

Texas WIC Health and Human Services Commission

Effective January 1, 2022

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

Policy

Local Agencies (LAs) must follow the State Agency High Risk policy that identifies the high-risk conditions requiring referral and the required follow-up documentation of the referrals. Each Local Agency (LA) must develop a local agency specific High Risk policy that outlines their LA's procedures for follow-up, any additional high risk criteria beyond those specified in this policy, and their written procedures for responding to Red Flags criteria.

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 (MD), doctors of osteopathy (DO), physician's assistants (PA/PA-C), and nurse practitioners (NP).

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.

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Follow-up:

- A. Internal – Efforts the LA WIC professional makes to complete the referral.
- B. External - Efforts the 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).

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

Procedures

- I. High risk conditions and corresponding categorical groups requiring referral to internal and external sources.
 - A. The following minimum risk criteria for internal referrals are:
 - 1. RD
 - a. Formula fed infants: FTT (RC 134), Slowed/Faltering Growth Pattern – infants 2 weeks of age or less with excessive weight loss of $\geq 7\%$ birth weight (RC 135), Underweight – infant (RC 103A), Very Low Birth Weight (RC 141B)
 - b. Children: FTT (RC 134), Very Low Birth Weight – children <24 months of age (RC 141B)
 - c. Pregnant women: Low Maternal Weight Gain During Pregnancy – during 2nd or 3rd trimester for singleton pregnancy (RC 131)
 - 2. IBCLC
 - a. Pregnant women: Breastfeeding Complications or Potential Complications (RC 602)
 - b. Breastfeeding women: Breastfeeding Complications or Potential Complications (RC 602)

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- c. Breastfed Infants: FTT (RC 134), Slowed/Faltering Growth Pattern – infants 2 weeks of age or less with excessive weight loss of $\geq 7\%$ birth weight (RC 135), Underweight – infant (RC 103A), Very Low Birth Weight (RC 141B), Breastfeeding Complications or Potential Complications (RC 603)
 - 3. Infants that are both formula and breastfed can be referred to a RD and/or IBCLC.
 - B. The following minimum risk criteria for external referrals are:
 - 1. HCP
 - a. All Infants: Slowed/Faltering Growth Pattern – infants 2 weeks of age or less with excessive weight loss of $\geq 7\%$ birth weight (RC 135)
 - C. The following minimum risk criteria for internal and/or external referrals are below. Professional judgement should be used to determine which of the following health care professionals the referral should be made to.
 - 1. HCP and/or RD
 - a. Pregnant women: Gestational Diabetes (RC 302), Nutrient Deficiency Diseases (RC 341), Gastrointestinal Disorders (RC 342), Diabetes Mellitus (RC 343), Hypertension (RC 345A), Prehypertension (RC 345B), Renal Disease (RC 346), Cancer (RC 347), Central Nervous System Disorders (RC 348), Genetic and Congenital Disorders (RC 349), Inborn Errors of Metabolism (RC 351), Celiac Disease (RC 354), Eating Disorders (RC 358), Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat (RC 362)
 - b. Breastfeeding women: Nutrient Deficiency Diseases (RC 341), Gastrointestinal Disorders (RC 342), Diabetes Mellitus (RC 343), Hypertension (RC 345A), Prehypertension (RC 345B), Renal Disease (RC 346), Cancer (RC 347), Central Nervous System Disorders (RC

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- 348), Genetic and Congenital Disorders (RC 349), Inborn Errors of Metabolism (RC 351), Celiac Disease (RC 354), Eating Disorders (RC 358), Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat (RC 362)
- c. Postpartum women: Nutrient Deficiency Diseases (RC 341), Gastrointestinal Disorders (RC 342), Diabetes Mellitus (RC 343), Hypertension (RC 345A), Prehypertension (RC 345B), Renal Disease (RC 346), Cancer (RC 347), Central Nervous System Disorders (RC 348), Genetic and Congenital Disorders (RC 349), Inborn Errors of Metabolism (RC 351), Celiac Disease (RC 354), Eating Disorders (RC 358), Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat (RC 362)
 - d. All Infants: Nutrient Deficiency Diseases (RC 341), Gastrointestinal Disorders (RC 342), Diabetes Mellitus (RC 343), Hypertension (RC 345A), Prehypertension (RC 345B), Renal Disease (RC 346), Cancer (RC 347), Central Nervous System Disorders (RC 348), Genetic and Congenital Disorders (RC 349), Inborn Errors of Metabolism (RC 351), Celiac Disease (RC 354), Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat (RC 362)
 - e. Children: Nutrient Deficiency Diseases (RC 341), Gastrointestinal Disorders (RC 342), Diabetes Mellitus (RC 343), Hypertension (RC 345A), Prehypertension (RC 345B), Renal Disease (RC 346), Cancer (RC 347), Central Nervous System Disorders (RC 348), Genetic and Congenital Disorders (RC 349), Inborn Errors of Metabolism (RC 351), Celiac Disease (RC 354), Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat (RC 362)

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- D. In the event that a participant is already under the care of an external RD, IBCLC, or HCP for the high risk condition, a referral may not be warranted. This must be documented in the participant's record.
 - E. Additional high risk criteria beyond those specified in this policy must be clearly defined in each LA's local agency High Risk policy.
- II. Procedures for follow-up
- A. The LA specific developed policy for RD, IBCLC, and HCP referrals must include the following:
 - 1. Method of follow-up to be used with participant (e.g., phone, appointment)
 - 2. Length of time between referral and follow-up that is measurable (e.g., 1 month, 7 days)
 - B. State Agency required documentation of follow-up must be in the following areas of the MIS record:
 - 1. All Internal and External Referrals
 - a. On the Pending High Risk Referral page complete the following fields:
 - i. Follow-up Details
 - ii. Follow-up Completion Details
 - 2. RD
 - a. Internal: Goals and/or Notes Section of VENA Documentation Page
 - b. External: Goals and/or Notes Section of VENA Documentation Page
 - 3. IBCLC
 - a. Internal: Goals and/or Notes Section of VENA Documentation Page
 - b. External: Goals and/or Notes Section of VENA Documentation Page
 - 4. HCP
 - a. External: Goals and/or Notes Section of VENA Documentation Page

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- III. For external referrals, the LA must obtain the participant’s consent before contacting the health care provider to which a participant was referred to determine disposition (outcome) of referral.
- IV. Per policy [GA:14.0 Staffing Standards](#), LAs that do not have an RD or IBCLC must request a waiver and have a written contingency plan for providing referrals and high risk individual counseling while position is vacant.
- V. LAs that do not have an IBCLC on staff, or access to a community IBCLC who provides services free of charge to WIC participants, must access an IBCLC via a WIC Lactation Support Center who can provide phone or virtual consultation.
- VI. Participants who have been identified as having Red Flag criteria must immediately be referred to receive medical care. The place or service that a participant will be referred must be specified in a LA specific high risk policy (e.g., urgent care center, emergency room, 911).
 - A. Red Flags:
 - 1. Infant
 - a. Skin color is blue or gray
 - b. Skin color is yellow. This is a medical emergency if the infant is not under the care of a HCP and/or showing signs of lethargy, fever, and poor feeding.
 - 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

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- vii. Signs of trauma or bruising
 - viii. 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
 - 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

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5. WIC staff must 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 must be referred to the appropriate professional.
- B. There are examples of conditions in the High Risk Referral Guidelines section located in the Clinic Assessment Manual to assist LAs in developing their local policy. If desired, LAs can select from these criteria based on the needs of their local agency and clientele. The guidelines are a resource that represents suggestions for high risk referrals. However, local agencies are not required nor limited to use any or all of the criteria on the list.