

PARTICIPANT TYPE	ALL
HIGH RISK	YES

RISK DESCRIPTION:

Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Includes but is not limited to:

- Protein energy malnutrition
- Scurvy (vitamin C)
- Rickets (vitamin D)
- Beri Beri (thiamin)
- Hypocalcemia (calcium)
- Osteomalacia (vitamin D, calcium)
- Vitamin K deficiency
- Pellagra (niacin or tryptophan)
- Cheilosis (riboflavin)
- Menkes Disease (copper)
- Xerophthalmia (vitamin A)

Note: This risk does not include iron deficiency.

Presence of nutrient deficiency diseases diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders

ASK ABOUT:

- Attitude and knowledge about condition and treatment plans including special diet, nutritional supplements, and medications
- Dosage and tolerance of nutritional supplements
- How often any supplements are taken (e.g., is there an issue of forgetting to take it or a lack of motivation or understanding)
- Barriers to following prescribed diet and/or obtaining supplements or medications (e.g., health beliefs, religious or cultural practices, finances, access to follow-up health care)
- Dietary patterns which may lead to deficiency diseases including the following:
 - Lack of sufficient variety of foods
 - Use of highly refined foods
 - Dependence on starchy fruits and vegetables
 - Foods containing substances which interfere with nutrient utilization (e.g., phytates in cereals)
 - Destruction or loss of nutrients during cooking
 - Foods grown in mineral-deficient soil
 - Protein-deficient diets

NUTRITION COUNSELING/EDUCATION TOPICS:

- Discuss strategies for remembering to take the supplement as prescribed.
- Identify the WIC foods that are good sources of the nutrient(s) of concern.
- Encourage a variety of foods from the food groups.
- Persistent malnutrition may lead to increased risk for other health problems and death.
- Single or multiple nutrient deficiencies may result in functional disturbances such as impaired cognitive function, impaired function of the immune system, and impaired function of the skeletal muscle.
- Use safety caps and keep supplements out of the reach of children.

POSSIBLE REFERRALS:

- If tolerance of a supplement is of concern, refer to primary care provider for advice about trying a lower dose or another preparation.
- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the participant requires in-depth nutritional intervention beyond the scope of WIC services, refer to primary care provider or a dietitian with expertise in this area of practice.
- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or the local public health department.
- If the child has rickets, refer to Shriners outreach clinics (<http://www.shrinershq.org/Hospitals/TwinCities/Services/OutreachClinics>).