

# Documenting the Nutrition Assessment:

## Twelfth in the Nutrition Assessment Series

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Documentation is important for many reasons. It provides evidence that WIC policies and regulations were followed, as well as supplies a description of the services that were provided. Documentation is also crucial for continuity of care. Records that are clear, concise, and accurate allow WIC staff to seamlessly continue personalized services and ensure meaningful follow-up visits. Procedures will vary between local agencies, but the importance of this component of WIC services remains the same.

The previously released *Nutrition Education Documentation* series, provides a valuable overview of this topic from the nutrition education perspective. Many of the concepts overlap with nutrition assessment. See [WIC Nutrition Education Documentation](#).

### Key Points for Documentation

**Prioritize pertinent information.** Discern which information is most applicable to the nutrition status of the participant. For example, the milestones of typically developing children are unlikely to add value to the assessment documentation. An additional example, eating habits can often be summarized instead of providing a lengthy list of accepted foods. Focus on atypical or noteworthy information. This approach will help keep documentation concise and easy to review, as well as save time for the CPA during the documentation process.

**Address risk codes.** Briefly discuss the justification for CPA-assigned risk codes and provide additional context for system-assigned codes. Include an appraisal of how the different areas of the assessment (anthropometric, biochemical, clinical, diet and nutrition, and environmental) are contributing to the identified risk factors.

**Document the interpretation.** The nutrition assessment includes both collecting and synthesizing information. The results of the assessment should focus on the professional interpretation of the data that is collected.

If the SOAP format is being used, for example, utilize the “assessment” section to document the professional evaluation of the information that is collected. Without this component, it’s simply a nutrition interview! Here is a simplified example.

S: James is drinking about 4 cups of milk per day. He is reluctant to eat meats and prefers other foods. No vitamin/mineral supplements are given.

O: Hgb – 10.1; Risk code 201 – Low Hemoglobin

A: The hemoglobin screening indicates low iron. Elevated milk intake may be impacting iron absorption and appetite. Low intake of meat may indicate low iron intake.

P: Reviewed recommendations for milk intake and ideas for preparing soft meats with the family. The parents' goal is to reduce intake of milk to 2-3 cups/day.

## Activities

- Discuss your agency's nutrition assessment documentation procedure as a group. What is working well? What is challenging?
- Have each CPA pull a small sample of their own previously completed charts. With fresh eyes and without the time pressures of working in clinic, what are some ways the documentation could be clearer and more concise? What are some things that were done well?
- Additional activities are available in the *Nutrition Education Documentation* series.

## Reference – Complete Listing of Hyperlinks

### WIC Nutrition Education Documentation

(<https://www.health.state.mn.us/people/wic/localagency/nedocumentation.html>)

Minnesota Department of Health - WIC Program, 85 E 7<sup>th</sup> Place, PO BOX 64882, ST PAUL MN 55164-0882; 1-800-657-3942, [health.wic@state.mn.us](mailto:health.wic@state.mn.us), [www.health.state.mn.us](http://www.health.state.mn.us); to obtain this information in a different format, call: 1-800-657-3942.