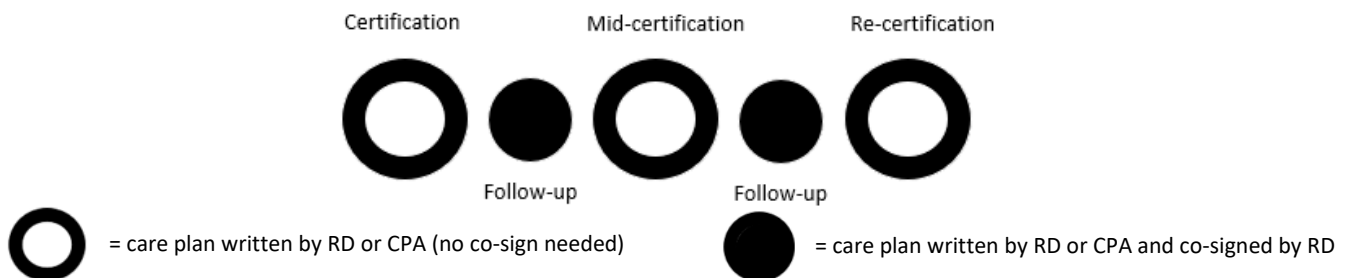


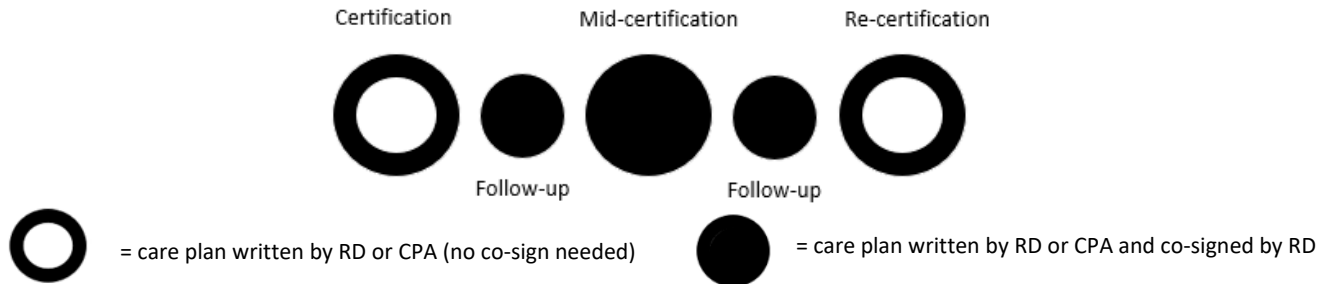
High-Risk Protocols

I. High-Risk (HR) Contacts.

- a. A high-risk participant is defined as a participant who has been assigned any nutrition risk factor(s) designated as “high-risk.” Each high-risk participant must have:
 - i. A high-risk Care Plan documented in VISION at the time of certification by a competent professional authority (CPA) or registered dietitian (RD). To correctly document in VISION:
 1. Go to the Care Plan-Participant screen under the Education and Care section.
 2. Select New to create a new Care Plan record date and add relevant information in the SOAP note format (see ‘Components of the High-Risk Care Plan’ section below for details).
 3. Do not mark the High Risk Follow Up Appointment check box under Nutrition Education at this time. This will be completed when the participant returns for their follow-up appointment.
 - ii. A RD must be responsible for the overall management and coordination of Care Plans for high-risk participants.
 1. Each local agency must establish a standardized process that provides consistent tracking and documentation of high-risk participants by a RD.
 - a. Minimum requirements are to have a Care Plan written by a RD, or a Care Plan written by a CPA and co-signed by a RD, at each follow-up appointment.



- b. Best practice is to have a Care Plan written by a RD, or a Care Plan written by a CPA and co-signed by a RD, at each follow-up and midcertification appointment.



- iii. When high-risk nutrition risk factors (NRFs) are assigned to participants, do not use the phrase "high-risk" when counseling, educating, or communicating about scheduling appointments with participants.
 - 1. It's important to avoid labels when communicating with participants. Rather than "your child is high-risk for a very low iron value and we want to schedule a high-risk visit to check your child's iron again," use customer-friendly wording such as "we have a concern about your child's iron value and would like to schedule a follow-up visit to check your child's iron again".
- b. Registered dietitians must successfully complete their 6-month probation in a Utah WIC clinic before they can resolve a high-risk designation.
 - i. To do this, the RD must mark the "HR Resolved" checkbox in the Risk screen and document the reason for changing the status in VISION.
- c. IBCLCs must successfully complete their 6-month probation in a Utah WIC clinic before they can resolve the high-risk designation for breastfeeding NRFs 602 or 603.
 - i. To do this, the IBCLC must mark the "HR Resolved" checkbox in the Risk screen and document the reason for changing the status in VISION.
 - ii. If other high-risk NRF(s) are assigned in addition to NRF 602 and 603, a RD needs to be consulted before changing the overall risk status to "HR Resolved".

- d. If a NRF that's auto-designated as high-risk is assigned to a participant at the time of certification, and the RD determines the participant is not high-risk, the RD must resolve the high-risk indicator at that certification appointment.
 - i. A high-risk Care Plan must still be written, and the reason for resolving the high-risk designation needs to be documented in the Care Plan.

II. High-Risk Follow-up Appointments.

- a. When a high-risk participant has a follow-up appointment, the "High Risk Follow Up Appointment" checkbox must be marked in the Nutrition Education screen under the Education and Care section in VISION.
 - i. By marking this checkbox, YES will be generated into the High Risk Follow Up column in the "Follow-up Nutrition Risk Assessment" report.
 - 1. This report is found in VISION under Reports → Clinic Services Reports → Assessment and Education Report.
 - ii. By marking this checkbox, it also will show in the AdHoc Report: "All Nutrition Risk Factors" HR Follow-Up column on SharePoint.
 - iii. These reports facilitate monitoring of risk factors and high-risk participants.
- b. The follow-up appointment is focused on the specific needs associated with the nutrition risk(s) categorized as "high-risk." Refer to the participant's previous Care Plan(s).

III. Components of the High-Risk Care Plan.

- a. In VISION, the SOAP format is used. The SOAP format is defined as the following:
 - i. **Subjective** data is the information the participant reports. This includes reported information on medical history, diet recall/history and/or reported symptoms.
 - ii. **Objective** data can include physical evidence such as anthropometric and bloodwork data, age, last menstrual period, number of pregnancies, medical documentation, etc.
 - iii. **Assessment** is the CPA's evaluation of the participant's nutrition risk(s).

iv. **Plan** includes:

1. Brief summary of the nutrition education provided/needed;
2. Goals set to resolve the concern/risk;
3. Any referrals made that need to be followed up on.
4. Any data that needs to be assessed at the next follow-up visit. (e.g., ht., wt., Hgb, Hct., formula tolerance, social environment, support, mental health, etc.) Use clinical judgement when determining which data must be collected and assessed – especially for participants with risks that are sensitive (e.g. eating disorders).

- b. All high-risk Care Plans must include the “Assessment” and “Plan” components of the SOAP format.

IV. High-Risk Phone Contacts.

- a. Phone contacts or telehealth may be substituted for an in-person appointment when:
- i. the RD or other appropriate staff cannot be scheduled to meet individually with the participant within the required time frame AND;
 - ii. the exchange of information required during the follow-up appointment is minimal, can be obtained over the phone, and a physical assessment (e.g., height, weight, hemoglobin/hematocrit, observation of breastfeeding) is available from healthcare referral data and has been taken within 30 days prior to the appointment AND;
 - iii. the participant has a permanent phone number where they can be reached easily and has agreed to participate in a phone counseling or telehealth session.
- b. All phone contacts must be documented in VISION.
- c. The registered dietitian is still responsible for the overall management of nutrition care for high-risk participants.