#### 1-1 Introduction to Nutrition Risks

- 1. What are the five groups of nutrition risks?
  - A = Anthropometrics
  - **B** = Biochemical
  - **C** = Clinical/Medical
  - **D** = Dietary
  - **E** = Environmental
- 2. What are the two ways risks are assigned?
  - Data system assigned
  - Certifier assigned
- 3. What information is used to assign risks?
  - Information collected by WIC staff
  - Historical data
  - Information from a health care provider
  - Information self-reported by the participant
- 4. What type of information requires careful questioning by the certifier?
  - Information self-reported by the participant
- 5. Is it possible that one participant would have more than one risk? Yes Why or why not?
  - A participant's health status and dietary intake has many characteristics. A complete assessment could identify more than one factor that would lead to the assignment of multiple risks.

6. Who must confirm that all correct risks have been assigned? The certifier

# 1-2 Risk Information Sheets

- 1. What category would a participant need to be in to qualify for this risk?
  - All WIC categories qualify for this risk
- 2. What criteria needs to be present for this risk to be assigned?
  - Diagnosis by a health care provider
- 3. What, if any, special documentation needs to be included in the data system?
  - Document the type of cancer and make a referral to the dietitian

# 2-1 Risks for All Participants

# Overview

Risk Group:	Description:		
Anthropometric			
Biochemical	201 – Low Hemoglobin or Hematocrit		
	211 – Elevated Blood Lead Levels		
Clinical/Medical	☐ 341 – Nutrient Deficiency or Disease		
	☐ 342 – Gastrointestinal Disorders		
	☐ 343 – Diabetes Mellitus		
	☐ 344 – Thyroid Disorders		
	☐ 345 – Hypertension and Prehypertension		
	☐ 346 – Renal Disease		
	□ 347 – Cancer		
	☐ 348 – Central Nervous System Disorders		
	☐ 349 – Genetic and Congenital Disorders		
	351 – Inborn Errors of Metabolism		
	352A –Infectious Diseases - Acute		
	352 B –Infectious Diseases - Chronic		
	353 – Food Allergies		
	354 – Celiac Disease		
	☐ 355 – Lactose Intolerance		
	☐ 356 – Hypoglycemia		
	☐ 357 – Drug Nutrient Interactions		
	359 – Recent Major Surgery, Physical Trauma or Burns		
	360 – Other Medical Conditions		
	361 – Mental Illnesses (does not apply for infants)		
	362 – Developmental, Sensory or Motor Delays		
	Interfering with Eating		
	☐ 381 – Oral Health Conditions		

Dietary			
Environmental	☐ 502 – Transfer of Certification		
	□ 801 – Homelessness		
	□ 802 – Migrancy		
	☐ 901 – Recipient of Abuse		
	☐ 902 – Woman or Infant/Child of Caregiver with		
	Limited Ability to Make Feeding Decisions and/or		
	Prepare Food		
	□ 903 – Foster Care		
	□ 904 – Environmental Tobacco Smoke Exposure		

### Learning activity

1. Which two of the risk groups do not apply to all categories?

Anthropometric and Dietary

# 2-2 Biochemical Risks

- ☐ 201 Low Hemoglobin or Hematocrit
- ☐ 211 Elevated Blood Lead Levels

- 1. For Risk 201, when will you have to manually change the risk level to high? When the hemoglobin level is more than one point below the recommended levels for category or age. When the hematocrit is more than 3% below recommended levels for category or age.
- 2. Is a referral to the RD required for Risk 211? Why or why not? Yes, a participant with this risk would be high risk and require a referral.

# 2-3 Clinical risks from medical diagnoses

□ 341 – Nutrient Deficiency or Disease
 □ 342 – Gastrointestinal Disorders
 □ 343 – Diabetes Mellitus
 □ 344 – Thyroid Disorders
 □ 345 – Hypertension and Prehypertension
 □ 346 – Renal Disease
 □ 347 – Cancer
 □ 352A –Infectious Diseases - Acute
 □ 352B – Infectious Diseases - Chronic
 □ 356 – Hypoglycemia
 □ 360 – Other Medical Conditions
 □ 381– Oral Health Conditions

- 1. What is the key information that you need to know if a parent is reporting that their child has one of these medical conditions? That the condition has been diagnosed by a health care provider.
- 2. Which of these risks require additional documentation in the data system? Risks 341, 342, 344, 346, 347, 352A, 352B, 360, 381
- 3. Which of these risks require a high-risk referral to a WIC nutritionist? All except 344, 356, 381

4.	Avery is a postpartum woman with a 6-week-old baby. She was just diagnosed with breast cancer. Would she qualify for a nutrition risk?  YES – RISK # 347 NO
5.	Savannah is a 2-year-old. When she was a baby, she had an infection in her intestines which required removal of half of her small intestine. Would she qualify for a nutrition risk?  YES – RISK # 342 NO
6.	Scarlett is a 4-year-old recently diagnosed with Type 1 diabetes. Would she qualify for a nutrition risk?  X YES – RISK # 343 NO
7.	Alexandra is a pregnant woman who has been taking medication for high blood pressure and hypothyroidism for the past 2 years. Would she qualify for a nutrition risk?  XES – RISK # 344, 345  NO
8.	Sarah is currently being treated by her physician for a kidney infection. Would she qualify for a nutrition risk?  ☐ YES − RISK # 346 ☐ NO
9.	Anna is a pregnant woman with asthma that requires occasional medication.  Would she qualify for a nutrition risk?  YES – RISK # NO

10. Clark is a 3-year-old child whose guardian reports that he has been diagnosed with rickets. Would he qualify for a nutrition risk?  ☐ YES − RISK # 341 ☐ NO
<ul> <li>11. Darla is a pregnant woman who has two missing molars on one side of her mouth. She reports that it makes eating difficult. Would she qualify for a nutrition risk?</li> <li>✓ YES – RISK # 381  ☐ NO</li> </ul>
<ul> <li>12. Andrew is 19 months old. His mother tells you that he has had bronchitis 4 times in the past 6 months. Would he qualify for a nutrition risk?</li> <li></li></ul>
<ul> <li>13. Clara is postpartum woman being treated for HIV. Would she qualify for a nutrition risk?</li> <li>              ∑ YES – RISK # 352B</li></ul>
2-4 Clinical risks for genetic conditions
☐ 348 – Central Nervous System Disorders
☐ 349 – Genetic and Congenital Disorders ☐ 351 — Inham Errors of Matabalian
☐ 351 — Inborn Errors of Metabolism ☐ 262 — Decelor ground Deleve Sanco en Maton Deleve Interfering with the
☐ 362 – Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat

# Learning activity



Risk Number	Condition:
348	Spina bifida
362	Developmental Delays
349	Cleft Palate
351	PKU
362	Autism
348	Multiple Sclerosis
351	Galactosemia
349	Down Syndrome
348	Epilepsy
349	Sickle Cell Anemia
362	Brain Damage
349	Thalassemia major
348	Cerebral Palsy
348	Parkinson's

### Clinical risks related to food 2-5

	353 -	- Foo	d All	lergies
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□ 354 – Celiac Disease

□ 355 – Lactose Intolerance

# Learning activity



1. Jovana is pregnant. She tells you that she can't drink milk because it gives her stomach cramps and diarrhea. She can eat small amounts of cheese. Would she

	qualify for a nutrition risk?  YES – RISK # NO
2.	ordan is 3 years old. His mother tells you that he was diagnosed with gluten enteropathy last month. Would he qualify for a nutrition risk?  YES – RISK #354  NO
	ose is 2 years old. His father tells you that last month he had a severe allergic reaction to peanuts. On the advice of their doctor, they are closely watching his diet to make sure he doesn't eat anything that contains peanuts. Would he qualify for a nutrition risk?  YES – RISK #353
2-	6 Clinical risks for other conditions
	☐ 357 – Drug Nutrient Interactions
Lea	□ 359 – Recent Major Surgery, Physical Trauma or Burns
Lea	
	□ 359 – Recent Major Surgery, Physical Trauma or Burns rning activity

4. Kallie had a C-section when she delivered her baby three weeks ago. She is at WIC for her postpartum recertification appointment. Would she qualify for a nutrition risk?

**YES – RISK # 359** 

l NO

#### **Environmental Risks** 2-7

□ 502 – Transfer of Certification

□ 801 – Homelessness

 $\square$  802 – Migrancy

□ 901 – Recipient of Abuse

□ 902 – Woman or Infant/Child of Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food

 $\square$  903 – Foster Care

□ 904 – Environmental Tobacco Smoke Exposure



- 1. Wilma is a pregnant woman who is transferring into your agency in the middle of her certification period. Her transfer information does not list any nutrition risks. Which risk code would you enter into the data system? Risk 502
- 2. Weston is a child who was recently taken into foster care because he was physically abused by his family. Which 2 risks would he qualify for? Risks 901 and 903

3.	Zoe is an infant living in a home where the father reports that he only smokes outside. Would she qualify for a nutrition risk?  YES – RISK #  NO
4.	Abby is a pregnant woman enrolling in WIC. She reports that she does not have a physical address because she is living out of her car. Would she qualify for a nutrition risk?  ☐ YES − RISK # 801 ☐ NO
5.	Michael is a 4-year-old child on WIC. He and his family live in the area and work on farms during the growing season. Would he qualify for a nutrition risk?  YES – RISK #  NO
6.	Heather is 14 years old and pregnant. She lives with her mom who shops and makes all of her meals because she has never cooked. Would she qualify for a nutrition risk?  YES – RISK # 902  NO
7.	Would all children born to mothers who are 16 years old qualify for Risk 902? Why or Why not? No, the certifier must complete an assessment to determine that the caregiver has limited ability to make feeding decisions or prepare food. Age can be a contributing factor but does not automatically qualify a child for this risk.
8.	Wade is a 4-week-old baby. His mother, Wilma, is developmentally delayed. She lives with her family and Wilma's mother is the primary caregiver. Would Wade qualify for any of these risks?
9.	∑ YES – RISK # 902 □ NO

# 2-8 Chapter Test

### 1. Samuel:

- He is 2 years old with numerous health problems.
- He is being treated by his physician for a cancerous brain tumor.
- The cancer treatment causes chronic high blood pressure.

What risks would be assigned?	Risk #s: 345, 347	
Additional documentation required?	Yes No	
Referral to the RD required?	Yes No	

### 2. Tina:

- She is a postpartum woman with hyperthyroidism who is having gallbladder surgery next month.
- She also has a bladder infection treated with antibiotics.

What risks would be assigned?	Risk #s: 342, 344	
Additional documentation required?	Yes No	
Referral to the RD required?	Yes No	

### 3. Beatriz:

- She is a pregnant woman who was born with a cleft lip that was repaired when she was a child.
- She reports that her doctor found out that her blood pressure is regularly going too low.
- She also requires daily breathing treatment for asthma.

What risks would be assigned?	Risk#	<sup>t</sup> s: 360	
Additional documentation required?	Yes	No	
Referral to the RD required?	Yes	No	

### 4. Alexis:

- She is a breastfeeding woman who has had Type 1 diabetes since she was 5 years old.
- She is also being treated for tuberculosis.
- Her baby is 5 weeks old.

What risks would be assigned?	Risk #s: 343, 352A	
Additional documentation required?	Yes No	
Referral to the RD required?	Yes No	

### 5. Brian:

- He is 3 years old and recently moved into a transitional shelter with his family while waiting for an apartment to become available.
- He was born with cerebral palsy.

What risks would be assigned?	Risk #s: 349, 801
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

# 6. Betty:

- She recently immigrated to the United States.
- She is 4 years old and her doctor has diagnosed her with vitamin A deficiency and gluten sensitive enteropathy.

What risks would be assigned?	Risk #s: 341, 354
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

### 7. Maria

- She was in a car accident last year that left her with minor brain damage.
- She has difficulty chewing foods and uses a nutritional supplement drink three times a day.
- She is 6 weeks postpartum.

What risks would be assigned?	Risk #s: 362
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

### 8. Martina:

- She is a pregnant 20-year-old woman with PKU.
- Her husband works in seasonal agriculture and they are staying at a farm workers camp.

What risks would be assigned?	Risk #s: 351, 802
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

# 9. Justin:

- He is 4 weeks old and just went into foster care.
- His foster mother is requesting a soy formula because he spits up when he drinks milk-based formula.
- Mom reports that he frequently has gas, but he does not have diarrhea.

What risks would be assigned?	Risks #s: 903
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

### 10. Camille:

- She is being recertified as a non-breastfeeding postpartum woman.
- She is taking a medication for ADHD that makes her not feel hungry.
- She tells you that she gets a rash around her mouth when she eats bread or crackers and wonders if she is allergic to wheat.

What risks would be assigned?	Risk #s: 357
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

### 11. Aidan:

- He is 3 years old and his Mom reports that he has trouble eating hard foods.
- ◆ He has been diagnosed with baby bottle tooth decay but not treated because the family does not have access to a dentist.

What risks would be assigned?	Risk #s: 381
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

#### 12. Katrina:

- She is pregnant.
- She was living with her boyfriend, but just moved out because he was physically abusive.
- She is now living in a foster home.

What risks would be assigned?	Risk #s: 901, 903
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

### 13. Shereen:

- She is 4 years old.
- ◆ Her hemoglobin is 9.0 and her blood lead level is 10.3.

What risks would be assigned?	Risk #s: 201, 211
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

# 14. Jacquie:

- She has not been on WIC before.
- She is breastfeeding her 3-month-old baby.
- ◆ She tells you that her doctor diagnosed her with lupus 2 months ago.

What risks would be assigned?	Risk #s: 360
Additional documentation required?	Yes No
Referral to the RD required?	Yes No