

Care Plan Appendix: Guidance for Trainers

Section I:

The *Care Plan Appendix* provides opportunities for staff to practice and review care plan writing. This section includes the following care plan samples.

- Sample 1: Child, Nutrition Education
- Sample 2: Pregnant, Nutrition Education
- Sample 3: Infant, Health Screen
- Sample 4: Child, Nutrition Education

These samples are designed to have staff think about what might be missing or how these care plans could be improved. This *Care Plan Appendix Guidance for Trainers* includes copies with changes (suggestions) to include for a more thorough version of those care plans. The Trainer may also need to use their best judgment and agency guidance for further guidelines to provide staff when developing care plans.

Questions for staff to consider:

- What, if anything, is missing?
- How does the care plan give you a picture of the needs and goals of the participant?
- How does the care plan help you understand what occurred at the appointment?
- How does the care plan help you know what to discuss at the next appointment?
- How does the information relate to the responsible adult's concerns, interests, and/or the nutrition risks?
- What can you learn about writing care plans from reviewing these care plans?

Once staff has completed the care plan review, they have been guided to discuss the results with their trainer.

Section II:

Coming Soon! This section will include examples of completed, well done care plans

Care Plan: 6/23/2015

Staff:

Clinic:

Care Plan Type: Nutrition Education (Child)

Subjective:

4/7/2015 Previous Goals: Continue offering nutrient dense (**ex of foods**) foods **1-2x** everyday

6/23/15 Mom here with child for IE, she states she is down to one **BF** a night and Mom thinks it has something to do with her weight coming up a little. Since her last appt Mom continues to offer higher fat and more nutrient dense foods but says her daughter is on the go all the time so it's hard to get any meat on her bones. **States child is carrying around sippy cup all day.**

Objective:

Age: 1y 9 m

Bloodwork: Date: 3/2/15
Hemoglobin: 13.2

Anthropometrics: Date: 6/23/15
Weight: 21.5 lbs
Height: 31.5 in
BMI: 15.2

Assessment:

Classification Risks:

425.03 Inappropriate bottle, cup, pacifier

Child carrying around sippy cup all day

Weight for length at 50th percentile

Mom ready for change

Education Topics:

Healthy balanced eating (specific to category)

Referrals:

Handouts:

1: **No handouts given**

2:

3:

Goals:

1: **Offer child sized open cup at mealtimes (at least 3x/day)**

2: **Continue to offer higher calorie foods such as cheese and instant breakfast 2-3x every day.**

Counseling/Plan:

Discussed higher calorie foods such as cheese, yogurt and instant breakfast and ~~Mom's concerned about her child's weight~~ explained growth grids and showed that child's weight for length is **wnl and address mom's concern about weight. Discussed moms concerns regarding the sippy cup and ideas for transitioning to an open cup.** Next appt will be a certification. ~~Next appt will follow up with Dr visit and how weight is.~~ Will follow up on sippy cup use at next apt **and weight concern follow-up from HCP visit.** Issued 3 months of checks.

This is a HIGH RISK Care Plan

Care Plan: 8/5/2015

Staff:

Clinic:

Care Plan Type: Nutrition Education (Pregnant)

Subjective:

7/3/2015 Previous Goals: Add 1-2 more fruits/vegetables to diet every day; Include one serving of high calorie nutrient dense food with 2 meals/day. ~~Increase calories by selecting nutrient dense foods high in calories and protein.~~

8/5/15 Client reports appetite not so good, just doesn't feel like eating. States she is eating a lot more fruit and 3 meals a day. Client thinks she has lost wt due to poor appetite and **nausea**. Client plans to **BF** 3 months.

Objective:

Age: 21 y 09 m
Bloodwork: Date: 7/3/15
Hemoglobin: 10.9
Anthropometrics: Date: 7/3/15
Weight: 189.8 lbs
Height: 62.25 in
BMI: 34.4

Pregnancy: EDD: 1/2/2016
Multifetal: N
Weight Gained/Lost: 12 lbs

Assessment:

Classification Risks:
Risk 111: Overweight Woman
Risk 133: High Maternal Weight Gain
Risk 201: Low Hematocrit/Low Hemoglobin
Risk 332: Closely Spaced Pregnancy

~~Weight gain above normal even with 1# wt loss
Intake low in vegetables
Ready for change~~
Participant unsure if she's ready for additional change
Reports of potential wt gain, noted ht/wt and risks

Education Topics:

Healthy balanced eating (specific to category)
High-calorie nutrient dense foods
Eating healthy during pregnancy with nausea

Referrals:

Registered Dietitian
Substance Abuse
TANF/Cash Assistance

Handouts:

- 1: A Good Beginning
- 2:
- 3:

Goals:

- 1: Continue to **eat 2-3 servings of fruit per day, Add a vegetable to lunch and dinner each day**
- 2: Try 2-3 tips to decrease nausea from handout.

Counseling/Plan:

Praised for **eating more fruits and 3 meals a day**. Discussed **appropriate** wt gain, **balanced eating using the handout and tips to reduce nausea tips**. Will try 2-3 of the tips to decrease nausea from handout. **Reviewed purchasing fruits and vegetables in season along with using her cash value vouchers to stretch her food dollars. Brainstormed with mom additional ways to get more F&V into her diet.** RD will follow up with client at next visit

in one month. RD will discuss any concerns with breastfeeding **and low hemoglobin. Refer to family planning at postpartum appointment.** Issued 1 month of checks.

This is a HIGH RISK Care Plan

Care Plan: 3/26/15

Staff:

Clinic:

Care Plan Type: Health Screen (Infant)

Subjective:

1/26/2015 Previous Goals: To continue to offer Similac Advance on demand

3/26/15 Baby drinks 6 oz of Similac Advance about 5 times a day, still on demand, but also following a schedule. Mom offered cereal but baby was not ready and spit it up. Mom wants to know how to get baby to eat cereal.

Objective:

Age: 0y 5 m

Anthropometric Date: 3/26/15
Weight: 13.5 lbs
Height: 23.5 in
BMI:17.2

Feeding: Ever BF? No
What age formula? 0 wks
What age stop BF? 0 wks
Why stop BF? Other: not interested

Assessment:

Classification Risks:

Risk 121: Short Stature At Risk of (Infants/Children)

Risk 141: Low Birth Weight

Risk 411.3: Routinely offering complementary foods that are inappropriate in type or timing

~~Wt: 10% ht: <3% ht/wt: 74%~~
~~Baby has gained a little over 2# in 2 mos~~
Mom ready for change

Education Topics:

Introducing solids

Referrals:

Substance Abuse
TANF/Cash Assistance
Food banks
Immunizations
Registered Dietitian

Handouts:

1: **Baby's first foods**

2:

3:

Goals:

1: **Wait until baby is 6-months old to spoon feed baby cereal**

2: **Continue to feed Similac Advance**

Counseling/Plan:

~~Continue to feed baby Similac Advance. Discussed waiting on baby food and reviewing readiness cues for solid foods.~~ **Listened to mom's reasons for wanting to introduce solids early. Discussed benefits of waiting to introduce baby food until child is 6 months and reviewed readiness cues for solid foods. Went over first foods to introduce to baby utilizing handout, mom selected vegetables she wants to introduce first.** Reviewed weight on growth chart. Will follow up with RD next month to reweigh and discuss baby's eating. Issued one month of checks.

This is a HIGH RISK Care Plan

Care Plan: 6/22/15

Staff:

Clinic:

Care Plan Type: Nutrition Education (Child)

Subjective:

3/3/2015 Previous Goals: Continue iron rich food daily

6/22/15 Mom offering WIC cereal for the afternoon snack with 4 oz of juice. Mom states child doesn't like meat, but he really likes cereal.

Objective:

Age: 3y8 m
Bloodwork: Date: 4/25/15
Hemoglobin: 10.8

Anthropometrics: Date: 4/25/15
Weight: 41.2 lbs
Height: 40.5 in
BMI: 17.7

Assessment:

Classification Risks:
Risk 114: Overweight Children (2-5, >=85%)
Risk 201: Low Hematocrit/Low Hemoglobin

Hemoglobin has increased slightly from 10.2 on 3/3/15 to 10.8 on 6/22/15
Mom is ready for change
Intake low in fruits and veg

Education Topics:

Healthy balanced eating (specific to category)
High iron foods

Referrals:

Route to RD

Handouts:

1: **Iron for Strong Blood**

2:

3:

Goals:

1: Offer high iron foods with vitamin C once a day, such as cereal with strawberries or beans with tomato sauce

Counseling/Plan:

Praised mom for offering WIC cereal with WIC juice as a snack. Discussed ideas for introducing new foods, like meat into child's diet. Brainstormed other ideas for meals/snacks that are high in iron and vitamin C that her child might like. Discussed asking physician about potential daily multivitamin with iron if appropriate. Recheck iron at health assessment appointment in September, if not WNL route chart to RD for review. Review growth grid with mom at next appointment and follow up with weight check at next visit. Discussed how all day grazing can make it difficult for Daisy to be hungry and willing to try fruits and vegetables. Mom is going to try 3 different recipes that add a new vegetable in. The first one is grated carrots in spaghetti sauce. Issued 3 month of checks. Will follow up with weight check at next visit.

This is a HIGH RISK Care Plan