

NEVADA WIC



# Workbook: High-Risk Guidebook for Infants

A Workbook to Accompany the High-Risk Guidebook for Infants

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## Using this Workbook

This workbook was created to accompany the High-Risk Guidebook for Infants. As you read through the Guidebook, keep this workbook nearby so that you can easily access it to answer the Critical Thinking Questions and Case Study questions. Take notes and talk with your trainer about these questions and anything else that comes to mind that might help you become a more successful WIC Registered Dietetic Nutritionist (RDN) or Nutritionist.

You will also have the chance to go through the case studies in a role play with your trainer or fellow RDNs and Nutritionists. This is great practice to incorporate PCS skills into your counseling and assessment of participants. Try to make these role-playing exercises as real as possible and discuss questions and concerns you have with your trainer when the role play is over.

If you and your trainer still have questions after discussing the situations, please contact your State Nutrition Consultant or the State Training Team.





## Module 2: Anthropometrics - The 100s Codes

### **103: Underweight or At Risk for Underweight**

1. List some of your main concerns that you would be listening for Mary to address while she explains how Eric is feeding.

### **115: Weight/Length $\geq$ 98th percentile**

1. How could you start the conversation to assess the parent's or caregiver's feelings towards their infant's weight-for-length?

2. What other open-ended questions would you ask to gather all the information that you want to know?

## **H** 134: Failure to Thrive (FTT)

1. List all the questions that you would want to ask a mother with an infant diagnosed with FTT.

## **H\*** 141: Low Birth Weight and Very Low Birth Weight

1. Write out examples of how you can gather the information you need for your assessment in a non-leading way.







## **H** 345: Hypertension and Prehypertension

1. The next appointment that you take part in, whether you are the one leading the appointment or shadowing someone else, pay attention to how you could use the summarizing skill. Write below the main things that were discussed in the appointment, including the goal or behavior change the participant decided upon. Then write out how you could summarize the appointment for the participant.

## **H** 349: Genetic and Congenital Disorders

1. Wendy comes to the WIC clinic with her 2-month-old baby James, who has Down syndrome. Write out all the topics that you would want to cover with the mother and samples of how you could gather this information in a PCS way.

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## H 351: Inborn Errors of Metabolism

1. Is your assessment finished? How can you respond to parents and caregivers that tell you they have no questions or concerns about their infant’s medical conditions?
  
2. Write down a better way to respond to Lindsay saying that she has a good health care team that will continue to allow you to gather information for your assessment of George.

## **H\*** 353: Food Allergies

1. You are seeing an infant for high-risk 353 and the parent tells you that the doctor diagnosed the baby with a milk protein allergy and has written a prescription for Similac Sensitive or Enfamil Gentlease. What are your thoughts?

2. What would your next steps be?

3. Discuss some possible scenarios you might encounter when calling the pediatrician to ask about a prescription that doesn't match the diagnosis of milk protein allergy.

## **H** 354: Celiac Disease

1. When meeting with a family that is confused about what celiac disease is, how would you explain it to them?
2. Are there any resources you would want to share with them? What other information might be helpful to them to manage the strict diet?
3. This can be an overwhelming disease to manage since the infant must follow a very strict diet. What can you say to the family to help alleviate some of the stress?



## Module 4: Dietary Codes and the Concern with High-Risk Participants

1. How are WIC codes 411.B and 115 related?
2. How can you use this information that you received from Rowen's chart to guide your conversation with his mother?



## Case Studies

Work with your trainer and any other newly hired RDNs to go through this case study as a role play. Have the trainer be the participant and the new RDN go through a full high-risk assessment, including writing the note. Prompts will be given for the trainer to use, as they are playing the participant.

### 103.1: Underweight Case Study

#### General Information

Participant is a 6-month-old baby girl Rita.

Birth weight and length: 8 lbs 12 oz and 21½”

5-month (certification) weight and length: 12 lbs and 25½”

Today Rita has been brought to the high-risk appointment by her mother, Georgia. You weigh Rita and she weighs 13 lbs 1 oz and measures 26”. Assess her growth on the Anthropometric panel in WISH.

#### Assessment

You review previous documentation/notes and learn that Rita was born at term and has been exclusively breastfed. Georgia started offering baby foods at 4 months per the pediatrician’s recommendations. Rita didn’t seem to like the foods at the time but has since really taken to them and mom was feeding pureed foods three times a day and nursing every four hours. Mom’s concerns were that Rita was too skinny. You start the conversation by asking mom to describe how she feels about Rita’s mealtimes and feedings. Mom says she likes feedings, especially nursing, and she likes that Rita enjoys her fruits and veggies. She tells you that she hasn’t introduced meats yet. She has started offering a bottle with water in it with Rita’s meals, which is three times a day. Mom tells you that at Rita’s last well-check, the doctor told her to start supplementing with formula to help bring up her weight, which he said was low. Mom was upset about this because she really enjoys nursing and doesn’t want to add formula.

1. What other follow-up questions would you ask Georgia?

2. What other information would you like to collect?

3. Now that you have completed the assessment, what are your initial thoughts about Rita's nutrition?

4. What nutrition care plan would you put together for Rita?

When you have finished, write your SOAP note below.

Discussion Notes:

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## 115: Weight for Length $\geq$ 98<sup>th</sup> percentile Case Study

### General Information

You are seeing Amanda and her 11-month-old baby boy Ellis. Ellis' weight and length are: (10 months): 23 lbs, 12 oz, 28". Today's (11 months): 26 lbs, 29 ½"

### Assessment

You ask the parent to tell you more about how the baby is eating. She tells you, "He eats all the time, usually six to eight ounces of formula at each feeding." Ruefully, Amanda also mentions "Ellis really has a set of lungs and lets everyone know when he's hungry".

"You do such a great job of responding to your baby's needs! It's hard for babies to clearly express when they feel hungry, drowsy, or when they need something to be different. He's lucky you'll be there to notice when he needs something besides food. Can you tell me a little more on how you figure out what he needs from you?"

1. What "red flags" or important concerns have you noticed during your conversation with Amanda?

2. How could you transition to start the conversation about Ellis' weight and his nutrition?

3. What other follow-up questions would you ask Amanda?

4. How could you transition to find out how Amanda feels about Ellis' weight and what the doctor has told her?

5. What nutrition education would you want to give Amanda?

6. Write down the way you would transition to offering nutrition information for baby Ellis.

When you have finished, write your SOAP note below.

Discussion Notes:

### **134: Failure to Thrive Case Study**

#### **General Information**

Lincoln, a 5-month-old baby boy, has been diagnosed with FTT by his pediatrician. His mother, Julia, brings him into the WIC clinic.

General anthropometric information:

Birth: 7 lbs 10 oz and 21½”

4 months: 11 lbs 9 oz and 24”

5 months: 14 lbs and 26½”

#### **Assessment**

Julia says that Lincoln has been exclusively breastfed since birth. He has always latched well but doesn't nurse for long periods (5-10 minutes total) and is on a set schedule of eating every four hours. Julia hasn't started Lincoln on solid foods yet.

1. What are some of the red flags from your conversation thus far?

2. What other questions do you want to ask Julia?

3. Do you agree with the doctor's recommendation to supplement with formula? Why or why not?

4. What are you concerned about regarding Lincoln's feeding and growth?

5. How can you affirm mom and breastfeeding while making weight gain and Lincoln's health a priority?

When you have finished, write your SOAP note below.



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Discussion Notes:

### 135: Inadequate Growth Case Study

#### General Information

Maria has brought her 1-month-old baby girl, Loren, into her high-risk appointment today.

Loren's birth weight: 6 lbs 13 oz                      Length: 19"

Current weight (6 months): 10 lbs 8 oz              Length: 25¼"

#### Assessment

When asked, Maria says that everything is going great and she loves being a new mom. She is exclusively breastfeeding because she knows it is the healthiest nutrition for her baby. She has a great support system at home and says nursing Loren is going really well. She tells you that she has never had any trouble with breastfeeding and feels like she has become a pro at it. When you ask her about how often she is nursing little Loren, Maria tells you that she has downloaded a helpful phone app that tells her when to feed the baby.

1. What other information would you like to collect at this point? Are there any red flags that have popped up?

2. What follow-up questions would you want to ask Maria?

3. Now that you have completed the assessment, what can you identify as potential nutrition concerns? What nutrition care plan would you put together for Loren?

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When you have finished, write your SOAP note below.

Discussion Notes:

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### 343: Diabetes Mellitus Case Study

#### General information

Erica is the mother of a 10-month-old baby girl named Jaiden. Jaiden was recently diagnosed with type 1 diabetes (DM) and was referred to you. You take her current weight and length and see that she is tracking well on the infant growth grid.

#### Assessment

After inviting Erica and Jaiden into your office, you welcome her and then ask her to tell you how she feels about mealtime with Jaiden. Erica says she feels stressed and unsure about mealtimes with Jaiden because she feels so confused about the way Jaiden eats and her insulin. She tells you that she offers her the meals or snacks and sometimes Jaiden gobbles it right up and other times she throws the plate of food on the floor or just plays with the foods; this makes Erica stressed because of Jaiden's nutrition and insulin. Mom tells you that she is exclusively nursing and offering three meals with the rest of the family and three snacks. She says that Jaiden eats some of the family meals and sometimes a partially pureed meal. Her snacks are either breastfeeding by itself or sometimes combined with some fruit, cheese, or other healthy snack. She tells you that she has learned a lot from Jaiden's medical team and is working closely with an RDN to make sure Jaiden is getting good nutrition and her DM is under control.

1. Are you able to identify any red flags?

2. What are Erica's biggest concerns?

3. What other information would you like to collect from Erica?

4. What nutrition topics/education would you offer to Erica?

When you have finished, write your SOAP note below.



Discussion Notes:

### **362: Developmental Delay Case Study**

#### **General information**

Brandon has brought in his 8-month-old baby boy Jackson. Jackson was diagnosed with Down syndrome and has recently been having feeding issues. After taking his current weight and length, you see that he is tracking well on the growth grid.

#### **Assessment**

You learn that Jackson was referred by his pediatrician for further feeding assessment and treatment through the local children's hospital. Brandon told you that Jackson sees a feeding therapist twice a week and that they are having him add a thickening agent to any liquids that Jackson is given. Dad said that Jackson was not able to eat solid foods well and even had a hard time swallowing purees. Now he can eat purees better, but he still isn't able to eat finger foods or liquids. Brandon says that he and his wife are always so nervous around feeding times due to fear of Jackson choking and they are worried he is not getting the nutrition he needs because his diet seems to be so limited.

1. What other questions would you want to ask Brandon about Jackson's feedings?

2. How can you give reassurance to Brandon about Jackson's feeding delay?

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3. What nutrition education can you offer the family?

4. How would you plan to follow-up with Brandon and Jackson?

5. What resources or referrals would you offer Brandon?



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When you have finished, write your SOAP note below.

Discussion Notes:


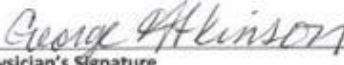
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### Formula Case Study #1: Alimentum

Carrie brings her baby Rosie into the WIC clinic seeking Alimentum formula. After talking with Carrie, you learn that Rosie has had sensitivities to other formulas. Rosie was born at 35 weeks gestation and weighed 3 pounds 11 ounces. After breastfeeding for the first week, Carrie felt that Rosie wasn't getting enough milk so she started supplementing with Similac Advance. Carrie took Rosie (at 2 weeks old and weighing 4 pounds 6 ounces) to the doctor who recommended switching Rosie to Neosure. After trying this formula for several weeks, Rosie began to be gassy, fussy, and started having bloody stools. Now, with Rosie being 7 weeks old and weighing 5 pounds 15 ounces, Carrie returned to the doctor, who this time recommended Alimentum mixed to 22 kcals per ounce.

1. What is Similac Advance formula intended for?
2. What is different about Neosure formula? Why would Rosie's doctor have recommended it?
3. What are some reasons why an infant wouldn't tolerate Similac Advance or Neosure?
4. What is Alimentum formula intended for?

Carrie provides you with her Alimentum prescription:

	
<b>NEVADA WIC MEDICAL DOCUMENTATION FORM</b>	
Participant's Name <u>Rosie Gonzales</u> Date of Birth <u>3/14/20</u>	
Parent/Caregiver First & Last Name <u>Carrie Gonzales</u>	
Standard Formulas – Nevada WIC provides the following standard formula: Similac Advance and Similac Soy Isomil Unapproved Formulas – Nevada WIC <b>cannot</b> provide the following formula: Enfamil <del>Prosobee</del> , Enfamil Newborn, Enfamil Infant, Enfamil A.R., Gentlease, <del>Regulac</del> , Gerber Good Start Soy, Gerber Good Start Gentle Soothe	
<b>Indicate qualifying medical diagnosis (es) to justify request for special formula or milk change: <i>Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas, constipation will NOT be considered indications for a special formula.</i></b>	
<input checked="" type="checkbox"/> Unspecified lack of expected normal physiological development in childhood (R62.50) <input type="checkbox"/> Failure to thrive – child (R62.51) <input type="checkbox"/> Extremely low birth weight newborn, unspecified weight (P07.00) <input type="checkbox"/> Cerebral Palsy, unspecified (G80.9)	<input type="checkbox"/> Soy or corn allergy – Dermatitis due to ingested food (L27.2) <input type="checkbox"/> Heart/circulatory (390-459) <input checked="" type="checkbox"/> Gastroesophageal reflux (K21.9) <input type="checkbox"/> Malabsorption syndromes (K90.6) <input type="checkbox"/> Inborn errors of metabolism and metabolic disorders (270-279.9) <input checked="" type="checkbox"/> Allergy to milk products (291.011)
<input checked="" type="checkbox"/> Other medical diagnosis <u>prematurity</u> ICD-10 _____	
<b>Indicate qualifying diagnosis (es) for the following (previously standard) Formula.</b> Please check diagnosis (es) for Similac intolerance formulas	
<input type="checkbox"/> <u>Similac Sensitive</u> <input type="checkbox"/> <u>Similac Total Comfort</u> <input type="checkbox"/> <u>Similac For Spit-Up</u>	
WIC approved special formula requested: <u>Alimentum, mix to 22kcal</u>	
Prescribed amount per day <u>ad lib</u> _____ oz./per day	
If your patient requires <i>Therapeutic Formula</i> , please indicate which solid foods are to be <b>excluded</b> . For example, a <b>child</b> on elemental formula or nutritional drink would typically <b>not</b> be given milk or cheese, and these foods should be checked.	
<b>WIC supplemental foods: (Must be completed for 6 months and older)</b>	
<input type="checkbox"/> Defer all food package tailoring, including amount, time & length to a WIC Nutritionist/ Registered Dietitian <input checked="" type="checkbox"/> Issue maximum allowed of age appropriate foods <input type="checkbox"/> No WIC supplemental foods. Provide formula only <input type="checkbox"/> Food Restrictions (Issue all but items checked below)	
Infants (6-11 months): <input type="checkbox"/> no infant cereal <input type="checkbox"/> no infant fruits or vegetables	
Children & Women: <input type="checkbox"/> no milk <input type="checkbox"/> no cheese <input type="checkbox"/> no breakfast cereal <input type="checkbox"/> no whole wheat grains <input type="checkbox"/> no fruits & vegetables (CVB) <input type="checkbox"/> no beans <input type="checkbox"/> no peanut butter <input type="checkbox"/> no juice <input type="checkbox"/> no eggs <input type="checkbox"/> no fish (fully breastfeeding women only)	
WIC issues whole milk to children 12-23 months of age – fat-free or 1% milk to women and children over 24 months	
<input type="checkbox"/> Substitute a fat-reduced milk for children 12-23 months of age: <input type="checkbox"/> 2% <input type="checkbox"/> 1% <input type="checkbox"/> fat-free <input type="checkbox"/> Substitute whole milk for women and children older than 24 months. Whole milk is ONLY available if they are receiving a medical formula and have a medical need for whole milk. <input type="checkbox"/> Whole (include diagnosis above)	
Medical Documentation Valid for: <input type="checkbox"/> 3 months <input checked="" type="checkbox"/> 6 months (Personal preference is not allowable)	
Physician's Signature  George Atkinson, M.D.	Date 5/1/20
Physician Printed Name Sierra Nevada Pediatrics	Telephone 775-123-2525
Medical/Clinic Name _____	Street, City, State and Zip Code 1234 N Nevada St, Carson City, NV 89706
See back for instructions	
Rev Aug 2019	

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5. Is this prescription filled out correctly? What, if any, information do you still need?
  
  
  
  
  
  
  
  
  
  
  6. Does providing Alimentum address all of the concerns with feeding Rosie (low weight, prematurity and food sensitivities)?
  
  
  
  
  
  
  
  
  
  
  7. Is Alimentum a WIC approved formula?
  
  
  
  
  
  
  
  
  
  
  8. Would you be able to give Alimentum if the diagnosis on the prescription only indicated prematurity?
  
  
  
  
  
  
  
  
  
  
  9. What additional questions would you want to ask Carrie in order to complete your nutrition assessment?

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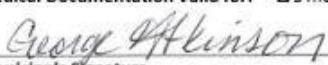
You obtain all the information needed to process this prescription for Rosie and let the family go home. About seven months later, Carrie and Rosie come back to your office. Rosie is now 9 months old and weighs 15 pounds 9 ounces and is 26½". She has grown on Alimentum mixed to 22 kcals per ounce and had no problems starting solid foods at 6 months. Carrie tells you that Rosie's doctor is very happy with the progress that Rosie has made and thinks that Carrie can stop mixing the formula to 22 kcals now.

10. Do you agree with Rosie's doctor? Why or why not?

11. How would you explain mixing the formula to 20 kcals per ounce to Carrie?

## Formula Case Study #2: Similac Sensitive

Sara and 2-month-old Jacob have been referred to you with a formula prescription. Sara tells you that she thinks Jacob is lactose intolerant because he seems to have problems digesting the regular formula he has been taking. Sara explains that Jacob is really fussy and gassy. Their pediatrician recommended switching to a lactose-free formula. Sara gives you the following prescription:

 <b>NEVADA WIC MEDICAL DOCUMENTATION FORM</b>	
Participant's Name	Jacob Miller
Date of Birth	11/13/2020
Parent/Caregiver First & Last Name	Sara Miller
<b>Standard Formulas</b> – Nevada WIC provides the following standard formula: Similac Advance and Similac Soy Isomil <b>Unapproved Formulas</b> – Nevada WIC <u>cannot</u> provide the following formula: Enfamil <del>Prosobee</del> , Enfamil Newborn, Enfamil Infant, Enfamil A.R., Gentlease, <del>Regulac</del> , Gerber Good Start Soy, Gerber Good Start Gentle Soothe	
<b>Indicate qualifying medical diagnosis (es) to justify request for special formula or milk change: <i>Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas, constipation will NOT be considered indications for a special formula.</i></b>	
<input type="checkbox"/> Unspecified lack of expected normal physiological development in childhood (R62.50) <input type="checkbox"/> Failure to thrive – child (R62.51) <input type="checkbox"/> Extremely low birth weight newborn, unspecified weight (P07.00) <input type="checkbox"/> Cerebral Palsy, unspecified (G80.9) <input type="checkbox"/> Other medical diagnosis _____ ICD-10 _____	<input type="checkbox"/> Soy or corn allergy – Dermatitis due to ingested food (L27.2) <input type="checkbox"/> Heart/circulatory (390-459) <input type="checkbox"/> Gastroesophageal reflux (K21.9) <input type="checkbox"/> Malabsorption syndromes (K90.6) <input type="checkbox"/> Inborn errors of metabolism and metabolic disorders (270-279.9) <input type="checkbox"/> Allergy to milk products (Z91.011)
<b>Indicate qualifying diagnosis (es) for the following (previously standard) Formula.</b> <i>Please check diagnosis (es) for Similac intolerance formulas</i>	<input type="checkbox"/> <u>Similac Sensitive</u> <input type="checkbox"/> <u>Similac Total Comfort</u> <input type="checkbox"/> <u>Similac For Spit-Up</u>
<b>WIC approved special formula requested:</b> <u>Gerber Good Start Gentle</u>	
Prescribed amount per day _____ oz./per day	
If your patient requires <i>Therapeutic Formula</i> , please indicate which solid foods are to be <b>excluded</b> . For example, a <b>child</b> on elemental formula or nutritional drink would typically <b>not</b> be given milk or cheese, and these foods should be checked.	
<b>WIC supplemental foods: <i>(Must be completed for 6 months and older)</i></b>	
<input type="checkbox"/> Defer all food package tailoring, including amount, time & length to a WIC Nutritionist/ Registered Dietitian <input checked="" type="checkbox"/> Issue maximum allowed of age appropriate foods <input type="checkbox"/> No WIC supplemental foods. Provide formula only <input type="checkbox"/> Food Restrictions (Issue all but items checked below)	
<b>Infants (6-11 months):</b> <input type="checkbox"/> no infant cereal <input type="checkbox"/> no infant fruits or vegetables	
<b>Children &amp; Women:</b> <input type="checkbox"/> no milk <input type="checkbox"/> no cheese <input type="checkbox"/> no breakfast cereal <input type="checkbox"/> no whole wheat grains <input type="checkbox"/> no fruits & vegetables (CVB) <input type="checkbox"/> no beans <input type="checkbox"/> no peanut butter <input type="checkbox"/> no juice <input type="checkbox"/> no eggs <input type="checkbox"/> no fish (fully breastfeeding women only)	
<b>WIC issues whole milk to children 12-23 months of age – fat-free or 1% milk to women and children over 24 months</b>	
<input type="checkbox"/> Substitute a fat-reduced milk for children 12-23 months of age: <input type="checkbox"/> 2% <input type="checkbox"/> 1% <input type="checkbox"/> fat-free <input type="checkbox"/> Substitute whole milk for women and children older than 24 months. Whole milk is <b>ONLY</b> available if they are receiving a medical formula and have a medical need for whole milk. <input type="checkbox"/> Whole (include diagnosis above)	
<b>Medical Documentation Valid for:</b> <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months (Personal preference is not allowable)	
Physician's Signature  George Atkinson, M.D.	Date 1-15-21 775-123-2525
Physician Printed Name Sierra Nevada Pediatrics	Telephone 1234 N Nevada St, Carson City, NV 89706
Medical/Clinic Name	Street, City, State and Zip Code

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1. What formula is the pediatrician requesting? Is this formula appropriate for the participant?
  
  2. Can Nevada WIC provide this formula for the participant? Why or why not?
  
  
  
  
  
  
  
  
  
  
  3. Are there any other issues with this prescription?
  
  
  
  
  
  
  
  
  
  
  4. What is the policy for incomplete prescriptions? (See Nevada WIC Policy and Procedure)
  
  
  
  
  
  
  
  
  
  
  5. Can you accept the prescription with the way that it is signed?
  
  
  
  
  
  
  
  
  
  
  6. How can you explain to a parent or caregiver that the formula their doctor is recommending is one that Nevada WIC cannot provide?

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After discussing with Sara, you both decide to call Jacob's pediatrician and get a new prescription faxed over with the correct formula for Jacob.

7. How can you explain to a pediatrician that the formula they requested for a patient is one that Nevada WIC cannot provide?
8. How can you explain to the doctor that the prescription form needs to be filled out completely for it to be approved?