**
C-section	**Caesarean Section**
CSF	**Cerebrospinal Fluid**
CT	**Computerized Tomography**
CUR	**Curettage**
CV	**Cardiovascular**
CVA	**Cerebrovascular Accident**
CVAT	**Costovertebral Angle Tenderness**
CVD	**Cardiovascular Disease**
CX	**Cervix**
CXR	**Chest X-Ray**
CYSHN	**Children and Youth with Special Healthcare Needs**
D	**MEANING**
D&C	**Dilation and Curettage**
D/C	**Discharge**
DBW	**Desirable Body Weight**
DCF	**Department of Children and Families**
DD	**Developmental Disability**
DDS	**Doctor of Dental Surgery**
DDST	**Denver Developmental Screening Test**
DEC	**Deciduous**
def	**Deficient / Deficiency**
DEM	**Division of Emergency Management**
Dept	**Department**
DES	**Diethylstilbestrol**
DFA	**Direct Fluorescent Antibody**
Diet Tech	**Dietetic Technician**
DHEA	**Dehydroepiandrosterone**
diff	**Differential**
dil	**Diluted**
DIS	**Disease Intervention Specialist**
dist	**Distal**
DIVC	**Disseminated Intravascular Coagulation**
DJD	**Degenerative Joint Disease**

DJJ	**Department of Juvenile Justice**
DKA	**Diabetic Ketoacidosis**
DM	**Diabetes Mellitus**
DMD	**Doctor of Dental Medicine**
DME	**Durable Medical Equipment**
DNA	**Deoxynucleic Acid**
DNR	**Do Not Resuscitate**
DO	**Doctor of Osteopathy**
DOA	**Date of Admission**
DOB	**Date of Birth**
DOD	**Date of Death**
DOEA	**Department of Elder Affairs**
DOH	**Department of Health**
DOT	**Directly Observed Therapy**
DPC	**Direct Pulp Cap**
DRI	**Dietary Reference Intake**
dsg	**Dressing**
DSM-IV	**Diagnostic and Statistical Manual of Mental Disorders, 4th Edition**
DT	**Diphtheria, Tetanus Vaccine**
DTaP	**Diphtheria, Tetanus and Acellular Pertussis Vaccine**
DTR	**Dietetic Technician Registered**
DUB	**Dysfunctional Uterine Bleeding**
DV	**Domestic Violence**
DVT	**Deep Venous Thrombosis**
dx	**Diagnosis**
E	**MEANING**
E. coli	**Escherichia coli**
EBF	**Exclusively Breastfed**
EBM	**Expressed Breast Milk / Expressed Mothers Milk**
EBT	**Electronic Benefits Transfer**
EBV	**Epstein-Barr Virus**
ECC	**Endocervical Curettage**
ECG; EKG	**Electrocardiogram**
ECMO	**Extracorporeal Membrane Oxygenator**
ECT	**Electroconvulsive Therapy**
EDC	**Expected Date of Confinement**
EDD	**Expected Date of Delivery**
edent	**Edentulous**
EDTA	**Ethylenediaminetetra-acetic Acid**

Edu	**Education**
EEG	**Electroencephalogram**
EENT	**Eyes, Ears, Nose, Throat**
EF	**Ejection Fraction**
e.g.	**For Example**
EGA	**Estimated Gestational Age**
EGD	**Esophagogastroduodenoscopy**
EHEC	**Enterohemorrhagic Escherichia Coli**
EIA	**Enzyme Immunoassay Test**
EIA-IGG	**Enzyme-Assay Immunoglobulin**
EIA-IGM	**Enzyme-Assay Gamma M Immunoglobulin**
ELISA	**Enzyme-Linked Immunosorbent Assay**
eLabs	**Electronic Laboratory**
ELC	**Early Learning Coalition**
EMB	**Ethambutol**
EMG	**Electromyography**
EMS	**Emergency Medical Services**
EMT	**Emergency Medical Technician**
Endo	**Endodontics**
ENT	**Ears, Nose, Throat**
EOC	**Emergency Operations Center**
EOM	**Extraocular Movement**
EOMI	**Extraocular Movements Intact**
Epi Tx	**Epidemiological Treatment**
epis	**Episiotomy**
ER	**Emergency Room**
eRad	**Electronic Radiology**
ERCP	**Endoscopic Retrograde Cholangiopancreatography**
ERT	**Estrogen Replacement Therapy**
ESR	**Erythrocyte Sedimentation Rate**
ESRD	**End-Stage Renal Disease**
etc.	**And so forth**
etch	**Acid Etch**
etiol	**Etiology**
EtOH	**Ethyl Alcohol**
eval	**Evaluation**
exam	**Examination**
exer	**Exercise**
EXT	**Extraction / Extract**
extr	**Extremity (extremities)**

F	MEANING
F	Fahrenheit
F and C	Foam and Condom
F & V	Fruits and Vegetables
FA	Fluorescent Antibody Test
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorder
FBS	Fasting Blood Sugar
FDA	Federal Drug Administration
FDOT	Fla Department of Transportation
Fe	Iron
FEMA	Federal Emergency Management Agency
$FeSO_4$	Ferrous Sulfate
FEV	Forced Expiratory Volume
FFA	Free Fatty Acids
FGM	Free Gingival Margin
FGR	Fetal Growth Restriction
FHR	Fetal Heart Rate
FHT	Fetal Heart Tones
FHx	Family History
fl. oz.	Fluid Ounce
FMR	Fluoride Mouth Rinse
FMX	Full Mouth Radiographic Examination
FNA	Fine-needle Aspiration
FOB	Father of Baby
FOC	Father of Child
FP	Family Planning
FPA	Family Planning Annual
FPD	Fixed Partial Denture
FPI	Family Planning Innitial
FROM	Full Range of Motion
FSBG	Finger Stick Blood Glucose
FSH	Follicular Stimulating Hormone
FSP	Family Support Plan
FTA	Fluorescent Treponemal Antibody Test
FTA-ABS	Fluorescent Treponemal Antibody Absorption Test
FTA-ABS - 19S	Fluorescein Test for T. Pallidum Antibodies (for Congenital Syphilis)
FTF	Face to Face
FTT	Failure to Thrive
F/U	Follow-up

FUO	**Fever of Undetermined Origin**
FVC	**Forced Vital Capacity**
fx	**Fracture**
G	**MEANING**
G	**Gravida**
GA	**Gamblers Anonymous**
Gal	**Galactose**
GB	**Gallbladder**
GC	**Gonorrhea Culture**
GC/CT	**Gonorrhea and Chlamydia**
g/dL	**Grams per deciliter**
GDM	**Gestational Diabetes Mellitus**
GERD	**Gastroesophageal Reflux Disease**
Gest	**Gestation**
GFR	**Glomerular Filtration Rate**
GGT	**Gamma Glutamyl Transferase**
GI	**Gastrointestinal**
ging	**Gingival, Gingiva**
GJ-tube	**Gastrostomy-jejunostomy tube**
GLU	**Glucose**
gm	**Gram(s)**
GP	**Gutta-Percha**
GTT	**Glucose Tolerance Test**
G-tube	**Gastric-tube, Gastrostomy**
GU	**Genitourinary**
GVHD	**Graft Versus Host Disease**
GYN	**Gynecology**
H	**MEANING**
H&H	**Hemoglobin and Hematocrit**
H&P	**History and Physical**
H_2O	**Water**
H_2O_2	**Hydrogen Peroxide**
HA	**Headache**
HAART	**Highly Active Antiretroviral Therapy**
HAV	**Hepatitis A Virus (not vaccine see Hep A)**
HbA_{1c}	**Glycosylated Hemoglobin**
HBcAb	**Hepatitis B Core Antibody**
HBcAg	**Hepatitis B Core Antigen**

HBIG	**Hepatitis B Immunoglobulin**
HBsAg	**Hepatitis B Surface Antigen**
HBV	**Hepatitis B Virus**
HCG	**Human Chorionic Gonadotropin**
HCV	**Hepatitis C Virus**
HDCV	**Human Diploid Cell Rabies Vaccine**
HDL	**High-density Lipoproteins**
HDV	**Hepatitis D Virus**
HEENT	**Head, Eyes, Ears, Nose, Throat**
Hep A	**Hepatitis A Vaccine**
Hep B	**Hepatitis B Vaccine**
HEPA	**High-efficiency Particulate Air**
HEV	**Hepatitis E Virus**
Hgb	**Hemoglobin, Hemoglobinopathies**
HI	**Hemagglutination Inhibition**
Hib	**Haemophilus Influenzae Type B**
HIV	**Human Immunodeficiency Virus**
HMO	**Health Maintenance Organization**
HOPI	**History of Present Illness**
hosp	**Hospital**
HPF	**High-Power Field**
HPV	**Human Papilloma Virus**
hr	**Hour**
HRT	**Hormone Replacement Therapy**
HSC	**Healthy Start Coalition**
HSIL	**High Grade Squamous Intraepithelial Lesion**
HSS	**Health Support Specialist**
HST	**Health Support Technician State Position**
HSV	**Herpes Simplex Virus**
ht	**Height**
HTN	**Hypertension**
HV	**Home Visit**
Hx	**History**
hyst	**Hysterectomy**
I	**MEANING**
I	**Incisal**
I & D	**Incision and Drainage**
I and E	**Incentives and Enablers**
I and O	**Intake and Output**

IBCLC	**International Board Certified Lactation Consultant**
IBW	**Ideal Body Weight**
IC	**Incident Commander**
ID	**Intradermal**
IDDM	**Insulin-Dependent Diabetes Mellitus**
IEP	**Individualized Education Plan**
IFA	**Indirect Fluorescent Antibody**
Ig	**Immunoglobulin**
IgG	**Immunoglobulin G**
IgM	**Immunoglobulin M**
IM	**Intramuscular**
IMP	**Impression**
info	**Information**
ing	**Inguinal**
INH	**Isoniazid**
Init Den Exam	**Initial Dental Examination**
inj	**Injection**
Int Cl	**Interview Clerk**
IOE	**Intraoral Exam**
ion	**Glass Ionomer Cement**
IOP	**Intraocular Pressure**
IPC	**Indirect Pulp Cap**
IPPB	**Intermittent Positive Pressure Breathing**
IPV	**Inactivated Poliovirus Vaccine**
IQ	**Intelligence Quotient**
IRM	**Intermediate Restorative Material**
irrig	**Irrigation**
ISG	**Immune Serum Globulin**
IUD	**Intrauterine Device**
IUGR	**Intrauterine Growth Retardation**
IUP	**Intrauterine Pregnancy**
IUS	**Intrauterine System**
IV	**Intravenous**
IVDU	**Intravenous Drug User**
IVP	**Intravenous Pyelogram**
J	**MEANING**
JAMA	**Journal of the American Medical Association**

JNC 7	**Joint National Committee Seventh Report on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure Guidelines**
JVD	**Jugular Venous Distention**
K	**MEANING**
K	**Potassium**
kcal	**Kilocalorie**
kg	**Kilogram**
KOH	**Potassium Hydroxide**
KS	**Kaposi's Sarcoma**
KUB	**Kidneys, Ureters, Bladder (X-Ray)**
L	**MEANING**
L	**Lingual**
L and D	**Labor and Delivery**
L and W	**Living and Well**
L1-L5	**Lumbar Vertebrae 1-5**
lab	**Laboratory**
LARC	**Long-Acting Reversible Contraception**
LAT	**Left Anterior Thigh**
lat	**Lateral**
lb.	**Pound**
LBW	**Low Birth Weight**
LC	**Lactation Counselor**
LCIS	**Lobular Carcinoma in Situ**
LCR	**Ligase Chain Reaction**
LCSW	**Licensed Clinical Social Worker**
LD	**Learning Disability**
LDH	**Lactic Dehydrogenase**
LDL	**Low-density Lipoprotein**
LD/N	**Licensed Dietitian / Nutritionist**
LDT	**Left Deltoid**
LE	**Lower Extremity**
LEEP	**Loop Electrosurgical Excision Procedure**
LEO	**Law Enforcement Officer**
LFA	**Left Forearm**
LFT	**Liver Function Tests**
LG	**Left Gluteus**
LGA	**Large for Gestational Age**
Lge	**Large**
LH	**Luteinizing Hormone**

LJ	**Lowenstein-Jensen Agar**
LL	**Lower Left**
LLE	**Left Lower Extremity**
LLL	**Left Lower Lobe of Lung**
LLQ	**Left Lower Quadrant**
LLT	**Left Lateral Thigh**
LMP	**Last Menstrual Period**
LN	**Lymph Node**
LNMP	**Last Normal Menstrual Period**
LOC	**Level of Consciousness**
LP	**Lumbar Puncture**
LPN	**Licensed Practical Nurse**
LSIL	**Low Grade Squamous Intraepithelial Lesion**
LTBI	**Latent Tuberculosis Infection**
LTC	**Long-term Care**
LTCF	**Long-term Care Facility**
LTR	**Left Triceps**
LUE	**Left Upper Extremity**
LUL	**Left Upper Lobe**
LUOQ	**Left Upper Outer Quadrant**
LUQ	**Left Upper Quadrant**
LVG	**Left Ventrogluteal**
LVH	**Left Ventricular Hypertrophy**
M	**MEANING**
M	**Mesial**
m	**Murmur**
MAC	**Mycobacterium Avium Complex**
MAI	**Mycobacterium Avium Intracellular**
malocc	**Malocclusion**
Mam	**Mammogram**
mand	**Mandible / Mandibular**
max	**Maxilla / Maxillary**
MC	**Miscarriage**
MCA	**Mom Care Advisor**
mcg	**Microgram**
mcg/dl	**Microgram Per Deciliter**
MCH	**Mean Corpuscular Hemoglobin**
MCV	**Mean Corpuscular Volume**
MD	**Medical Doctor**
MDR-TB	**Multidrug-Resistant Tuberculosis**

meds	**Medications**
mEq	**Milliequivalent**
mEq/L	**Milliequivalent Per Liter**
MER	**Milk Ejection Reflex**
Mets	**Metastases**
MFC	**Medical Foster Care**
mg	**Milligram**
mg/dL	**Milligram per Deciliter**
MGF	**Maternal Grandfather**
mg/L	**Milligrams Per Liter**
MGM	**Maternal Grandmother**
MHT	**Mental Health Tech**
MI	**Myocardial Infarction**
MIBG	**Metaiodobenzyl-guanidine**
min	**Minimum**
Misc.	**Miscellaneous**
ml	**Milliliter**
mm	**Millimeter**
MMA	**Managed Medical Assistance**
MMR	**Measles, Mumps, Rubella Vaccine**
MMRV	**Measles, Mumps, Rubella, Varicella Vaccine**
MNT	**Medical Nutrition Therapy**
mo	**Month**
MOB	**Mother of Baby**
MOC	**Mother of Child**
mod	**Moderate**
MPC	**Mucopurulent Cervicitis**
MRA	**Magnetic Resonance Angiography**
MRI	**Magnetic Resonance Imaging**
MRSA	**Methicillin-resistant Staphylococcus Aureus**
MSM	**Men Having Sex with Men**
MSSA	**Methicillin-susceptible Staphylococcus Aureus**
MTB	**Mycobacterium Tuberculosis**
MTD	**Mycobacterium Tuberculosis Direct Test**
MU	**Million Units**
MUFA	**Monounsaturated Fatty Acid**
multi	**Multiple**
multip	**Multiparous**
MVI	**Multivitamin and Mineral Supplement**

MVP	**Mitral Valve Prolapse**
MVT	**Multivitamin**
N	**MEANING**
NA	**Not Applicable**
Na	**Sodium**
NAA	**Nucleic Acid Amplification**
NAAT	**Nucleic Acid Amplification Test**
NAD	**No Acute Distress**
NaF	**Sodium Fluoride**
NAS	**Neonatal Abstinence Syndrome**
NB	**Newborn**
NBS	**Newborn Screening**
NC/AT	**Normocephalic and Atraumatic**
NCI	**National Cancer Institute**
ND	**Nondistended**
NDT	**Nasoduodenal tube**
NE	**Nutrition Educator**
NEC	**Necrotizing Enterocolitis**
neg	**Negative**
NGT	**Nasogastric Tube**
NGU	**Nongonococcal Urethritis**
NICU	**Neonatal Intensive Care Unit**
NIDDM	**Noninsulin-dependent Diabetes Mellitus**
NIOSH	**National Institute of Occupational Safety and Health**
NJT	**Nasojejunal Tube**
NKA	**No Known Allergies**
NKDA	**No Known Drug Allergies**
NKFA	**No Known Food Allergies**
NNRTI	**Nonnucleoside Reverse Transcriptase Inhibitor**
NOK	**Next of Kin**
NPH	**Isophane Insulin**
NPO	**Nothing by Mouth**
NR	**Non-Reactive**
NRC	**Non-Restorable Caries**
NRTI	**Nucleoside / Nucleotide Reverse Transcriptase Inhibitor**
NS	**Normal Saline**
NSAID	**Non-Steroidal Anti-Inflammatory Drugs**
nsg	**Nursing**

NSR	**Normal Sinus Rhythm**
NSSC	**Normal Size, Shape, Consistency**
NST	**Non-Stress Test**
NSVD	**Normal Spontaneous Vaginal Delivery**
NT	**Nontender**
NTM	**Nontuberculous Mycobacteria**
NUG	**Necrotizing Ulcerative Gingivitis**
N/V	**Nausea and Vomiting**
N/V/D	**Nausea, Vomiting, Diarrhea**
O	**MEANING**
O	**Occlusal**
O & P	**Ova and Parasites**
O_2	**Oxygen**
O_2 Sat	**Oxygen Saturation**
OB	**Obstetrics**
OC	**Oral Contraceptive**
occ	**Occlusion**
OCD	**Obsessive Compulsive Disorder**
OCP	**Oral Contraceptive Pill**
ODD	**Oppositional Defiant Disorder**
OH	**Oral Hygiene**
OHI	**Oral Hygiene Instructions**
OI	**Opportunistic Infection**
oint	**Ointment**
OM	**Otitis Media**
OPD	**Outpatient Department**
OPV	**Oral Polio Vaccine**
OR	**Operating Room**
ORR	**Office of Refugee Resettlement**
OSHA	**Occupational Safety and Health Administration**
OT	**Occupational Therapy**
OTC	**Over-the-Counter (drugs)**
OV	**Office Visit**
oz.	**Ounce**
P	**MEANING**
PA	**Physician Assistant**
PABA	**Para-Aminobenzoic Acid**
palp	**Palpable**

PanX	**Panorex / Panographic Radiograph**
Pap	**Papanicolaou Smear**
PAS	**Para-Aminosalicylic Acid**
PASRR	**Pre-admission Assessment Screening and Residential Review**
PAT	**Paroxysmal Atrial Tachycardia**
Pb	**Lead**
p.c.	**After Meals**
PC	**Peer Counselor**
PCC	**Peer Counselor Coordinator**
PCE	**Peer Counselor Educator**
PCOS	**Polycystic Ovary Syndrome**
PCP	**Primary Care Provider**
PCR	**Polymerase Chain Reaction**
PDL	**Periodontal Ligament**
PE	**Physical Examination**
pecor	**Pericoronitis**
pedo	**Pedodontic**
PEG-tube	**Percutaneous Endoscopic Gastronomy**
PEM	**Protein Energy Malnutrition**
PEPW	**Presumptive Eligibility for Pregnant Women**
per	**By**
perio	**Periodontal**
PERRLA	**Pupils Equal, Round, Reactive to Light and Accommodation**
PFGE	**Pulse-field Gel Electrophoresis**
PFM	**Porcelain Fused to Metal Crown**
PGF	**Paternal Grandfather**
PGM	**Paternal Grandmother**
pH	**Hydrogen Ion Concentration**
phos	**Phosphorus**
PI	**Present illness**
PID	**Pelvic Inflammatory Disease**
PIO	**Public Information Officer**
PKU	**Phenylketonuria**
PLT	**Platelets**
p.m.; PM	**After Noon**
PMD	**Private Medical Doctor**
PMH	**Past Medical History**
PMN	**Polymorphonuclear Neutrophil**
PMS	**Premenstrual Syndrome**
PN	**Progress Notes**

PNC	**Prenatal Care**
PND	**Paroxysmal Nocturnal Dyspnea**
PNEUCON	**Pneumococcal Conjugate Vaccine**
PNV	**Prenatal Vitamins**
p.o.	**By Mouth**
POP	**Progestin Only Pill**
porc	**Porcelain**
POS	**Positive**
post	**Posterior**
post-op	**Postoperative**
PP	**Post-Partum**
PPBS	**Postprandial Blood Sugar**
PPD	**Purified Protein Derivative**
ppd.	**Packs Per Day**
PPNG	**Penicillinase Producing Neisseria Gonorrhoeae**
PrEP	**Pre-exposure Prophylaxis**
preg	**Pregnant / Pregnancy**
premie	**Premature Infant**
prep	**Prepare / Preparation**
prn	**As needed**
PRO	**Protein**
prog	**Prognosis**
PROM	**Premature Rupture of Membranes**
prophy	**Prophylaxis**
pros	**Prosthodontics**
PSR	**Periodontal Screening and Recording**
PT	**Physical Therapy**
Pt	**Patient**
PTL	**Preterm Labor**
PTSD	**Post-Traumatic Stress Disorder**
PTT	**Partial Thromboplastin Time**
PUFA	**Polyunsaturated Fatty Acid**
PVC	**Premature Ventricular Contraction**
PVD	**Peripheral Vascular Disease**
pwd	**Powder**
PZA	**Pyrazinamide**
Q	**MEANING**
QFT-G	**QuantiFERON Tuberculosis Gold**
QID	**Four times daily**

qs	**Quantity Sufficient**
quad	**Quadrant**
R	**MEANING**
R	**Respiration**
R/T	**Related To**
RA	**Rheumatoid Arthritis**
RAD	**Reactive Airway Disease**
RAP	**Residential Adolescent Placement**
RAT	**Right Anterior Thigh**
RBC	**Red Blood Cells or Count**
RC	**Root Canal**
RCF	**Root Canal Filling**
RCT	**Root Canal Treatment / Therapy**
RD	**Registered Dietitian**
RDA	**Recommended Dietary Allowance**
RDI	**Recommended Dietary Intakes**
RDN	**Registered Dietitian Nutritionist**
RDS	**Respiratory Distress Syndrome**
RDT	**Right Deltoid**
re:	**Regarding**
re√	**Recheck**
rec	**Recommend**
REF	**Refer**
reg	**Regular**
rehab	**Rehabilitation**
res	**Resin**
resp	**Respiration**
rest	**Restoration**
RF	**Retroflexed**
RFA	**Right forearm**
RFLP	**Restriction Fragment Length Polymorphism**
RFV	**Reason for Visit**
RG	**Right Gluteal**
Rh-	**Rhesus Negative**
Rh+	**Rhesus Positive**
RHD	**Rheumatic Heart Disease**
RIF	**Rifampin**
RIG	**Rabies Immune Globulin**
RLE	**Right Lower Extremity**
RLL	**Right Lower Lobe Lung**

RLQ	**Right Lower Quadrant**
RLT	**Right Lateral Thigh**
RMA	**Refugee Medical Assistance**
RN	**Registered Nurse**
R/O	**Rule Out**
ROM	**Range of Motion**
ROS	**Review of Systems**
RPD	**Removable Partial Denture**
RPR	**Rapid Plasma Reagin**
RR	**Red Reflex**
RRR	**Regular Rate and Rhythm**
RRW	**Rales, Rhonchi, Wheezing**
RSV	**Respiratory Syncytial Virus**
RTC	**Return to Clinic**
RTF	**Ready-to-Feed or Ready to Use**
RTR	**Right Triceps**
RUE	**Right Upper Extremity**
RUL	**Right Upper Lobe**
RUOQ	**Right Upper Outer Quadrant**
RUQ	**Right Upper Quadrant**
RV	**Retroversion**
RVG	**Right Ventral Gluteus (for IM injections)**
RVH	**Right Ventricular Hypertrophy**
Rx	**Prescription**
S	**MEANING**
S & S	**Signs and Symptoms**
S_1	**First Heart Sound**
S_2	**Second Heart Sound**
SAH	**Subarachnoid Hemorrhage**
SARS	**Severe Acute Respiratory Syndrome**
SBS	**Shaken Baby Syndrome**
Scal	**Scale / Scaling / Scaled**
script	**Prescription**
SEC	**Secondary**
SEM	**Systolic Ejection Murmur**
SEOC	**State Emergency Operations Center**
SERT	**State Emergency Response Team**
SES	**Socioeconomic Status**
SFA	**Saturated Fatty Acid**

SGA	**Small for Gestational Age**
SGOT	**Serum Glutamic Oxaloacetic Transaminase (now called AST)**
SGPT	**Serum Glutamic Pyruvic Transaminase (now called ALT)**
SHx	**Social History**
sib	**Sibling(s)**
SIDS	**Sudden Infant Death Syndrome; soon to be replaced with SUID - Sudden Unexpected Infant Death**
sig	**Prescription Instructions**
SIL	**Squamous Intraepithelial**
SIPP	**Statewide Inpatient Psychiatric Program**
sl	**Sublingual**
SLE	**Systemic Lupus Erythematosus**
sm	**Small**
SMA	**Sequential Multiple Analysis**
SMBG	**Self-Monitoring Blood Glucose**
SNF	**Skilled Nursing Facility**
SnF2	**Stannous Fluoride**
SNS	**Strategic National Stockpile**
SO	**Significant Other**
SOAP	**Subjective, Objective, Assessment, Plan**
SOB	**Shortness of Breath**
S/P	**Status Post**
SpNS	**Special Needs Shelter**
spont	**Spontaneous**
SROM	**Spontaneous Rupture of Membranes**
SSC	**Stainless Steel Crown**
SSDI	**Social Security Disability Insurance**
staph	**Staphylococcus**
ST	**Speech Therapy**
STAT	**At Once**
STD	**Sexually Transmitted Disease**
strep	**Streptococcal**
STS	**Serologic Test for Syphilis**
SubQ	**Subcutaneous**
SUID	**Sudden Unexpected (unexplained) Infant Death**
supp	**Suppository**
SVD	**Spontaneous Vaginal Delivery**
SW	**Social Worker**
Sx	**Symptom(s)**

T	MEANING
T & A	**Tonsillectomy and Adenoidectomy**
T bili	**Total Bilirubin**
T or temp	**Temperature**
T_4	**Thyroxine**
tab	**Tablet(s)**
TAH/BSO	**Total Abdominal Hysterectomy and Bilateral Salpingo-oophorectomy**
TB	**Tuberculosis**
TBD	**To Be Determined**
tbsp	**Tablespoon**
T/C	**Telephone Call**
T-cells	**Thymus-dependent Lymphocytes**
TCA	**Trichloroacetic Acetic Acid**
Td	**Tetanus-diphtheria Toxoids**
Tdap	**Tetanus, Diphtheria, Pertussis Vaccine**
TEE	**Total Energy Expenditure**
TEMP	**Temperature**
TFA	**Topical Fluoride Application**
TID	**Three Times Daily**
TM	**Tympanic Membrane**
TMA	**Transcription-Mediated Amplification (STD)**
TMD	**Temporal Mandibular Joint Dysfunction**
TMJ	**Temporomandibular Junction / Joint**
TNTC	**Too Numerous to Count**
TOAC	**Toothache**
TOC	**Test of Cure**
top	**Topical**
TPI	**Treponema Pallidum Immobilization**
TPN	**Total Parenteral Nutrition**
TPPA	**Treponemal Pallidum Particle Agglutination (STD)**
TPR	**Temperature, Pulse, Respiration**
tr	**Trace**
trach	**Tracheostomy**
Trich	**Trichomonas**
trig	**Triglycerides**
TRUST	**Toluidine Red Unheated Serum Test**
TSE	**Testicular Self Examination**
TSH	**Thyroid Stimulating Hormone**

tsp	**Teaspoon**
TST	**Tuberculin Skin Test**
TUR	**Transurethral Resection**
Tx	**Treatment**
U	**MEANING**
UA	**Urinalysis**
UBW	**Usual Body Weight**
UCG	**Urinary Chorionic Gonadotropin**
UE	**Upper Extremity**
UGI	**Upper Gastrointestinal**
ULQ	**Upper Left Quadrant**
unk	**Unknown**
unsat	**Unsatisfactory**
URI	**Upper Respiratory Infection**
URQ	**Upper Right Quadrant**
US	**Ultrasound**
USPSTF	**United States Preventive Services Task Force**
USR	**Unheated Serum Reagin**
UTD	**Up to date**
UTI	**Urinary Tract Infection**
UVGI	**Ultraviolet Germicidal Irradiation**
V	**MEANING**
V	**Varnish**
VA	**Veteran's Administration**
Vag	**Vaginal**
VAIN	**Vaginal Intraepithelial Neoplasia (neoplasm)**
Vasoc	**Vasoconstrictor**
VDRL	**Venereal Disease Research Laboratory**
VIN	**Vaginal (vulvar) Intraepithelial Neoplasia**
VISA	**Vancomycin Intermediate Staphylococcus Aureus**
VIT	**Vitamins**
VITA	**Vitamin A**
VITB	**Vitamin B**
$VITB_6$	**Pyridoxine Hydrochloride (HC1)**
VITC	**Vitamin C**
VITD	**Vitamin D**
VITE	**Vitamin E**
VITK	**Vitamin K**

VL	**Viral Load**
VLBW	**Very Low Birth Weight**
VLC	**Visible Light-Cured Composite**
VLDL	**Very Low-density Lipoproteins**
VOC/ID	**Verification of Certification / Identification**
VRE	**Vancomycin-resistant Enterococci**
VRSA	**Vancomycin-resistant Staphylococcus Aureus**
VS	**Vital Signs**
VSS	**Vital Signs Stable**
VZ	**Varicella Zoster Disease / Chicken Pox**
VZIg	**Varicella Zoster Immunoglobulin**
VZV	**Varicella Vaccine**
W	**MEANING**
WBC	**White Blood Cell**
WC	**Wheelchair**
WD	**Well Developed**
WDWN	**Well Developed, Well Nourished**
W/F	**White Female**
WIC	**Women, Infants and Children**
wk	**Week**
W/M	**White Male**
WM	**Wet Mount**
WN	**Well Nourished**
WNL	**Within Normal Limits**
WNV	**West Nile Virus**
wt	**Weight**
X	**MEANING**
x	**Multiplied By / Times**
Y	**MEANING**
yo	**Year-old**
Yr.	**Year**
Z	**MEANING**
Zn	**Zinc**
ZOE	**Zinc Oxide Eugenol**
	END OF LIST…….

Certification Process for Fully Breastfed Baby (IBE) in Hospital

Certification

A hospitalized breastfeeding infant can be certified as an IBE baby while in the hospital, whether the baby has medical complications or is a healthy newborn. If residency, income, and identity eligibility information cannot be obtained at the time of certification, a short certification can be done.

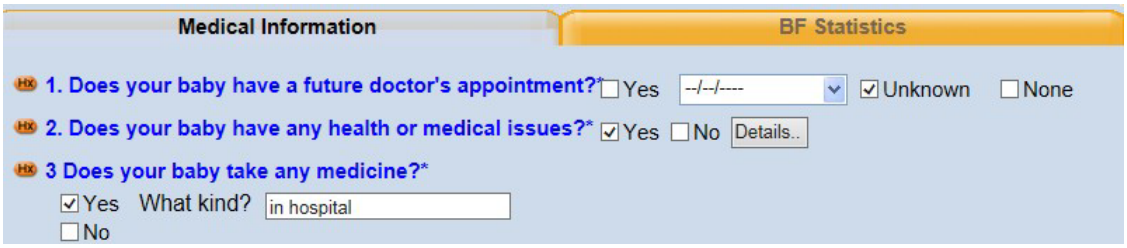
Note: If a mother does not plan to fully breastfeed her healthy infant when discharged from the hospital, the infant should not be certified while the infant is still in the hospital. The infant will not be able to get additional formula for the first month unless there is a medical need, as determined by a complete breastfeeding assessment by WIC staff with breastfeeding training. This must be clearly discussed with the mother before a decision is made as to the category to certify the infant and whether to certify while in the hospital.

Certification Screens in FL-WiSE

On Cert Action, select "Medical Condition Exemption" from the *Reason Not Present* dropdown. The Infant/Child Height/Weight screen and immunizations screen will need to be completed. Birth weight and length data given verbally by the authorized representative or referral data from the health care provider must be entered as part of the certification process.

All questions in blue on the medical, breastfeeding statistics, and nutrition history screens in FL-WiSE must be answered in order to certify the infant. Since parents may not know the answers for their hospitalized baby, the following directions are given to provide direction in how to answer the required questions when the infant is still in the hospital.

Complete Medical Screen (Medical Information and BF Statistics tabs) Questions 1 - 3

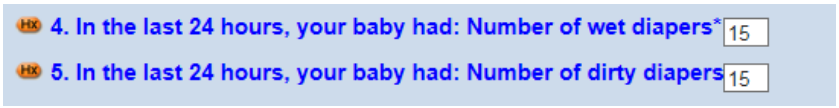


#1: If the infant has not been scheduled for a future doctor's appointment, check "unknown."

#2: If the infant is a healthy newborn with no health or medical issues, check "No".
If the infant is in the hospital due to medical complications, check "Yes" and select the type of health or medical issue(s) that the infant may have, if known. If the health or medical problem is not known, check "Other Medical Conditions" and click on "x" to close.

#3: List any medications the infant is taking, if known, or in the text box type "in hospital", if not known. If the infant is not on any medications, check "No".

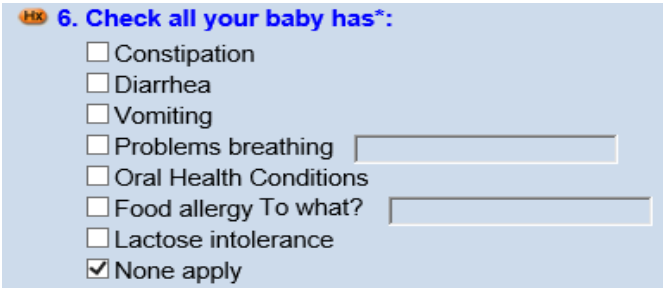
Questions 4 – 5



#4 and #5: If the number of wet or dirty diapers is known, put in the correct number. However, it is likely that the parent may not know this information. If the number of wet and dirty diapers is not known, enter the number "15" in each of the text boxes. This is the maximum number that may be entered and this will not cause a risk factor to be assigned inappropriately.

WIC staff who are reviewing the records should recognize that when 15 has been entered for both questions 4 and 5, "15" should be considered a placeholder number and may not represent actual values of wet or dirty diapers.

Question 6



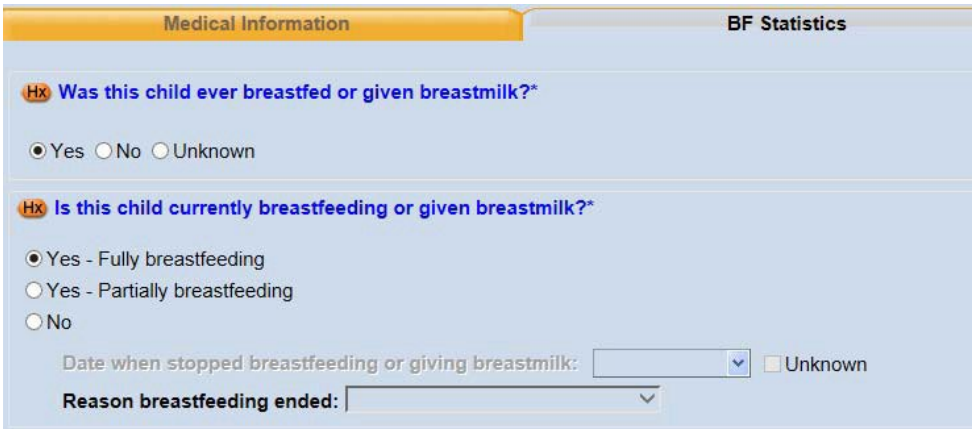
Check any of the listed problems the infant may have, if known.
For example, if the infant has problems breathing this should be checked and in the following text box, the CPA should type "in hospital."
If there are no known problems, check "none apply."

Question 7

If the baby has not been in an enclosed space while someone smoked or vaped tobacco products in the past 7 days answer no.

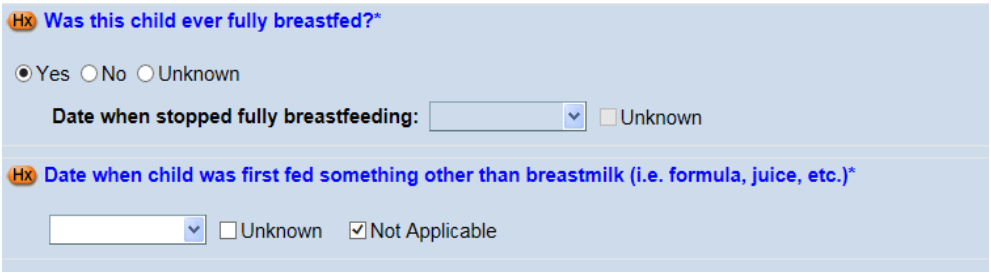
BF Statistics Screen

The Breastfeeding Statistics questions for the infant who is in the hospital will need to be completed.



Was this child ever breastfed or given breastmilk?
Since the infant being certified is breastfed or has been given breastmilk, check "yes."

Is this child currently breastfeeding or given breastmilk?
Because the baby is receiving no formula from the WIC program and is currently breastfeeding, "yes - Fully breastfeeding" should also be checked. (Infants who are in the hospital cannot receive formula from WIC



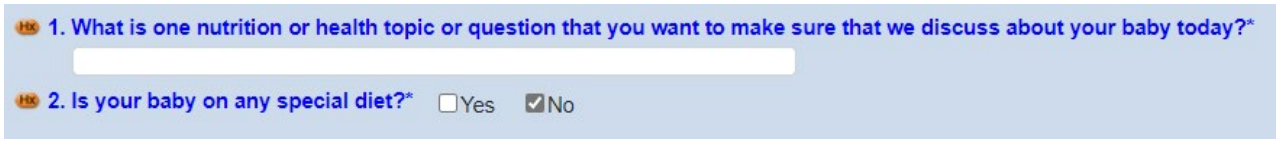
Was this child ever fully breastfed?
Because the infant is being certified as fully breastfed, "yes" should be checked.

Date when child was fed something other than breastmilk (i.e. formula, juice, etc.) Check "unknown" if the parent does not know or "not applicable" if the baby is not being fed something other than breastmilk. If the infant was fed something other than breastmilk, enter the date in the text box, if known.

Complete Nutrition History Screens

The nutrition history questions will need to be completed for the infant being certified. All the nutrition questions must be answered at the time of certification.

Questions 1 – 2



#1: If the parent/caregiver has no questions or concerns about how the infant is eating or growing, check "no." If the parent/caregiver has questions or concerns check "yes" and enter the question or concerns in the text box. Additional information given by the caregiver can be documented in the NE notes or Care Plan, see Chapter 3-7.e.(1)(i)6. of the WIC Manual DHM 150-24 for more details.

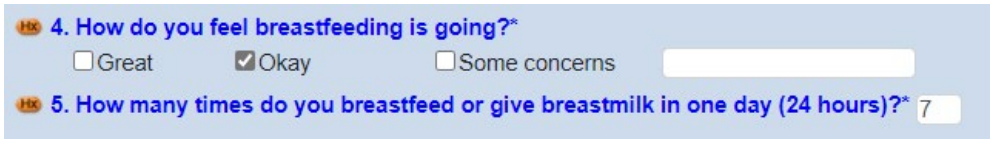
#2: If the infant is not on a specialized diet, check "No."

If unknown whether the baby is on a special diet, check "yes", then check "Medically prescribed diet" and enter "baby in hospital" in the text box. Checking "Medically prescribed diet" in this question will not trigger a nutrition risk.

Question 3

#3: If the baby is not getting any vitamins/minerals or herbal products in the hospital or if it is unknown, check "none." If the parent/caregiver is aware that the baby is getting vitamins/minerals in the hospital, check Vitamins/minerals, and type "in hospital" in the text box provided.

Questions 4 – 5



#4: Select the most appropriate answer for how the mother says breastfeeding is going. If some concerns is checked, the box must be completed.

#5: Enter the number of times the infant is breastfed or given breastmilk in one day (24 hours), if known. Enter the number "20" in the text box if unknown. This will prevent a risk factor from being assigned inappropriately.

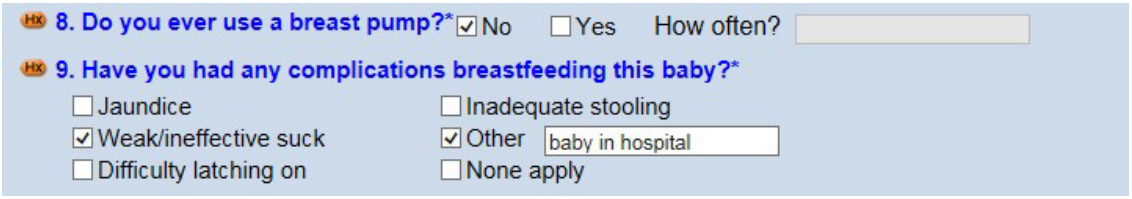
WIC staff who are reviewing this record should recognize that when 20 has been entered for this question, "20" should be considered a placeholder number and may not represent actual values.

Questions 6 – 7

#6: If swallowing is not heard when the baby is breastfeeding or if the baby is not going to the mother's breast, check "no." If the mother is able to hear swallowing while breastfeeding, check "yes".

#7: If the baby is going to the breast, check who ends the session. If the baby is not going to the mother's breast and is fed breastmilk by an alternate method, check that the "baby" ends the nursing session.

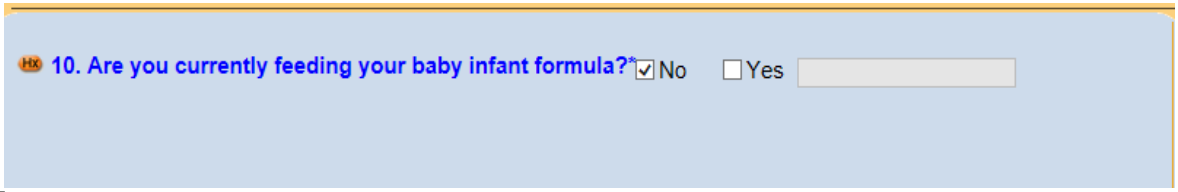
Questions 8 – 9



#8: Check "no" if a breast pump is not being used. If a breast pump is being used, check "yes" and in the text box enter how often the mom is using the breast pump in a 24 hour period.

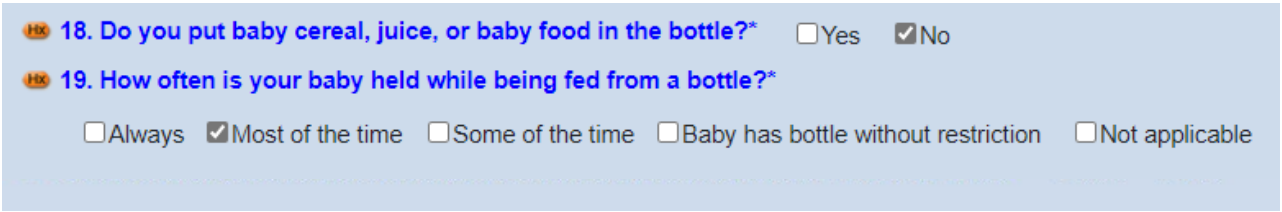
#9: Check what complication(s) the baby has had with breastfeeding, if known. Check "other" and enter "baby in hospital" in the text box. If there are no complications, check "None apply."

Question 10

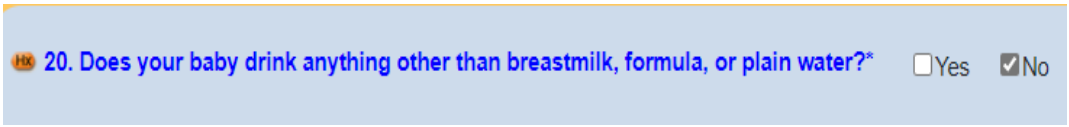


#10: Because the baby is hospitalized and the parent/caregiver is not currently feeding the baby infant formula provided by the WIC program, check "no". This will omit the questions about formula feeding, many which the mother may not know. If it is known what type of formula the infant is being fed this should be documented in the NE notes or Care Plan, as appropriate, and indicate that the baby is fed the formula in the hospital. See Chapter 3-7.e.(1)(i)6. of the WIC Manual DHM 150-24 for more details. WIC staff should be aware that a "no" answer to this question for a baby certified in the hospital does not mean the baby is not receiving any formula.

Questions 18 - 20

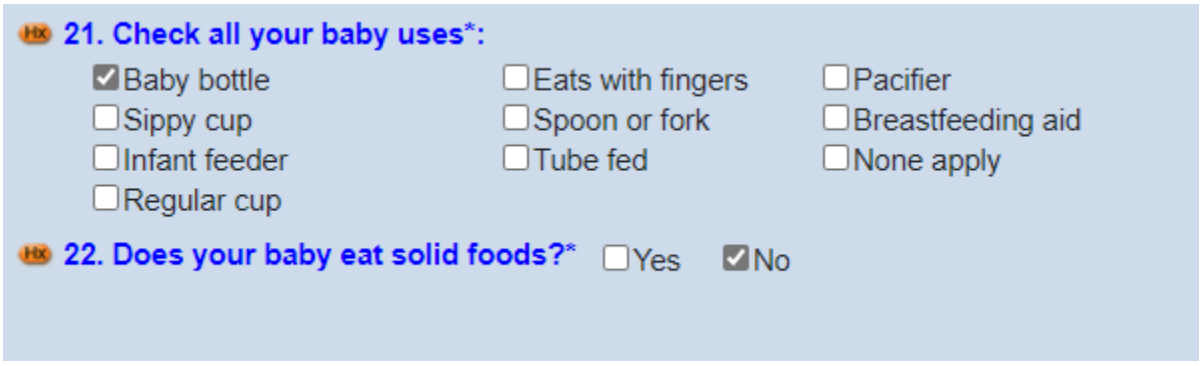


#18: Check "no", the parent or caregiver is not adding cereal, juice, or baby food to the baby's bottle.
#19: If it is unknown how often the baby is held while being fed from a bottle check "not applicable".



#20: If mother does not know, check "no", the baby does not drink anything other than breastmilk, formula, or plain water, to prevent FL-WiSE from triggering further questions that the mother may not be able to answer. If the mother is knowledgeable about what the baby is drinking, check "yes" and document what the baby drinks in the text box, NE notes or Care Plan. See Chapter 3-7.e.(1)(i)6. of the WIC Manual DHM 150-24 for more details.

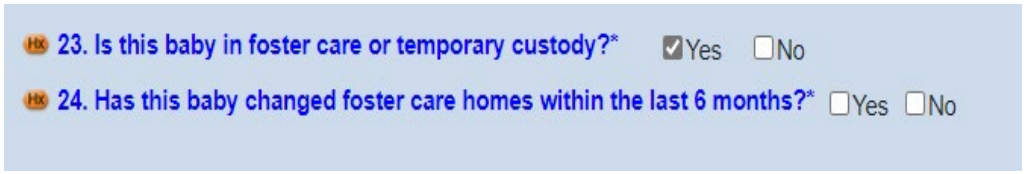
Questions 21 - 22



#21: If it is unknown what the baby uses while hospitalized, check "none apply." If the parent/caregiver knows what the baby uses in being fed, check those that are known.

#22: Check "no", the baby does not eat solid foods.

Questions 23 - 24



#23: Is this baby in foster care or temporary custody? If the answer is yes, question 24 will appear.

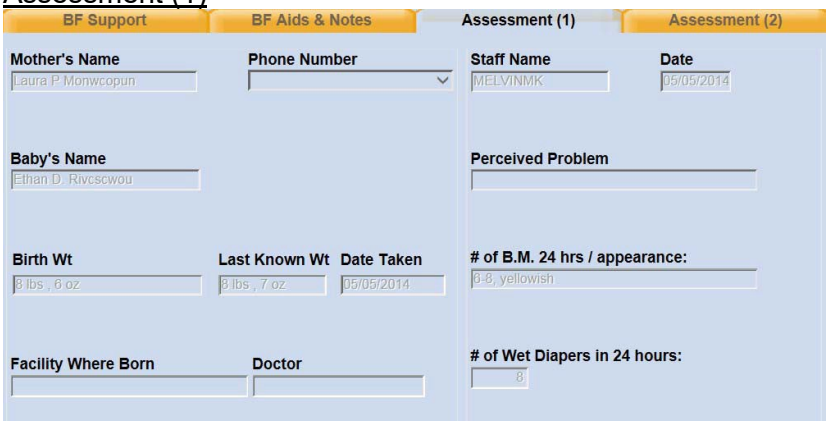
#24: Has this baby changed foster care homes within the last 6 months? Answering yes to both questions 23 and 24 will automatically assign nutrition risk 904.01 for Foster or Shelter Care.

Reminder: For the baby to be certified, the medical and nutrition history screens must be completed. If the answers to the questions are known, check the correct answer and type in the text boxes as appropriate. Add any additional information related to the baby's health or feeding in the NE notes if low risk or Care Plan if high risk. See Chapter 3-7.e.(1)(i)6. of the WIC Manual DHM 150-24 for more details.

Complete BF Assessment Screens

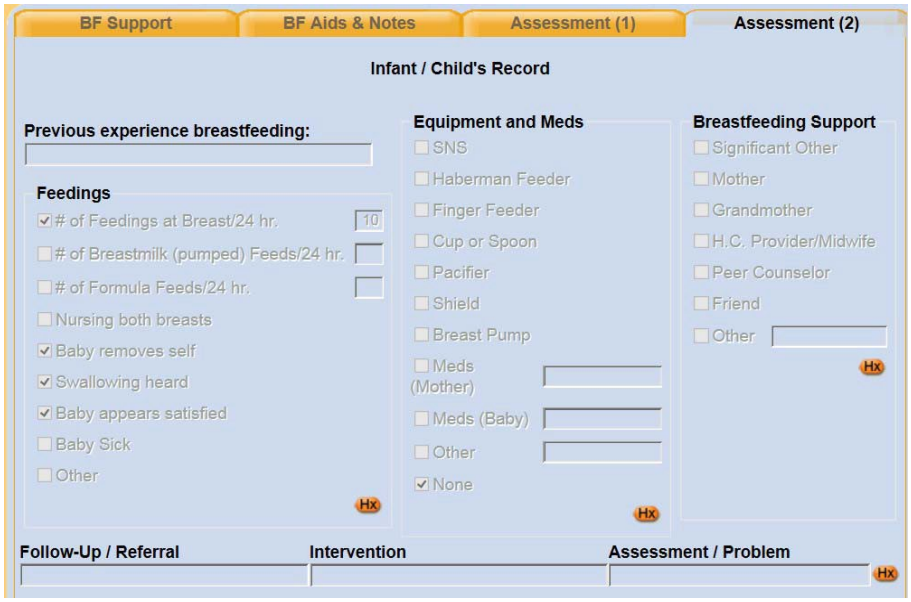
The Breastfeeding Assessment screens for the infant who is in the hospital will need to be completed.

Assessment (1)



Assessment 1 is required to be completed for breastfeeding infants at certification. Fill in the required information for the # of BM in 24hrs/appearance and # of Wet Diapers in 24 hours. Enter the number "20" in the text box if unknown. When 20 has been entered for this question, "20" should be considered a placeholder number and may not represent actual values.

Assessment (2)



Assessment 2 is also required to be completed for breastfeeding infants at certification. Under the heading "Feedings", check the # of Feedings at Breast/24 hr. and then enter the # of feedings. If the infant is being fed pumped milk, check the # of Breastmilk (pumped) Feeds/24 hr. and enter the number of times the infant is fed pumped breastmilk. Because the baby is hospitalized and the parent/caregiver is not currently feeding the baby infant formula provided by the WIC program, do not check # of Formula Feeds/24 hr.

If other information is known about feedings, equipment and meds or breastfeeding support, check the box provided.

Complete the Certification

Assign Nutrition Risks.

Document any notes in the NE notes for low risk infants or Care Plan for high risk infants. See Chapter 3-7.e.(1)(i)6. of the WIC Manual DHM 150-24 for more details.

On the Food prescription screen, the Certification is to be checked complete.
The Food Package must be assigned for the exclusively breastfed infant receiving no formula from WIC (IBE – NO FORMULA, PARTICIPANT ONLY (0 months).

The No Formula food package must be “issued” for the exclusively breastfed infant for the infant to be counted as a participant

Back-Up Procedures When FL-WiSE is Down

In the event there is a power outage or in preparation of the threat of an upcoming disaster, each clinic should be prepared to use the Back-Up Procedures for FL-WiSE. A complete listing of all FL-WiSE Back-Up Procedure forms can be located on SharePoint.

Below is a list of the forms used by the CPA to complete the Nutrition and Medical Screens and the BF Assessment Screens when manually certifying/recertifying a client, assessing nutrition risk, and providing counseling appropriate to the client's risks/concerns. See SharePoint site for current forms.

1. Supplemental Breastfed Infant Assessment Questions (Manual procedures)
2. Supplemental Woman's Medical Questions (Manual procedures)
3. Supplemental Woman's Breastfeeding Assessment Questions (Manual procedures)
4. FL-WiSE Manual Certification Form
5. Rights and Obligations
6. Prenatal Weight Gain Grids (See Attachment 9, CPA Guidebook)
7. Infant and Child Growth Charts (See Attachment 10, CPA Guidebook)
8. Medical/Nutrition Questionnaire for each client. (See Attachment 2, CPA Guidebook)

For further information on Back-Up Procedures for certification, see FL-WiSE User's Manual – Clinic, Chapter 34. *FL-WiSE Manual Back Up Procedures* and WIC SharePoint site *WIC EBT Project, System Down and Disaster Preparation*.

Infant's Name:_____ Date:_____

TO BE COMPLETED BY STAFF ONLY.

Supplemental Manual Breastfed Infant Assessment Questions

Perceived Problems_____

Number BM in 24 hours / Appearance _____

Number Wet Diapers in 24 hours _____

Number Feedings at Breast in 24 hours _____

Number Breast milk (pumped) Feeds in 24 hours _____

Number Formula Feeds in 24 hours _____

Feedings:

___Nursing both breasts

___Baby removes self

___Swallowing heard

___Baby appears satisfied

___Baby sick

___Other _____

Equipment and Meds:

___SNS

___Haberman Feeder

___Finger Feeder

___Cup or Spoon

___Pacifier

___Shield

___Breast Pump

___Meds (Mother) what _____

___Meds (Baby) what _____

___Other _____

___None

Breastfeeding Support:

___Significant Other

___Mother

___Grandmother

___Health Care Provider / Midwife

___Peer Counselor

___Friend

___Other

Woman's Name:_____ Date:_____

TO BE COMPLETED BY STAFF ONLY.

TO BE COMPLETED BY STAFF ONLY.

Supplemental Manual Woman's Medical Questions

All Women:

1.Total number of pregnancies (including this one): ____
How many times have you been pregnant for 20 weeks or more before this pregnancy? _____
Total number of previous pregnancies which resulted in a live birth – multiple births count as one (if postpartum or breastfeeding, include most recent pregnancy). ____
When did your last pregnancy end (date of delivery, abortion, miscarriage, or stillbirth)? – if postpartum or breastfeeding do NOT include most recent pregnancy ____/___/_____

Pregnant Only:

2. Have you received prenatal care for this pregnancy? Y N Started in what month? _____
3. How many times have you seen your health care provider for this pregnancy? ____
4. How interested are you in breastfeeding? ___Very ___Somewhat ___Not sure
5. Check all that apply to this pregnancy: ___Hyperemesis gravidarum ___Gestational diabetes
___Hypertension, pregnancy-induced ___Multifetal gestation ___Breastfeeding a child 12 months and older
___Breastfeeding a baby less than 12 months of age (circle type of food package IBE/IBPMostly/IBPSome)
___Do you have any severe breastfeeding problems _____ ___None apply
6. During any previous pregnancy did you have: ___ Gestational diabetes ___Preeclampsia
___Premature delivery less than 37 weeks ___Early Term Delivery (≥37 to <39 weeks)
___Infant weighing 5 pounds 8 ounces or less ___Infant weighing 9 pounds or more
___2 or more spontaneous abortions less than 20 weeks ___Any fetal death 20 weeks or more
___Infant born alive but died within 28 days ___Infant with congenital or other birth defect ___None

Postpartum and Breastfeeding Only:

7. Check all that apply to the most recent pregnancy:
__Premature Delivery (less than 37 weeks)
__Early Term delivery (≥37 to <39 weeks)
__Infant weighing 5 pounds 8 ounces or less
__Multifetal gestation? If yes, how is each baby fed?: Baby 1 ___ Baby 2 ___ Baby 3 ___
__Infant with congenital or other birth defect
__Cesarean section
__Spontaneous abortion at less than 20 weeks of pregnancy
__Fetal death at 20 or more weeks of pregnancy
__Infant born alive but died within 28 days
__Other: _____
__None apply
8. Have you ever had: ___Gestational diabetes ___Preeclampsia ___Infant weighing 9 pounds or more
___None apply

Breastfeeding Only:

9. How is breastfeeding going?___Great ___OK ___Some Concerns

10. Do you have any severe breastfeeding problems? N Y: _____

Woman's Name:_____ Date:_____

TO BE COMPLETED BY STAFF ONLY.

Supplemental Manual Woman's Breastfeeding Assessment Questions

Breastfeeding Women Only

Perceived Problems_____

Number BM in 24 hours / Appearance _____

Number Wet Diapers in 24 hours _____

All Women

Feedings:

Previous experience breastfeeding _____

Equipment and Meds:

___Breast Pump

___Meds (Mother) what _____

___Meds (baby) what _____

___Other _____

___None

Breastfeeding Support:

___Significant Other

___Mother

___Grandmother

___Health Care Provider / Midwife

___Peer Counselor

___Friend

___Other

FL-WiSE Manual Certification Form

__ Certification

__ Recertification

Date: _____ Family ID (if known): _____

Client Demographic and Eligibility **Clinic: _____**

Preferred Language: _____ English _____Spanish _____ Haitian-Creole _____ Other (Add Note)

Special Needs: _____ Special Accommodations: _____

Notes:_____

Authorized Representative Name	Birth Date	Address (physical/mailing)	Zip Code	Proof of Identity	Education Level	Marital Status

	Client Name and Identification Number if known	Birth Date	Client Category	M/ F	Foster Care	Proof of Identity	Hispanic/ Latino	Race(s)
Client #1							Y N	
Client #2							Y N	
Client #3							Y N	

Phone # (note if no contact desired)	Text Y or N	Migrant	Co-Caretaker	Proxy
	Y N	Y N		

Eligibility Information:

Family Size	Number of Expected Infants	Manually Verified Adjunct Eligibility		Voter Registration Verification	Proof of Residency	Internet Access
		Client #1	Y N			Y N
		Client #2	Y N			
		Client #3	Y N			

Income

Source	Interval	Amount	Verification	Date

Income Details

Income Interval	Income Amount	Verification	Date Received
Week 1			
Week 2			
Week 3			
Week 4			
Total (Add the 4 paychecks and divide by 4 to get the weekly interval)			

Income Interval	Income Amount	Verification	Date Received
Bi-Week 1/Semi-Month 1			
Bi-Week 2/Semi-Month 2			
Total (Add the 2 paychecks and divide by 2 to get the bi-weekly/semi-month interval)			

Income Details continued

Income Interval	Income Amount	Verification	Date Received
Week 1			
Week 2			
Week 3			
Week 4			
Total (Add the 4 paychecks and divide by 4 to get the weekly interval)			

Income Interval	Income Amount	Verification	Date Received
Bi-Week 1/Semi-Month 1			
Bi-Week 2/Semi-Month 2			
Total (Add the 2 paychecks and divide by 2 to get the bi-weekly/semi-month interval)			

If Multiple Income Intervals (annualize income):

Income Interval	Income Amount
Weekly (multiply by 52)	
Bi-Weekly (multiply by 26)	
Semi-monthly (multiply by 24)	
Monthly (multiply by 12)	
Yearly	
Total	

Eligibility Determination Worker Signature, Title: _____

Eligibility Determination Date: _____

Anthropometric/Lab Date of Anthro: _____ Date of Lab: _____

	Client Name	EDD/ADD/Cert End (OS)	Birth Weight/Weeks Gestation/Pre-Pregnancy Wt/Wt before Delivery	Ht inches and 16th	Wt lbs./oz	Hgb /Hct	Immunization Status/Referred
Client #1							
Client #2							
Client #3							

Note if referral data: client _____ Date of data _____
Lab Worker Signature, Title: _____
Lab Work Date: _____
Rx received from health care professional: Yes/No Attach if yes.
Risks/Food Prescription

	Client Name	Nutrition Risks	Food Rx/Formula Assign	Direct Distribution	Issuance Information
Client #1					
Client #2					
Client #3					

CPA Signature, Title: _____

CPA Date: _____

Additional Info:

Service Codes/User Identification: _____

Alert Messages to Add: _____

Other: _____

Please Check After Completed	
	☐ **Medical/Nutrition Questionnaire and Supplemental Manual Questions**
	☐ **Voter Registration – Attestation/Application**
	☐ **EBT Card Issuance Letter**
	☐ **Manual Issuance Log**
	☐ **Benefit Card Number Assigned/User Identification:**
	☐ **Next Appointment/User Identification:**
	☐ **Alert Message Entered/User ID:**
	☐ **Formula Amount Notification Form**
	☐ **Notice of Ineligibility/Suspension Form**
	☐ **No Proof Form**
	☐ **EBT Card Replacement Form**

Rights and Obligations/Consent – English

The following sentences shall be read by, or read to the person or parent or guardian of the person, in a language he or she understands:

- Standards for eligibility and participation in the WIC Program are the same for everyone regardless of race, color, national origin, sex, age, or disability.
- If you are planning to move out of state, let the WIC staff know so that you can be provided all the information that you need to obtain WIC benefits in your new state.
- If you have a disability that limits you in any way, you have a right to request free reasonable modifications, auxiliary aids and services (applicant and companion), or other accommodations when necessary to access programs or information.
- If you have trouble reading, writing, speaking, or understanding the English language, you have a right to request free language assistance services (interpreters, translated materials, or direct in-language services).
- You may appeal any decision made by the local agency regarding your eligibility for the WIC Program.
- The local agency will make health services and nutrition education available to you and you are encouraged to participate in these services.
- Florida's Surgeon General may authorize the disclosure and use of information about your participation in the WIC program for non-WIC purposes to State and local WIC agencies and public organizations only for use in the administration of their programs that serve persons eligible for the WIC program. The recipient of the information can only use it to determine your eligibility for its program, to conduct outreach for its program, to enhance your health, education or well-being while enrolled in its program, to streamline administrative procedures to minimize the burden on you or on staff, and to assess and evaluate Florida's responsiveness to participants' health care needs and health care outcomes.
- The WIC Program can communicate with my health care providers to ensure continuity of services.
- I will not sell food, formula, medical foods, or breast pumps purchased with WIC EBT cards, or provided by WIC, nor will I exchange WIC items for anything of value. I understand that baby formula purchased with WIC EBT cards may not be exchanged at the store for another brand or type of formula.
- I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This information is required for the receipt of Federal assistance. Program officials may verify the information I have provided. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Consent: Federal law prevents my/my child's identification as a WIC participant without my consent. I hereby give consent for the WIC Program to contact me by phone (leaving a message on my answering machine/voicemail), email, text, or mail (postcard), if needed. My consent also includes contacting me on the cell phone number I have provided and/or contacting me by use of an automatic dialing service with or without a pre-recorded voice message. I understand it is my right to refuse such contact and that this decision will not affect my eligibility or service with the WIC Program. WIC staff have been told of my decision to give consent, or not to give consent.

Co-Caretaker/Proxy: I have informed WIC staff of the person I selected to be my co-caretaker and/or proxy or of my choice not to designate a co-caretaker and/or a proxy at this time.

I have been told about and understand my rights and obligations.

_____ Date Signed: _____

Authorized Representative or Co-Caretaker Signature

This institution is an equal opportunity provider.

Rights and Obligations/Consent – Spanish

Derechos y Obligaciones/Consentimiento

- Los criterios para elegibilidad y participación en el Programa WIC son los mismos para todos sin importar la raza, color, origen nacional, sexo o limitaciones físicas.
- Si está planeando mudarse fuera del estado, comuníqueselo al personal del WIC para que usted pueda recibir toda la información que necesita para obtener beneficios del WIC en su nuevo estado.
- Si tiene una discapacidad que lo limita de alguna manera, tiene derecho a solicitar modificaciones razonables gratis, ayudas y servicios auxiliares (solicitante y acompañante) u otras adaptaciones cuando sea necesario para acceder a programas o información.
- Si tiene problemas para leer, escribir, hablar o comprender el idioma inglés, tiene derecho a solicitar servicios gratis de asistencia con el idioma (intérpretes, materiales traducidos o servicios directos en el idioma).
- Usted puede apelar cualquier decisión hecha por la agencia local con relación a su elegibilidad para el Programa de WIC.
- La agencia local tendrá a su disposición servicios de salud y nutrición y le animará a participar de esos servicios.
- El Cirujano General de Florida puede autorizar la revelación y el uso de información acerca de su participación en el Programa WIC para propósitos no relacionados con WIC a agencias Estatales y locales de WIC y a organizaciones públicas solamente para ser usadas en la administración de sus programas que sirven a personas elegibles para el programa WIC. El recipiente de la información solo podrá utilizarla para determinar su elegibilidad para su programa, para alcance de la comunidad para su programa, para mejorar su salud, educación o bienestar mientras está participando en su programa, simplificar procedimientos administrativos, minimizar su carga o la del personal y para analizar y evaluar la respuesta de Florida a las necesidades de salud y los resultados de cuidado de salud de los participantes.
- El programa WIC puede comunicarse con mis proveedores médicos para asegurar la continuidad de los servicios.
- No venderé alimentos, fórmula, alimentos médicos o bombas para lactancia compradas con la Tarjeta de Débito de WIC y tampoco cambiaré los artículos de WIC por nada de valor. Entiendo que la fórmula comprada con Tarjetas de Débito de WIC no puede ser cambiada en la tienda por otra marca o tipo de fórmula.
- He sido notificado de mis derechos y responsabilidades bajo el Programa. Yo certifico que hasta donde yo sé, la información que he provisto para determinar mi elegibilidad es correcta. Esta información se require para el recibo de asistencia Federal. Los oficiales del Programa pueden verificar la información que he provisto. Yo entiendo que el hacer una declaración falsa intencionalmente o representando falsamente, ocultando o reservando hechos, puede resultar en pago a la agencia Estatal en efectivo, el valor de beneficios de comida recibidos por mí y me puede someter a cargos criminales bajo la ley Estatal y Federal.

Consentimiento: La ley Federal previene que yo o mi niño/niños seamos identificados como participantes de WIC sin mi consentimiento. Por la presente autorizo al Programa WIC a llamarme por teléfono (dejando mensaje en mi máquina grabadora/contestador automático), por correo electrónico o por correo (tarjeta postal) si es necesario. Mi consentimiento también incluye el contacto por medio del teléfono celular que he provisto y/o contactándome mediante el uso de servicio de acceso telefónico automático o sin un mensaje de voz pre- grabado. Yo entiendo que es mi derecho el rechazar este contacto y que esta decisión no afectará mi elegibilidad o servicio con el Programa WIC. El personal de WIC me han informado de mi desición de dar o no dar consentimiento.

Encargado o persona designada: Le he informado al personal de WIC quién es la persona que he seleccionado para ser mi encargado y/o persona designada en éste momento.

Me informaron sobre mis derechos y obligaciones, y los entiendo.

_____ Date Signed: _____

Authorized Representative or Co-Caretaker Signature

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Rights and Obligations/Consent – Haitian-Creole

Dwa Ak Obligasyon/Konsantman

- Kritè de kalifikasyon ak patisipasyon pou Pwogram WIC-la se menm pou tout moun san distenksyon de ras, koulè, peyi kote ou fèt, sèks, laj oswa andikap/enfimite.
- Si w prevwa al viv nan yon lòt eta, fè anplwaye WIC yo konn sa dekwa pou yo ka ba w tout enfòmasyon ou bezwen pou resevwa benefis WIC yo nan nouvo eta w lan.
- Si ou genyen yon andikap ki limite ou nenpòt jan, ou gendwa pou mande modifikasyon rezonab gratis, èd ak sèvis oksilyè (aplikan ak konpayon), oswa lòt aranjman lè sa nesesè pou jwenn aksè nan pwogram yo oswa enfòmasyon.
- Si ou genyen pwoblèm pou li, ekri, pale, oswa konprann lang Anglè, ou gendwa pou mande sèvis asistans lang gratis (entèprèt, materyèl ki tradwi, oswa sèvis dirèk nan lang).
- Ou kapab ale nan tribinal pou nenpòt desizyon ke biwo lokal-la pran sou kalifikasyon-ou pou Pwogram WIC-la.
- Biwo lokal-la va mete sèvis sante ak edikasyon sou zafè nitrisyon disponib pou oumenm epi ou ankouraje pou patisipe nan sèvis sa-yo.
- Chirijyen Jeneral Florid-la ka otorize piblikasyon ak itilizasyon de enfòmasyon osijè de patisipasyon-ou nan pwogram WIC-la a biwo Eta e biwo lokal WIC-yo e ak òganizasyon piblik-yo sèlman pou yo itilize nan administrasyon pwogram-yo ki sèvi moun ki kalifye pou pwogram WIC-la. Moun ki resevwa enfòmasyon-an kapab sèlman itilize-li pou detèmine kalifikasyon-ou pou pwogram pa li, pou mennen enfòmasyon pou pwogram-li, pou amelyore sante-ou, edikasyon oswa byen-nèt pandan ou enskri nan pwogram pa li-a, pou senplifye metòd administratif-la pou redwi chaj sou ou oswa chaj anplwaye-yo e pou evalye koman ke eta Florid la reponn a bezwen sante patisipan yo ak rezilta sante yo.
- Pwogram WIC la kapab kominike avèk founisè swen sante mwen yo pou asire sèvis yo kontinye.
- Mwen pap vann manje, fòmil bebe, manje medikal, oswa ponp tete mwen achte ak kat EBT WIC osinon sa yo ban mwen nan pwogram WIC, ni mwen pap chanje atik WIC-yo pou okenn bagay de valè. Mwen konprann ke fòmil bebe mwen achte ak kat EBT WIC pa kapab chanje nan makèt-la pou yon lòt mak oubyen lòt tip de fòmil.
- Yo konseye mwen sou dwa ak obligasyon mwen nan pwogram-nan. Mwen sètifye ke enfòmasyon mwen bay pou detèmine kalifikasyon kòrèk, daprè sa mwen konnen. Enfòmasyon sa a obligatwa pou kapab resevwa asistans Federal. Ofisye pwogram yo ka verifye enfòmasyon mwen bay yo. Mwen konprann ke fè yon fo deklarasyon pa eksprè, deklarasyon ak manti oswa ki mal reprezante pa eksprè, kache oswa refize bay enfòmasyon ka lakòz peye Biwo Eta, ak lajan kontan, vale benefis manje mwen resevwa nan move kondisyon epi sa ka lakòz mwen tonbe anba pouswiv sivil oswa kriminèl anba lalwa Eta ak Federal.

Konsantman: Lalwa Federal anpeche ke mwen idantifye/pitit mwen idantifye kòm patisipan nan WIC san konsantman mwen. Nan papye sa-a mwen bay konsantman mwen pou Pwogram WIC kontakte mwen pa telefòn (kite mesaj nan repondè mwen/mesaj vokal), imel, oswa pa lapòs (kat postal), si gen bezwen. Konsantman mwen enkli osi pou kontakte mwen nan nimewo selilè mwen bay ak/oswa pou kontakte mwen pa mwayen de yon sèvis telefòn otomatik avèk oswa san yon mesaj vwa pre-anrejistre. Mwen konprann ke se dwa mwen pou mwen refize jan de kontak sa-yo e ke desizyon sa-a pap afekte kalifikasyon mwen oswa sèvis nan Pwogram WIC-la. Mwen fè estaf WIC la konnen de desizyon mwen pou bay konsantman oswa pou pa bay konsantman.

Lòt moun ki ap pran swen avèk ou/Delege-ou: Mwen fè estaf WIC la konnen de moun ke mwen chwazi pou ko-gadyen ak/oswa repranzantan mwen oswa de chwa mwen pou mwen pa chwazi yon ko-gadyen ak/oswa yon reprezantan nan moman sa a.

Yo te fè m konnen dwa ak obligasyon mwen genyen epi mwen konprann yo.

_____ Date Signed: _____

Authorized Representative or Co-Caretaker Signature

Enstitisyon sa a ofri tout moun menm opòtinite a.