

## Georgia WIC Program

### Documentation of the Nutrition Care Process in WIC Tip Sheet for SOAP

#### Subjective

What the participant tells you of significance to the assessment:

- Diet Recall, Usual Intake, Formula Intake & Tolerance (\*if on infant medical formula or nutritional), Food Likes and Dislikes, Cultural Dietary Information
- Family observations of child development
- Goal Recall
- Report of what worked and what didn't towards goal progress
- Major family, work, medical, and social information that impact the risk, nutritional status or goal progress
- Recalled clinical or anthropometric data from other providers

#### Objective

High Risk Criteria and new collected data

- Risk Criteria\* addressed at visit
- Weight, (including changes in weight), %ile from Growth Chart
- Height/Length or BMI %ile from Growth Chart
- Labs
- Medications
- Physical appearance: Skin, Nails, Hair; Skin turgor and wasting; Edema; Bruises, Casts, etc.
- Estimated Protein/Energy needs (RD)

#### Assessment\*

Evaluation of Subjective and Objective Data (Assessment statement (s) – Clinician assessment of how things are going – better, no progress, worse)\*

- Formula Intake vs. Estimated Energy Needs
- Goal Progress vs. Barriers
- Diet history vs. Weight Changes
- Participant Stage of Change
- Participant Motivation and goal adjustments

NCP – Nutrition Diagnosis (*If using in your district, or are in the internship*)

#### Plan

Interventions\* (as applicable)

- Education/Encouragement provided
- Food Package Changes
- Referrals provided
- Materials provided
- New Goals that are set
- Actions: Provider, Participant, Follow-up plan

\*Georgia WIC required –MUST tell a complete story

## Georgia WIC Program

### Documentation of the Nutrition Care Process in WIC Tip Sheet for ADIME

#### **Assessment\*** (*\*at least one of the below related to the risk; Clinician Assessment*)

Weight & Height/Length including recalled information, (& assessment), Labs including recalled information (& assessment), Surgical Hx (& assessment) Medications (& assessment); Physical appearance (Skin, Nails, Hair, Skin turgor and wasting, Edema, Bruises, Casts, etc. & assessment); Estimated Protein/Energy needs (& assessment)

Diet Recall, Usual Intake, Formula Intake & Tolerance (*\*if on infant medical formula or nutritional*), Food Likes and Dislikes, Cultural Dietary Information (& assessment)

Family observations of child development (& assessment)

Goal Recall (& assessment)

Report of what worked and what didn't towards goal progress (& assessment)

Major family, work, medical, and social information that impact the risk, nutritional status or goal progress (& assessment)

Participant recalled information (& assessment)

#### **Diagnosis**

High Risk Criteria\* addressed at visit; or NCP – Nutrition Diagnosis (PES) (*If using IDNT in your district, or are in the internship*)

#### **Intervention\*** (*\*as applicable*)

Planned or provided education, counseling, or activities that will lead to positive changes in the patient's nutrition risk: evidenced based, dynamic, includes goal setting with the client & a follow-up plan; referrals; food package changes

#### **Monitoring/Evaluation**

Ongoing assessment of nutrition risk (s), outcomes, and progress (comparisons made to goals established) & may include identification of new nutrition risk (s); may include new goals based on assessment & changes; critically evaluates the care process for the client.

\*Georgia WIC required –MUST tell a complete story  
PES: Problem, Etiology, Signs & Symptoms