

Nutrition Care Plans

Policy

USDA Federal Regulations: a) General. (1) Nutrition education including breastfeeding promotion and support, shall be considered a benefit of the Program, and shall be made available at no cost to the participant. Nutrition education including breastfeeding promotion and support, shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education including breastfeeding promotion and support, shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations.

(5) An individual care plan shall be provided for a participant based on the need for such plan as determined by the competent professional authority, except that any participant, parent, or caretaker shall receive such plan upon request.

Authority

- 7 CFR Part 246.11(a)(1)
- 7 CFR Part 246.11(e)(5)

Procedures

Care plans in the data system use the SOAP format. The data system will automatically populate some subjective, objective, assessment, and counseling/plan data from data fields in the system. The CPA must add pertinent data to complete the care plan.

For all WIC participants with one or more high-risk conditions, a care plan must be initiated at certification and updated when the second nutrition education contact is completed. A licensed dietitian must either develop the care plan at certification or update it at the second education contact.

A personalized nutrition care plan must also be developed in the following situations.

If....	Then....
A generally healthy child is exempted from being physically present at a subsequent certification	Write a nutrition care plan and include a statement about the child’s ongoing health care
Regression is assigned as the qualifying risk	Identify the risk factor to which the

	participant may regress
Contract non-exempt and non-contract non-exempt infant formula is authorized	Summarize pertinent information from the Infant Formula Assessment form
Cans of formula are returned and formula benefits reissued	Describe what is going on and the new feeding plan
“Other” is selected as the nutrition education topic for a completed or planned contact	Identify the specific topic to be addressed
A high-risk nutrition education contact is completed	Update the care plan and schedule additional contacts or return visits as appropriate
Formula is issued to a breastfed infant in the first month of life	Write a nutrition care plan stating the reason for issuing formula in the first month
Formula is issued for the first time to a breastfed infant >1 month old	Write a nutrition care plan stating the reason for the supplemental formula.
The amount of formula issued to any breastfed infant, regardless of age, is more than issued in the previous food package	Write a nutrition care plan stating the reason for providing a larger food package.
Breast shells or a supplemental nursing system are issued	Identify the item provided and the reason for issuance
A written referral is made to a program/provider not yet included in the contractor’s list of referral organizations	Identify the type of referral and the specific agency, program or provider

Best Practices

A key outcome of nutrition services documentation is to capture a complete picture of the participant’s visit in a manner that is easy to retrieve and review, enabling staff to build upon and follow-up on prior visits. It provides invaluable information for managing and evaluating services delivered, and serves as the primary communication means by which staff relay vital information to each other about the nutrition services a participant receives as well as a participant’s specific issues and needs. Quality documentation, facilitates the delivery of meaningful nutrition services and ensures continuity of care for participants. It also improves program integrity and coordination with the health care community.

Documentation should include nutrition education as relevant to nutrition assessment and risk

assignment, participant's capacities, strengths, needs and/or concerns, breastfeeding support, food package prescription, ICP and related follow-up. The documentation details also provide:

- a. The participant's understanding of the nutrition education received especially for high-risk participants.
- b. Goal setting and progress towards behavior change and/or intent to change nutrition-related behaviors.
- c. Continuity of care: an opportunity for both the nutrition educator and the participant to examine progress toward goals, provide positive support, identify barriers that may be hindering the participant's progress and reassess and refine future nutrition education plans. Follow-up provides ongoing support by reinforcing nutrition education message(s) and referral(s).

It is best practice to develop nutrition care plans for all WIC participants. A family care plan allows a plan to be created for an entire family rather than an individual participant and can be used when the education, referrals, goals, etc. are more broad and family based rather than individualized for each family member. The family based plan should only be used for members of the family that are not high risk. The data system does not auto populate the S, O or A data in a family care plan.