I. Policy:

High risk secondary nutrition education shall be made available to all high-risk participants during each certification period. Follow up education shall be based on the participant's needs, interests, cultural and language needs.

II. Procedure(s):

A. Nutrition education shall follow the basic principles outlined in NEd 01.0.

B. The determination of high risk shall be made by a Competent Professional Authority (CPA) based upon medical and nutritional need.

1) Only Level 5 personnel are authorized to provide follow up education to high-risk participants. Personnel shall provide assessment, counseling and follow up to a high-risk participant within 90 days of the certification visit at which the participant is determined to be at high risk. If the participant remains at high risk, schedule another follow-up appointment within 90 days. Continue to schedule follow-up appointments until the high risk indicator has been resolved.

C. An individualized nutrition care plan shall be developed to document a high-risk participant.

1) The individualized care plan shall include the identification of high risk nutrition-related problem(s), participant goals, appropriate referrals and a plan for follow up. These shall be documented in the Care Plan section of Crossroads.

D. Individual counseling shall be used to provide follow up education to high-risk participants.

1) Telephone contacts are allowed but only as a supplement to individual counseling.

2) Group education is not an appropriate method for high-risk participants.

3) Web based education is not an appropriate method for high-risk participants.

E. High Risk Conditions by Category

1) Pregnant Women
   a. Hyperemesis Gravidum
   b. Medical condition or nutritional deficiency
   c. Very low hemoglobin / hematocrit (at or below 9.9 Hgb or 28.9 Hct)
   d. Other deficiency anemias
   e. Multi-fetal gestation
Division of Community Nutrition

Subject: Nutrition Education Contact-Follow-Up, High Risk  
Policy: NEd 02.3

Reference: CFR §246.11  
Effective: August 12, 2013  
Supersedes: July 1, 2010

- f. Low maternal weight gain
- g. Maternal weight loss during pregnancy
- h. Pre-pregnancy underweight (BMI< 18.5)
- i. Very overweight (BMI ≥30)
- j. Fetal growth retardation
- k. Use of alcohol or drugs

2) Breastfeeding Women / Postpartum Women
   - a. Very low hemoglobin / hematocrit (at or below 10.9 Hgb or 32.9 Hct)
   - b. Medical condition or nutritional deficiency
   - c. Breastfeeding complications or potential complications
   - d. Use of alcohol or drugs

3) Infant / Child
   - a. Medical condition or nutritional deficiency
   - b. Very low hemoglobin / hematocrit (at or below 9.9 Hgb or 28.9 Hct)
   - c. High blood lead or lead poisoning
   - d. Low birth weight (at or below 2,500 grams or 5 1/2 pounds)
   - e. Small for gestational age (up to age one)
   - f. Very overweight (at or above 95th percentile wt / ht / length)
   - g. Very underweight (at or below 5th percentile wt / ht / length)

F. Once the high risk factor has been resolved, the participant shall be deemed as low-risk.

1) System assigned high risk factor cannot be unassigned in Crossroads. If a system assigned high risk factor has been resolved, documentation shall be added to the participant’s Nutrition Assessment section within the Care Plan Summary of Crossroads.

2) CPA assigned high risk factors shall be unassigned from the Assigned Risk Factor screen of the Certification section of Crossroads if the factor has been resolved.