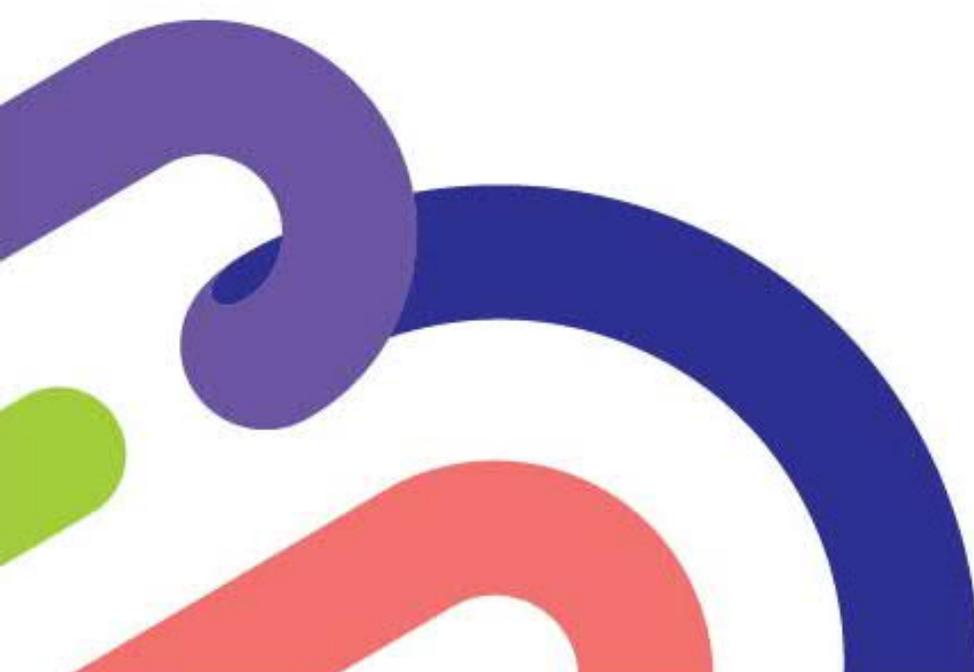




Idaho WIC Training **Care Plan** Trainer



WIC is an equal opportunity provider.

What Will They Learn?

Developing a care plan allows WIC staff to evaluate the information collected during the nutrition/health assessment and document the participant's risks, needs, changes expected, and strategies to achieve the participants' desired health outcomes from those changes. Staff will learn how to write a well-developed care plan and have the opportunity to practice within this course.

Instruction Level

Prerequisite: WIC Computer System 101 and Health and Nutrition Assessment Guidebooks

Items Needed for This Course

- Access to Idaho WIC computer system
- Access to the Idaho WIC Website
 - Policy Manual - Definitions and acronyms
 - Additional Resources - Care Plan II Samples
- No video for this guidebook

Recommended Time

- Approximate time it takes to complete the Care Plan course: 1-2 hours
- Approximate time to complete the face to face activities and discussion: 2-3 hours

Module 1: Care Plan Introduction



Activity 1

The learner has been asked to discuss with you or a coworker why they would or would not write a care plan in the following situations below. Note some of the responses may vary based on your agency's protocol. General guidance is provided below.

1. Provide nutrition counseling about weight gain
Documentation in a care plan is the best practice to record nutrition counseling in order to include goals, handouts etc. Follow local agency procedures for documenting this type of information.
2. Issue food benefits and explain a change to the food list
Staff would include this in a care plan if it was during a certification or health screen appointment. Staff would not write a care plan if this occurred at a visit, recommend staff note.
3. Complete a certification or a health screen
Staff must always complete a care plan for certification and health screen appointments.
4. Talk on the phone about breastfeeding concerns
Recommend care plan to assess, record referrals, and plan for future follow-up. At minimum, this should be documented within a staff note. Recommend follow local agency procedures for documenting this type of information.
5. Issue a single user electric breast pump
Recommend care plan to assess, record referrals, and plan for future follow-up. At minimum, this should be documented within a staff note. Recommend follow local agency procedures for documenting this type of information.
6. Give instructions on the phone about how to get a second cardholder
Not required in a care plan, follow local agency procedures for documenting this type of information if applicable.
7. Provide an individual appointment (between certifications) counting as a nutrition education contact.
Documentation in a care plan is the best practice to record nutrition education in order to include goals, handouts etc.

8. Check infant hemoglobin in between education/certification appointments.

It is best practice to combine appointments for collecting biochemical or anthropometric data when possible (for example with NE, Certs, or HS appts) to lesson additional appointments the participants need to attend. If this is not possible, then documenting these visits in a care plan is best practice, especially if the value is low, in order to assess and plan for future follow-up. At a minimum, ensure documentation under nutrition/health assessment tab. Recommend follow local agency procedures for documenting this type of information.

Module 2: Components



Activity 2

The learner has been asked to match the **bolded** words in the care plan (provided below) with the type of information recommended for the care plan section under Descriptions of Care Plan Components (WISPr Screenshots) within Module 2.

Additionally, they have been asked to discuss why the information would be included in the care plan and why it is included in the section it is and to notice how information may be worded for a participant who is receiving an individual nutrition education after certification, but prior to health screen.

Activity 2 Aid

Care Plan	Staff:	Clinic:
Care Plan Type: Nutrition Education	RA/Participant's nutrition/health concerns	
Subjective: 4/7/2015 Previous Goals: Offer at least 1 vegetable serving every day	Follow up about previous goals	
<p>Mom's concerned Joe's never liked vegetables. Since last appointment, she's offered vegetables 1 or 2 times a day and used WIC ideas like serving vegetables with melted cheese. Joe only tastes it if he's very hungry. He likes carrots now. Mom wants to plant a vegetable garden with free seeds she got from food bank.</p>		
Objective:	Assessment:	Relate to RA/Participant's nutrition/health concerns & risks
<p>Age: 3 y 8 m</p> <p>Bloodwork Date: 4/7/2015 Hemoglobin: 13</p> <p>Anthropometrics Date: 4/7/2015 Height: 40 in Weight: 35 lbs BMI: 15.4</p>	<p>Certification Risks: Risk 401: Failure to Meet Dietary Guidelines For Americans</p> <p>Picky about vegetables; growing well. Mom ready for change.</p>	
Education Topics: edit	Assessment of RA/Participants readiness for change	Overview of participant's health situation
<p>Growing food Healthy balanced eating (specific to category)</p>	Referrals: add more	
Handout(s) given		
Handouts:	<p>1: No handout used.</p> <p>2:</p> <p>3:</p>	
Specific actions		
Goals:	Key points of nutrition education discussion	
<p>1: Plant a vegetable garden in May: tomatoes, carrots, squash</p> <p>2: Have Joe help on Saturdays with watering, picking, or preparing vegetables</p>		
Counseling / Plan:	Specific timeframes	
<p>Praised progress in offering vegetables daily. Discussed: growing a vegetable garden can help Joe learn to like vegetables; ideas to minimize picky eating behavior. Scheduled for Kids in the Kitchen Class 10 June 2015.</p>		
Follow-up plan		
<input type="checkbox"/> This is a HIGH RISK Care Plan		

Module 3: Practice Activities

This Module provides a variety of activities with opportunities for the learner to practice and review care plan writing. This section includes the following care plan samples (See Sample Care Plans below)

- Sample 1: Breastfeeding Woman, Registered Dietitian
- Sample 2: Child, Nutrition Education
- Sample 3: Infant, Certification

Note, the activities and sample care plans are designed to have the learner review and assess what may be missing or how these care plans can be improved. The Care Plan Appendix Guidance for Trainers will have copies with changes to include 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.

For additional samples to reference, please see the Care Plan Samples Appendix document.



Activity 3

This activity asks the learner to review care plans written by others or the samples at the end of their guidebook or ones found in WISPr, and then consider the following questions:

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



Activity 4

This activity asks the learner to have you or another coworker review care plans they have written for participants and provide feedback based on the following:

1. What, if anything, is missing?
2. How does the care plan give you a picture of the needs and goals of the participant?
3. How does the care plan help you understand what occurred at the appointment?
4. How does the care plan help you know what to discuss at the next appointment?
5. How does the information relate to the responsible adult's concerns, interests, and/or the nutrition risks?



Activity 5

This activity asks the learner to sit in on an appointment and then develop a care plan based on what they observed. Assist with scheduling an appointment for the learner to observe. Then review this activity once completed.

Sample 1: Breastfeeding Woman, Registered Dietitian

Care Plan 2/25/2015

Staff:

Clinic:

Print Preview

Care Plan Type: Registered Dietitian

Subjective:

12/23/2014 Previous Goals: Skin to Skin. Watch for feeding cues and nurse frequently. Call if she has any concerns.

States BF is going very well; watching for early feeding cues has cut down on crying. States working out daily since baby turned 2 months old. Is eating all food groups daily. Drinks lots of water. States wants to improve diet to lose weight.

Objective:

Age: 28 y
Bloodwork: Date: 12/15/2014
Hemoglobin: 12.8

Anthropometrics: Date: 12/15/14
Height: 63 in
Weight: 157 lbs
BMI: 27.8

Pregnancy: ADD 12/2/2014
Multi-Fetal: N
Wt Gained/Lost: 24 lbs
Outcomes: 1 alive

Assessment:

Certification Risks:
Risk 111: Overweight woman
Risk 332: Closely Spaced Pregnancy

Hgb WNL
Intake low for fruits/vegetables
Very motivated to lose weight and BF

Education Topics:

Healthy balanced eating (specific to category)
Breastfeeding Management

Referrals:

Family Planning

Handouts:

1: After Baby

2:

3:

Goals:

1: Add 1-2 more servings of fruits/vegetables each day.

2: Continue exercising at least 5 days/week.

Counseling/Plan:

Discussed weight loss by BF, exercise, and eating more fruits/vegetables. Check weight for mom and baby in May.

This is a HIGH RISK Care Plan

Sample 2: Child, Nutrition Education

Care Plan 2/9/2015

Staff:

Clinic:

Print Preview

Care Plan Type: Nutrition Education

Subjective:

11/26/2014 Previous Goals: Offer child milk in a small cup at mealtimes.

Mom states she has been offering small amounts of milk and other liquids in a regular cup and that she's doing good drinking from it; asks for more. Doing hgb today that was not done back in November due to child being at home sick. Mom states she has a good appetite. Has 3 well-balanced meals and a few snacks. Eating a variety and drinking water, milk, and juice. States she is not a fan of green beans. Mom has no concerns.

Objective:

Age: 1 y 9 m
 Bloodwork: Date: 2/9/2015
 Hemoglobin 11.9

Anthropometrics: Date: 11/26/14
 Height: 33 in
 Weight: 24 lbs
 BMI: 15.5

Feeding: Date: 11/26/2014
 Ever BF: Yes
 Age formula started: 0 wks
 Age stop BF: 12 wks
 Why stop BF: Other, too busy

Immunizations: Yes

Assessment:

Certification Risks:
 Risk 428: Dietary Risk Associated with Complementary Feeding Practices

Hgb WNL
 Mom very busy and not ready for change

Education Topics:

Healthy balanced eating (specific to category)

Referrals:

Immunizations

Handouts:

- 1:
- 2:
- 3:

Goals:

- 1:
- 2:

Counseling/Plan:

Continue to offer healthy food choices, good job offering a cup at mealtimes. Certification in May.

This is a HIGH RISK Care Plan

Sample 3: Infant, Certification

Care Plan 1/23/2015

Staff:

Clinic:

Print Preview

Care Plan Type: Certification

Subjective:

Mom says she is exclusively BF with no problems. Plans to BF as long as she can. BF her other child for 9 months.

Objective:

Age: 0 y 0 m
Anthropometrics Date: 1/23/2015
Height: 20 in
Weight 7.25 lbs
BMI: 12.7

Feeding: Date: 1/23/2015
Ever BF: Yes
Age formula started: Not started
Age BF stopped: Not stopped

Immunization: No

Assessment:

Certification Risks:
Risk 411.11: Not feeding recommended dietary supplements
Risk 702: Breastfeeding Infant of a Woman at Risk

Mom is ready to set a goal

Education Topics:

Breastfeeding: Management
Supplements
(Note- this education is more consistent with what is discussed, however if the participant specifically wanted to discuss healthy balanced eating, then that should be documented in the subjective and counseling/plan sections).

Referrals:

Immunizations
Medicaid/Chip
SNAP
Substance Abuse
TANF/Cash Assistance

Handouts:

1: Breastfeeding Guide (see note in education topics, if the other handouts apply, staff should write them out clearly unless the abbreviation is allowable in your agency. One handout per line, required referral handouts should be documented).

Goals:

1: Exclusively BF for 6 months

Counseling/Plan:

Praised for BF. Discussed ways to support goal of BF for 6 months. Offered PC services for help with BF. Plans to talk to doctor about vitamin D supplements for baby at next well baby check. Nutrition Education/BF follow-up appointment in April.

This is a HIGH RISK Care Plan