

<p style="text-align: center;">Nutrition Services Department of State Health Services</p>

Effective: October 1, 2015

Policy No. CS:33.0

High Risk Referrals

Purpose

To ensure that high risk participants are identified and referred appropriately to a health care provider (HCP), Registered Dietitian (RD), or International Board Certified Lactation Consultant (IBCLC).

Authority

7 CFR Part 246.7

Definitions

Health care provider (HCP): Also referred to as “prescriptive authority”; a medical professional who may legally diagnose medical conditions and write prescriptions. In Texas, prescriptive authorities include but are not limited to: medical doctors (M.D.), doctors of osteopathy (D.O.), physician’s assistants (P.A.), and nurse practitioners (N.P.).

Registered dietitian (RD): A credentialed nutrition professional authorized to provide management of health and diet concerns.

International Board Certified Lactation Consultant (IBCLC): A credentialed lactation professional authorized to provide clinical management of breastfeeding concerns.

Follow-up: Efforts the local agency (LA) makes to contact the participant and determine the outcome (disposition) of the referral.

Internal referrals: Referrals made to a professional within WIC (i.e., local agency RD or IBCLC).

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External referrals: Referrals made to a professional outside of WIC (e.g., health care provider or emergency room).

Policy

LAs shall develop a local High Risk policy that identifies the high-risk conditions requiring referral and the procedures for follow-up.

Procedures

- I. LAs shall develop a local High Risk policy with the following components:
 - A. High risk conditions and corresponding categorical groups requiring referral to internal and external sources.
 1. The policy must contain the following minimum risk criteria for internal referrals:
 - a. RD
 - i. Formula fed infants: FTT (RC 134), Inadequate Growth – not back to birth weight by 14 days (RC 135)
 - ii. Children: Child Underweight (RC 103)
 - iii. Pregnant women: Low Maternal Weight Gain (RC 131)
 - b. IBCLC
 - i. Breastfeeding women: Breastfeeding complications or potential complications (RC 602)
 - ii. Breastfed Infants: FTT (RC 134), Inadequate Growth – not back to birth weight by 14 days (RC 135)
 2. The policy must contain the following minimum risk criteria for external referrals:
 - a. HCP
 - i. All Infants: Inadequate Growth – not back to birth weight by 14 days (RC 135)

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- B. The policy shall include procedures detailing the referral process, including:
 - 1. Staff responsible for making the referral
 - 2. Documentation of the referral process (e.g., logs, forms).
Documentation of the referrals shall include:
 - a. Name of participant who was referred
 - b. Reason for referral
 - c. Professional to which a participant was referred
 - d. Name of person making the referral
 - e. Date of referral

- C. Procedures for follow-up, including:
 - 1. Method of follow-up to be used with participant (e.g., phone, appointment)
 - 2. Length of time between referral and follow-up
 - 3. Documentation of follow-up

- II. For external referrals, the LA shall not contact the health care provider to which a participant was referred to determine disposition of referral without the participant's consent.

- III. Per **policy GA:14.0** Staffing Standards, LAs that do not have an RD shall request a waiver and have a written contingency plan for providing referrals and high risk individual counseling while position is vacant.

- IV. LAs that do not have an IBCLC on staff should access an IBCLC via webcam tele-consult offered by the WIC Lactation Support Centers in Houston and Dallas. If a webcam tele-consult is not available, refer externally to an appropriate healthcare provider.

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- V. LAs shall have a written procedure in place for participants who are identified to have Red Flag criteria. Participants who have been identified as having a Red Flag shall be immediately referred to receive urgent medical care.

A. Red Flags:

1. Infant

- a. Skin color is blue or grey
- b. Skin color above waist is yellow
- c. Poor hydration as indicated by a combination of the following:
 - i. soft spot(s) on top of head sunken in
 - ii. skin on the back of infant's hand, forearm or belly lightly pinched between the thumb and forefinger for a few seconds does not return to normal contour within three seconds
 - iii. sunken eyes
 - iv. no tears or few tears when crying
 - v. extremely dry lips, mouth or tongue
 - vi. lethargy
- d. Signs of trauma or bruising
- e. Difficult or shallow breathing, wheezing

2. Child

- a. Signs of trauma or bruising
- b. Difficult or shallow breathing, wheezing
- c. Poor hydration as indicated by a combination of the following:
 - i. skin on the back of child's hand, forearm or belly lightly pinched between the thumb and forefinger for a few seconds does not return to normal contour within three seconds
 - ii. sunken eyes
 - iii. no tears or few tears when crying
 - iv. extremely dry lips, mouth or tongue
 - v. scant, dark, or foul-smelling urine

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- vi. lethargy
- 3. Pregnant
 - a. Signs of labor initiation – regular contractions, leaking/gushing fluid from vagina
 - b. Heavy bleeding from vagina at any time of pregnancy
 - c. Injury - accident/fall/blow to the belly
 - d. Observed at clinic under the influence of alcohol or drugs/narcotics with risk of potential harm to self or others
- 4. Breastfeeding, Postpartum
 - a. Hearing voices or seeing things that are not real or having false beliefs (delusions)
 - b. Observed at clinic under the influence of alcohol or drugs/narcotics with risk of potential harm to self or others
 - c. Postpartum Mood Disorder Signs:
 - i. Thoughts of harming self or baby
 - ii. High level of anxiety
 - iii. Flat affect
 - iv. Not making eye contact with baby/not responding to infant cries/ not enjoying baby
 - v. No appetite/ inability to sleep
- 5. WIC staff should not diagnose or provide medical advice to participants.

Guidelines

- A. The criteria in this policy are minimum criteria, and LAs are encouraged to include additional criteria relevant to their local population and concerns. Participants who desire a consultation for any reason outside of these criteria shall be referred to the appropriate professional.
- B. There are examples of conditions in the High Risk Referral Guidelines tab located in the Clinic Assessment Manual to assist LAs in developing their local policy. If desired, LAs can select from

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these criteria based on the needs of their local agency and clientele. The guidelines are a resource that represents best practices for high risk referrals. However, local agencies are not required to nor limited to use all of the criteria on the list.

Guidelines for High Risk Referrals

(CS: 33.0 High Risk Referrals)

Guidelines for High Risk Referrals

All local agencies must develop a High Risk policy (in accordance with Policy CS: 33.0 High Risk Referrals) that identifies which high-risk conditions require a referral and outline the procedures for documenting and following-up these conditions. These guidelines may be used in developing local agency specific parameters for high risk referrals.

What are the referral guidelines?

The guidelines are a resource to help Local Agencies identify when a participant may be at high risk and need more skilled intervention from an expert. Use the referral guidelines to help identify high risk criteria and make referrals to the appropriate professional. These guidelines focus on best practices for making a referral to a Registered Dietitian (RD), International Board Certified Lactation Consultant (IBCLC), or Health Care Provider (HCP).

Why are these guidelines important?

The guidelines ensure that participants receive care based on their medical, physical, or emotional conditions. Referrals do not always transfer participant care away from the first WIC professional the participant sees. To refer simply means to *add* an appropriate professional to a participant's circle of care. As best practice, the original professional should remain a part of the participant's circle of care and continue to provide follow-up care as needed.

How are the guidelines used?

Use the guidelines are a tool to help Local Agencies in developing their local high risk policy. The guidelines are not part of the Local Agency policy but provide suggestions on conditions to consider for high risk referrals. Staff must provide formal referrals and documentation for the minimum criteria outlined in their Local Agency policy. WIC agencies are not limited to the examples provided in the guidelines.

Each categorical group has its own guidelines with examples of high risk criteria for that group. Some criteria might be risk code specific while others are based on physical observations or conversations with participants. There are instances where a referral is warranted in accordance with the risk code definition. Other times, a risk code is used as a reference but a referral may be necessary only for a specific portion of the risk code definition or more stringent guidelines may be placed on the parameters (i.e. Risk code #201 is referred only with a hemoglobin value lower than or equal to 8.0 g/dL). The word "N/A" will appear in the "Risk Code" column if a particular criterion is not associated with a listed risk code (i.e. A mother may indicate during a counseling session that her infant has unusual looking stools).

The guidelines indicate which professional to refer a participant to for each condition (i.e. RD, IBCLC, or HCP). There will be instances where it is appropriate to refer a participant to several or all professionals. There may be notations indicating special instructions that are relevant to certain categorical groups. If a participant is already being followed by a health care professional for the high risk condition or refuses a referral, a referral is not needed. In the case that a referral is not made, WIC staff should document the reason in the participant's chart.

It may not always be reasonable to expect formal documentation and follow-up on certain conditions. For some guidelines, a verbal referral may be sufficient and formal documentation may not be appropriate. For example – if a participant appears to have a mild rash on observation, WIC staff may verbally refer the participant to contact their health care provider for further examination. Local Agencies should train staff on how and when to offer the verbal referrals vs. when to make and note formal referrals.

Staff are encouraged to use their professional judgment on each referral on a case-by-case basis. All staff should feel empowered to refer, regardless of their position or involvement in the certification process, if they identify a client to be high risk based on observation. WIC staff should not try to diagnose or provide medical advice to participants.

What are “Red Flags”?

In some instances, participants may present with life-threatening conditions that require immediate medical attention. The “Red Flags” document contains minimum criteria outlining when a participant would need to be referred immediately to urgent/emergency care. All staff should be familiar with these criteria and follow their Local Agency's procedures for addressing these conditions. Staff should be aware of the urgent/emergency care facilities in their area.

If a WIC staff member feels threatened by a participant when making a referral for a “Red Flag,” condition, they should contact security or a local law enforcement official.

Infant Referral Guidelines

Risk Code	Infant Conditions	Refer to RD *	Refer to IBCLC *	Refer to HCP
Health/Medical				
142	Prematurity	✓	✓	
143	Very Low Birth Weight	✓	✓	
300's (341-362)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
Weight				
N/A	Is not back to birth weight by 10 days	✓	✓	
N/A	Has lost 10% or more of birth weight	✓	✓	✓
135	Is not back to birth weight by 2 weeks of age	✓	✓	✓
135	Inadequate rate of weight gain from birth to 3 months of age	✓	✓	✓
134	Failure to thrive as diagnosed by physician	✓	✓	
Physical Appearance				
N/A	Signs of jaundice (i.e. skin color below waist or white of eyes are yellow)	✓	✓	✓
N/A	Infant appears wasted (i.e. ribs or spine easily visible, loss of buttocks or cheeks, extremely thin extremities)	✓	✓	✓
N/A	Skin with rash, splotches, or scales			✓
	Has white patches in mouth or severe diaper rash			✓
N/A	Signs of fever (i.e. skin hot to the touch or flushed)			✓
Gastrointestinal / Urinary				
N/A	Inadequate stooling (i.e. No stools for 24 hours after leaving hospital , <2 stool a day on days 1-3, black, tarry stools after day 4, or < 3 poopy diapers with poop the size of a quarter or larger by day 4 and through 6 weeks)	✓	✓	✓
N/A	Unusual appearance of stools (i.e. green, frothy or explosive stools; mucous or blood in stool)	✓	✓	✓
N/A	Excessive diarrhea or loose watery stools			✓
N/A	Excessively spitting up	✓	✓	✓
N/A	Severe vomiting			✓
N/A	Severe constipation	✓	✓	✓
N/A	Urine is dark instead of clear or pale yellow; Reddish/orange urine after day 3	✓	✓	✓
N/A	Inadequate urination: < 2 urine-soaked diapers on day 2, < 3 on day 3, < 4 on day 4, or < 5 on or after day 5	✓	✓	✓
Other Conditions				
N/A	HCP recommendation to supplement for any reason		✓	
N/A	Experienced birth trauma (forceps or vacuum assist delivery) and is not feeding well	✓	✓	

N/A	Is currently in or was discharged from special care nursery/NICU	✓	✓	
N/A	Significant change in “normal” newborn behavior – sleep, wake, consoling, feeding - Breastfed - Formula Fed		✓	✓
		✓		✓
Feeding				
N/A	Falls asleep right after starting to feed, is not showing signs of hunger, or is going too long between feedings and is not gaining adequate weight	✓	✓	
N/A	Weak suck or difficulty coordinating suck/swallow/breathe	✓	✓	
Breastfeeding				
603	Latch difficulties after WIC staff assist		✓	
603	Coming off breast often		✓	
N/A	Is having less than 8 feedings in 24 hours, feedings are lasting longer than 30 minutes, or never seems satisfied or shows signs of fullness		✓	
N/A	Can't extend tongue past gum line or has limited ability to lift the tongue		✓	
Formula Feeding				
N/A	Physician request formula mixing instructions for concentration higher than 20 kcal/ounce	✓		

* Refer to appropriate professional in instances where both RD and IBCLC are checked (i.e. breastfed infants should be referred to IBCLC).

Child Referral Guidelines/ 2 -5 years

Risk Code	Child Conditions	Refer to RD	Refer to IBCLC	Refer to HCP
Health/Medical				
201	Low Hgb or Hct: for values ≤ 8.0 g/dL (hgb) or $\leq 30.0\%$ (hct)	✓		✓
300's (341-362)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
N/A	Hyper-metabolism or need for increased caloric intake as recommended by healthcare professional	✓		
Weight				
103	Child underweight	✓		
113	Child obese	✓		
134	Failure to thrive as diagnosed by physician	✓		
N/A	Downward crossing of 2 major percentiles on growth chart	✓		✓
Physical Appearance				
N/A	Signs of fever (i.e. skin hot to the touch or flushed)			✓
N/A	Skin with rash, splotches, or scales (not assessed or under treatment of HCP)			✓
N/A	Not meeting developmental milestones			✓
N/A	Signs of malnutrition: extremely thin extremities	✓		✓
N/A	Ribs or spine easily visible, loss of buttocks, sagging skin	✓		✓

Breastfeeding Woman Referral Guidelines

Risk Code	Breastfeeding Conditions	Refer to RD	Refer to IBCLC	Refer to HCP
Health/Medical				
N/A	Bright red (not yet tapering to brown) heavy vaginal bleeding with clots the size of a tennis ball after day 4 postpartum			✓
201	Low Hgb or Hct: for values ≤ 8.0 g/dL (hgb) or $\leq 30.0\%$ (hct)	✓		✓
300's (341-363)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
Breastfeeding Concerns				
N/A	Problems with milk supply possibly related to medical condition or procedure (i.e. history of caesarian delivery, breast surgery or trauma, polycystic ovary syndrome, thyroid disorders, infertility, diabetes, or obesity)		✓	
N/A	History of low milk supply with previous child AND having problems with milk supply or infant weight gain or diaper output		✓	
N/A	Has multiples AND is having breastfeeding concerns or difficulties		✓	
N/A	Can't latch baby with Peer Counselor (PC)/ Designated Breastfeeding Expert (DBE) assist due to edema (swelling) of the areola, severe engorgement, flat or inverted nipples, or infant not sustaining latch without using a SNS or nipple shield or sore nipples or engorgement with no improvement 24 hours after PC/TBE assist		✓	
N/A	Reports her milk has not "come in" by 72 hours		✓	
602	Cracked or damaged nipples or sudden onset of sore nipples after the first few weeks		✓	
602	Has fever, body aches or red streaking in breast, an abscess, new lump, or lumpy area in breast, or has bright red, shiny, painful, or itchy areola/nipple		✓	✓
N/A	Forceful letdown, pain with letdown, or excessive leaking		✓	
N/A	Concerned about milk supply, breastfeeding, and considering use of formula after PC/DBE consult		✓	
N/A	Wants to breastfeed but has been advised not to by her HCP or has been told she needs to supplement		✓	
N/A	Needs assistance transitioning from bottle feeding to direct breastfeeding		✓	
Other Conditions				
N/A	Taking medication other than prescribed medications or abusing any medication		✓	✓
211	Lead poisoning		✓	✓

Pregnant Woman Referral Guidelines

Risk Code		Refer to RD	Refer to IBCLC	Refer to HCP
Health/Medical				
201	Low Hgb or Hct: for values ≤ 8.0 g/dL (hgb) or $\leq 30.0\%$ (hct)	✓		✓
300's (341-362)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
Weight				
131	Low maternal weight gain	✓		✓
132	Maternal weight loss during pregnancy	✓		✓
133	Rapid weight gain of greater than 6.5 pounds/month for singleton pregnancy	✓		✓
Other				
N/A	Taking medication other than prescribed medications or abusing any medication			✓
N/A	Signs of fetus demise – decrease in/no movement by fetus; sudden, violent movements			✓ Immediately +
N/A	Signs of preterm labor/miscarriage/ectopic pregnancy – severe and persistent back pain, severe abdominal pain/ cramping, significant bleeding or spotting > 1 day, severe vomiting/diarrhea and vaginal pressure			✓ Immediately +
N/A	Signs of blood clots – leg or calf pain, swelling on one side, severe headaches			✓ Immediately +
N/A	Signs of pre-eclampsia, eclampsia - high blood pressure, sudden swelling in hands and face, constant and severe headaches, severe dizziness, blurred vision, muscular convulsions			✓ Immediately +

+ Pregnant women identified with these conditions should contact their HCP immediately by phone or in-person. If unable to do so, refer participant to the nearest labor & delivery triage at a hospital.

POSTPARTUM – Referral Guidelines

Risk Code	Postpartum Conditions	Refer to RD	Refer to IBCLC	Refer to HCP
Health/Medical				
201	Low Hgb or Hct: for values ≤ 8.0 g/dL (hgb) or $\leq 30.0\%$ (hct)	✓		✓
300's (341-363)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
N/A	Bright red (not yet tapering to brown) heavy vaginal bleeding with clots the size of a tennis ball after day 4 postpartum			✓
Other Conditions				
N/A	Woman who initially breastfed, has stopped, and expresses desire to re-initiate breastfeeding		✓	
N/A	Taking medication other than prescribed medications or abusing any medication			✓