

Nutrition Services in Kentucky

In the Kentucky Public Health Department system, reimbursement is received for each level of nutrition services. The levels of services, sources of reimbursement, and the appropriate provider of these services are included in the following table.

The federal and state laws and regulations that support the assignment of staff for the above services are provided in the Administrative Reference.

Nutrition Service	Reimbursement Source (s)	Appropriate Provider(s)
<ul style="list-style-type: none"> ➤ Nursing Office Visit – <ul style="list-style-type: none"> • nutrition counseling guidelines for Family Planning, Prenatal, Well Child/EPSDT, etc. 	Appropriate Program Cost Center	Nurse
<ul style="list-style-type: none"> ➤ Basic Nutrition <ul style="list-style-type: none"> • individual • group <p>Note: Cannot Code for Individual basic if the education provided is included in a service provided under another program.</p>	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, or Local Fees.	Certified Nutritionist Dietitian/Registered Dietitian Health Educator Nurse Nutritionist
<ul style="list-style-type: none"> ➤ Medical Nutrition Therapy (MNT) <ul style="list-style-type: none"> • individual • group <p>Note: Go to the website listed below to obtain your Medicare providership. http://www.cms.hhs.gov/MedicalNutritionTherapy/</p>	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, Medicare, or Local Fees.	Certified Nutritionist Dietitian/Registered

NUTRITION AND PHYSICAL ACTIVITY INITIATIVE

Goals of a comprehensive nutrition and physical activity program:

- Promote healthy eating that follows national dietary guidance policy;
- Impact policy that improves access to healthy foods;
- Increase the incidence and duration of breastfeeding;
- Assure that medical nutrition therapy is available in each local agency;
- Promote healthy weight among adults and children;
- Maintain recommended levels of moderate and vigorous physical activity from childhood through adolescence into adulthood;
- Impact policy that improves access to physical activity; and
- Eliminate disparities in nutrition and physical activity.

Intervention Activities

Each local health department will:

- Utilize public/private partnerships that includes traditional and non-traditional partners for a coordinated community approach¹;
- Assure or conduct community assessment concerning current status of nutrition and physical activity needs²;
- Develop and implement a community plan that addresses both **nutrition and physical activity**;
- Assure that Medical Nutrition Therapy is available in each local agency,
- Attend educational offerings; and
- Evaluate community activities.

Nutrition (Cost Center 805)

The following national recommendations for interventions to increase nutrition are based on the strength of the evidence of effectiveness found during systematic reviews. Consider these evidence-based recommendations and local needs, goals, and constraints when choosing appropriate interventions.

Informational Approaches

- Community-wide campaigns (e.g., Choose 1% or Less) – Strongly Recommended
- “Point-of-decision” prompts (e.g., Choose 1% or Less) – Recommended
- Classroom-based health education focused on information provision (e.g., Wellness Winner.) – Insufficient Evidence*
- Mass media campaigns – Insufficient Evidence*

Behavioral and Social Approaches

- School-based nutrition education (e.g., Wellness Winners, Cumberland Valley Nutrition and Physical Activity Series) – Strongly Recommended
- Social support interventions in community settings (e.g., Weight: The Reality Series) – Strongly Recommended
- Individually-adapted health behavior change programs (e.g., Weight the Reality Series, etc.)– Strongly Recommended

- College-age nutrition throughout the life cycle education (e.g. Health Fairs) – Insufficient Evidence*
- Family-based social support (e.g., Eat Smart, Play Hard) – Insufficient Evidence*

Environmental and Policy Approaches

- Creation of or enhanced access of healthy food choices combined with informational outreach activities (e.g., healthy choices at restaurants, milk vending machines, healthy food choices in school vending machines, grocery store tours, Star Chef Curriculum, Weight the Reality Series, etc.) – Strongly Recommended

Disparate Population

Each local health department will address children and adolescents who are at risk for overweight

- when one or both of their parents are overweight;
- they live in households with low incomes ;
- they have chronic illnesses or disabilities that limit mobility;
- are members of certain racial ethnic groups such as African American females or the Hispanic population.²

Service Providers

- The community component of the Nutrition and Physical Activity Initiative (805 cost center) should be provided by dietitians, health educators, nurses, and/or nutritionists.
- The clinical component of Medical Nutrition Therapy (MNT) can only be provided by a Registered Dietitian, Certified Nutritionist or a D-9 designated Nutritionist.

*A determination that evidence is insufficient should not be confused with evidence of ineffectiveness. A determination of insufficient evidence assists in identifying a) areas of uncertainty regarding an intervention's effectiveness and b) gaps in the evidence where future prevention research is needed. In contrast, evidence of ineffectiveness leads to a recommendation that the intervention not be used.

References and Resources

1. *Bright Futures in Practice: Physical Activity*, National Center for Education in Maternal and Child Health, Georgetown University, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617, <http://www.brightfutures.org>.
2. *Bright Futures in Practice: Nutrition*, second edition, National Center for Education in Maternal and Child Health, Georgetown University, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617, <http://www.brightfutures.org>.
3. *Mobilizing for Action through Planning and Partnerships (MAPP)*, National Association of County and City Health Officials, <http://www.nacho.org>.
4. *Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity*, Nutrition and Physical Activity Workgroup, Suzanne Gregory, editor, 2002, Human Kinetics, www.humankinetics.com.
5. *Guide to Community Preventive Services: Promoting Physical Activity*, Centers for Disease Control and Prevention, 2001, www.cdc.gov.

Over-the-Counter Vitamins/Dietary Supplements

Certified Nutritionists, Nutritionists and Registered Dietitians through guidelines in the Public Health Practice Reference, Preconception/Folic Acid Section, may deliver over-the-counter vitamins and dietary supplements such as prenatal vitamins, folic acid, iron, etc. The vitamins provided must be pre-packaged and include dosage information and instructions. These items may be delivered by the Certified Nutritionist, Nutritionist or Registered Dietitian. Documentation must include the supplement given and counseling provided. All items provided must be included in the agency medication plan and local formulary.

BASIC NUTRITION GUIDELINES

Individual Contact

10/07

The following information is suggested nutrition counseling information for use in any services except WIC. Documentation is to be recorded on the Service Record (CH-3A) in either SOAP or narrative format.

Ages/Status	Nutrition Counseling/Education Materials
Birth – 1 Year	<ul style="list-style-type: none"> • Stress continuation of breastfeeding (recommended for the first year of life); • Provide solid foods based upon development; • Follow introduction of foods based upon Infant Feeding Guides.
Age 1 – 2 Years	<ul style="list-style-type: none"> • Follow guidelines established in Toddler Feeding Guide age 1–3; • Stress portion sizes appropriate for age; • Provide whole milk until age 2; • Recognize food jags (child requesting one specific food at each meal) ; • Avoid excess juice (“Juice intake >12 oz./day is associated with obesity, short stature, diarrhea, and failure to thrive.”)*; • Nutritional needs are slightly less due to slower rate of growth than infant; • Suggest 4–6 small meals per day; • Introduce new foods and finger foods; • Stress the importance of weaning if still on bottle; • Avoid foods that can cause choking.
Age 2 – 6 Years	<ul style="list-style-type: none"> • Follow guidelines established in Child Feeding Guide age 3–5; • Stress portion sizes appropriate for age; • Recognize this is the age when likes and dislikes are forming; • Suggest 4–6 small meals per day; • Introduce lowfat milk and milk products; • Continue introduction of new foods and finger foods; • Avoid foods that can cause choking; • Avoid excess juice (“Juice intake >12 oz./day is associated with obesity, short stature, diarrhea, and failure to thrive.”)*; • Encourage physical activity to prevent overweight.
Ages 6 – 12 Years	<ul style="list-style-type: none"> • Follow guidelines established in My Pyramid; • Recognize the importance of peers’ influence on eating habits; • Stress importance of adults as a positive influence on eating behaviors; • Understand that growth should be steady during this time frame; • Watch for eating disorders and problems with weight management; • Encourage physical activity; • Iron deficiency anemia can be a problem during this age.
Ages 12 – 21 Years	<ul style="list-style-type: none"> • Follow guidelines established in My Pyramid; • Recognize strong influence of peers, sports and media on eating habits and self-image; • Skipping meals is common at this age; most commonly eaten meal is evening meal; • Suggest healthy alternatives for high consumption of fast foods; • Recognize this age group begins to follow strict dietary regimens such as vegan diets as a part of independence; • Adolescent pregnancy leads to increased need for healthy eating; • Encourage physical activity;

	<ul style="list-style-type: none"> • Folic acid supplement stressed for all women of childbearing age.
Adult Wellness	<ul style="list-style-type: none"> • Encourage BMI between 19.8 – 24.9; • Encourage My Pyramid guidelines; • Emphasize increased fruits and vegetables, low fat choices, variety of foods, and label reading; • Stress folic acid supplements for all women of childbearing age; • Stress importance of physical activity.
Cancer Prevention	<ul style="list-style-type: none"> • Encourage increased consumption of fruits and vegetables; • Stress importance of whole grain breads, cereals and pastas for fiber and folate; • Encourage low fat diet.
Cardiovascular Disease Prevention	<ul style="list-style-type: none"> • Encourage increased consumption of fruits and vegetables; • Stress importance of whole grain breads, cereals and pastas for fiber and folate; • Stress importance of physical activity and weight maintenance.
Diabetes Prevention	<ul style="list-style-type: none"> • Encourage increased consumption of fruits and vegetables; • Stress importance of whole grain breads, cereals and pastas for fiber and folate; • Encourage vitamin B₆ found in meats, eggs and whole grains; • Stress importance of physical activity and weight maintenance.
Obesity	<ul style="list-style-type: none"> • Defined as BMI 30.0 and above; • Encourage slow, steady weight loss (max weight loss of 2lbs./week); • Stress lifestyle changes; • Encourage physical activity; • Stress importance of low fat foods and minimal concentrated sweets; • Help client identify and prioritize behavioral changes (1–2 changes at a time).
Osteoporosis	<ul style="list-style-type: none"> • Stress the importance of calcium foods such as lowfat milk, cheese and dips; • Encourage vitamin D supplementation of 400 IU along with calcium for better utilization of calcium; • Stress the importance of weight bearing physical activity to maintain bone health; (i.e., walking, in-line skating and weight lifting).

*Reference: Dennison BA, Rockwell HL, Baker SL. Excess fruit juice consumption by preschool-aged children is associated with short stature and obesity. *Pediatrics*. 1997; 99:15-22.

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GROUP NUTRITION EDUCATION CLASSES

BASIC NUTRITION - PREVENTIVE HEALTH

Nutrition Education may be provided in group settings in clinic or in the community to provide a **common message** in a cost effective manner. The topics listed below are approved by the Nutrition Services Branch and can be provided by Nutritionist, Registered Dietitian, Certified Nutritionist, Nurse or Health Educator. Documentation must be included in the client's medical record. Class details can be obtained from the Nutrition Services Branch by calling (502) 564-3827.

Please contact the Nutrition Services Branch for approval of additional classes. Please be prepared to submit the following information.

- title,
- agenda,
- credentials of person providing class,
- handouts and lesson plan.

Approved Group Nutrition Classes

Class Name	Source/Target Audience	Class Information
Choose 1% or Less Curriculum	Choose 1% or Less Workgroup/ Elementary, Middle and High School	Lowfat dairy choices, video, taste testing protocol, handout
Eat Smart Play Hard (ESPH)	United States Department of Agriculture/Age 2 to 18	My Pyramid -lesson 1, grades 1 - 2; lesson 2, grades 3 - 4; lesson 3, grades 5 -6 Eat Smart Play Hard – Taste the Colors ages 3 to 4; ESPH – Snack Smart ages 5 to 7; ESPH – Power Up with Breakfast age 8 to 10; ESPH – Choose Drinks That Count! Ages 11 to 12.
Eat Smart Play Hard (ESPH)	United States Department of Agriculture/Adults and Caregivers	Lessons: ➤ Balance Your Day With Food and Play ➤ Choosing Food for a Day ➤ Grab Quick and Easy Snacks ➤ Start Smart. Eat Breakfast ➤ Make Family Time and Active Time
Fast Food	Rutgers University/grades 4-5	Fast food menu items, types of fat; measuring fat content
Food Safety	Food and Drug Administration/ Grades K-3; Grades 4-8; Grades 9-12	Clean, separate, cook, chill, Fight BAC!
Grocery Store Tour	American Diabetes Association/adults	Virtual Grocery Store Tour
Healthy Snacks	Refer to Eat Smart Play Hard materials on snacks	Snacks from Eat Smart Play Hard – My Pyramid
Infant Feeding	Nutrition Services Branch/Parents or caregivers of infants	Breastfeeding, formula feeding, solid foods, fluoride, water
My Pyramid	USDA Nutrition Services Branch/ Adults	PowerPoint presentation includes information concerning all the food groups , handout
My Pyramid for Kids	United States Department of Agriculture/Kids	Use materials from Eat Smart Play Hard or MyPyramid
Physical Activity Nutrition & Tobacco (PANT) (KDE) Units of Study	Kentucky Department of Education/parents or Wellness Councils	Download the complete guide: http://chfs.ky.gov/dph/ach/cd/pantaguide.htm Materials designed to assist parents and Wellness Councils in developing policies and procedures to impact the physical activity, nutrition and tobacco issues in the school setting.
Portion Distortion	National Heart Lung and Blood Institute/middle-school through	Calories, physical activity, portion sizes (Part 1 and Part 2). Each part will take about 30 minutes.

	adult	
Power of Prevention (Diabetes)	Kentucky Diabetes Prevention and Control Program	PowerPoint identifies risk factors for developing type 2 diabetes and reducing the risks, handouts
School Age Healthy Eating	Refer to Eat Smart Play Hard	ESPH – Choose Drinks That Count! Ages 11 to 12. ESPH/My Pyramid – grades 5 - 6
Toddler Healthy Eating	Refer to Eat Smart Play Hard	Eat Smart Play Hard – Taste the Colors ages 3 to 4
Super Star Chef	University of Kentucky Cooperative Extension Service/4 H youth	Food safety, recipe reading, knife safety, portions, physical activity, measuring, food additives, food label, flavor (9 lessons)
Weight The Reality Series	University of Kentucky Cooperative Extension Service/adults	10 week of self-discovery, education, skill building to help adults learn to control their weight
Wellness Winners	Nutrition Services Branch/5 th or 6 th grade students	Self esteem/class pride, heart health, traffic safety, leadership, mental health, body image, reading food labels, skin safety, warming up/cooling down
Whole Grains	Bell Institute of Health and Nutrition (General Mills); Whole Grains Council/Adults, grades K-2, grades 3-5	Adults – whole grain recommendations, benefits, and how to increase intake. Grades K-2 – identify grains, benefits of whole grains, increase whole grain intake, refined vs. whole grains. Grades 3-5 - identify grains, benefits of whole grains, increase whole grain intake, refined vs. whole grains, read the food label and set a goal

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MEDICAL NUTRITION THERAPY GUIDELINES

Individual Contact

(continued)

Ages	Problem/Condition for Medical Nutrition Therapy
All	Elevated Blood Lead
Pregnant Women	Pregnancy Induced Conditions <ul style="list-style-type: none"> • Hyperemesis Gravidarum • Gestation diabetes (this pregnancy)
All	Nutrition/Metabolic Conditions [excluding: lactose intolerance, short term antibiotic use (drug nutrient interaction), asthma persistent asthma that requires daily medication, food allergies – per patient request and/or professional judgment] <ul style="list-style-type: none"> • Nutrient Deficiency Diseases • Gastro-Intestinal Disorders • Glucose Disorders • Thyroid Disorders • Hypertension • Renal Disease • Cancer/treatment for cancer • Central Nervous System Disorders • Genetic/Congenital Disorders • Inborn Errors of Metabolism • Infectious Diseases (present in the last 6 months) • Celiac Disease • Drug/Nutrient Interactions • Recent Major Surgery, Trauma, Burns • Other Medical Conditions
Pregnant/Postpartum/Breastfeeding Women/Child	Inappropriate Nutrient Intake/Nutritional Concerns <ul style="list-style-type: none"> • Vegan • Highly restrictive diet in calories or specific nutrients Complications which Impair Nutrition <ul style="list-style-type: none"> • Delays/disorders that impair chewing/swallowing/require tube feeding
Pregnant/Postpartum/Breastfeeding Women/Adolescents/Children	Eating Disorders
Infants	Nutrition/Metabolic Conditions <ul style="list-style-type: none"> • Pyloric Stenosis • Baby Bottle Tooth Decay

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Medical Nutrition Therapy Documentation Guidelines

Medical Nutrition Therapy documentation shall contain the following elements:

- A. Date of MNT visit along with Beginning and Ending Time of visit;
- B. ICD-9 code – defines type of visit/counseling;
- C. Subjective Data:
 - a. client's reason for visit
 - b. primary care physician
 - c. history
 - i. past and present medical
 - ii. nutrition including food patterns and intake
 - iii. weight
 - iv. medication
 - v. exercise
- D. Objective Data:
 - a. Laboratory results
 - b. Height, Weight
 - c. BMI
 - d. Calorie Needs
 - e. Drug/Nutrient Interactions
- E. Assessment of Diet/Intake:
 - a. individual assessment of diet/intake
- F. Plan:
 - a. Individualized dietary instruction that incorporates diet therapy counseling and education handouts for a nutrition related problem
 - b. Plan for follow-up
 - c. Documentation of referral for identified needs as appropriate. It is recommended to send a letter to the client's physician describing dietary instruction provided. A copy of this letter should be placed in the client's medical record.
- H. Date and legible identity of provider:

All entries must be signed and dated by the provider. The signature must contain first initial, last name and title. Provider initials are acceptable on any form where space is prohibitive of the complete signature; however, the provider's legend must contain the initials in addition to the signature for proper identification of the provider.

Approved medical abbreviations can be found in the PPHR Abbreviation Section and Marilyn Fuller DeLong's *Medical Acronyms, Eponyms & Abbreviations*. Each LHD should keep a log of non-medical abbreviations that are used in their agency, such as MCHS–Madison County High School, Tues.–Tuesday, CBH–Central Baptist Hospital, etc.

Medical Nutrition Therapy Forms

The next few pages contain the required Medical Nutrition Therapy (MNT) forms to be used for documentation of an individual contact. These forms were developed to collect the required information for reimbursement. An entry must be included on the Service Record/Progress Notes referencing the MNT form. Per medical documentation and registration/licensure requirements, all entries must contain a goal for the patient and/or the progress toward a goal.

Medicare is currently providing reimbursement for the following conditions:

- Type 1 Diabetes
- Type 2 Diabetes
- Gestational Diabetes
- Chronic Kidney Disease (pre-dialysis or non-dialysis)

Medical Nutrition Therapy (Adult age 20 and older)

Name: _____

ID Number: _____

Begin Time: _____ End Time: _____ ICD-9: _____

OR
Place PEF label here

S:	Reason for visit:		MD/Where do you receive medical care?				
Medical history:							
Present treatment:		Education level:	Language barrier:	Support systems:	Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigars #/day		
Medications: OTC medications:				Drug allergies:			
Herbal remedies/Vitamin mineral supplements:							
Job: Work schedule:		Schedule changes/weekends/school schedule					
Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>			Past/present eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:				
Do you have any eating or digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other:							
Has your weight changed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No By how much:		Highest weight?	Wt. Loss methods tried:				
What would you like to know more about? <input type="checkbox"/> Weight loss <input type="checkbox"/> Exercise <input type="checkbox"/> Eating out <input type="checkbox"/> Label reading <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sweeteners Patient requested topics/questions:							
What eating concerns do you have?				Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other			
Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories?		Eating out frequency: Breakfast ___/week Type(s) of restaurant(s):		Lunch ___/week		Dinner ___/week	
Are there any special considerations in meal planning?		Have you had previous diet instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Who:		How often are you able to follow it? never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/>			
Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other:							
Food frequency: Whole grains _____ Grains _____ Vegetables _____ Fruit _____ Milk _____ Meats _____ Other:							
Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor How often? _____ How much? _____			Do you exercise now? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? How long? _____ Type? _____				
PRENATALS ONLY	Problems during previous pregnancy:						
	Prepregnancy weight:	Gestational Age:	EDC:	Vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Heartburn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Constipation <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Weight gain last pregnancy:	Weight gain to date:		Birth weight of Children (if any):		Feeding method planned: <input type="checkbox"/> Breast <input type="checkbox"/> Formula	
Time:	Breakfast or first meal:						
Time:	Snack:						
Time:	Lunch or second meal:						
Time:	Snack:						
Time:	Dinner or third meal:						
Time:	Snack:						
Patient comments:							
O:	See CH-12 and available lab reports, growth charts.		Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:		
Calorie Needs:			Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exercise limitations:		
Drug/Nutrient Interactions:							

MNT - Adult

Medical Nutrition Therapy (Pediatric)

Name: _____
ID Number: _____

Begin Time: _____ End Time: _____ ICD-9: _____

OR
Place PEF label here

S:	Reason for visit:	MD/Where does the child receive medical care?		
Medical history:				
Present treatment:		Language barrier:	second hand smoke exposure:	Drug Allergies:
Medications:			Drug/Nutrient Interactions:	
OTC medications:		Herbal remedies/Vitamin mineral supplements:		
Child Digestive Problems <input type="checkbox"/> Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other:				
Rate your child's appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		Past/present eating disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type:		
Weaned from bottle:		Is your child breastfed?	How many times in 24 hours?	
Child eat nonfood items such as dirt, paper, paint chips <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent/care giver concerns about child's diet:		Fluoride Source <input type="checkbox"/> Yes <input type="checkbox"/> No	family meals <input type="checkbox"/> Daily <input type="checkbox"/> Couple times per week <input type="checkbox"/> No meals eaten as family	
Special Considerations in meal planning:				
Foods or food groups avoided:			Number of Meals/Snacks per day:	
Eating out frequency: Breakfast ____/week Lunch ____/week Dinner ____/week Type(s) of restaurant(s):		Food frequency: Whole grains ____ Grains ____ Vegetables ____ Fruit ____ Milk ____ Meats ____ Type of Milk _____ Other liquids _____ Breastmilk _____ Other:		
Food Insecurity in the home:		Previous diet instruction received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Who:		Previous diet instruction followed: never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/>
Hours per day child watches tv, dvd's or playing computer games:			Physical activity received daily: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and duration of activity:	
Time:	Breakfast or first meal:			
Time:	Snack:	Nighttime Feedings:		
Time:	Lunch or second meal:			
Time:	Snack:			
Time:	Dinner or third meal:			
Time:	Snack:			
O:	See CH-12, available lab reports and growth charts.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:

Calorie Needs:	Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise limitations:
A: Assessment of Diet - Adequate Intake:		
Infants/Children	Appropriate Weight for Height <input type="checkbox"/> Yes <input type="checkbox"/> No	Range:
Height/Age: %	Weight/Age: %	Height/Weight: %
_____ X _____ = _____ calories pounds total calories <input type="checkbox"/> Maintain <input type="checkbox"/> Lose <input type="checkbox"/> Gain weight		
Infant Calorie needs		Child Calorie needs
0-6 months = 49 cal./lb. body weight		<u>Child</u> <u>Sedentary</u> <u>Moderately Active</u> <u>Active</u>
6 – 12 months = 45 cal./lb. body weight		2-3 yrs 1000 kcal 1000-1400 kcal 1000-1400 kcal
FTT/Low Birth Weight = 55 cal./lb. body weight		<u>Female</u>
		4-8 yrs 1200 kcal 1400-1600 1400-1800
		9-13 yrs 1600 1600-2000 1800-2200
		14-18 yrs 1800 2000 2400
		19+ yrs 2000 2000-2200 2400
		<u>Male</u>
		4-8 yrs 1400 kcal 1400-1600 1600-2000
		9-13 yrs 1800 1800-2200 2000-2600
		14-18 yrs 2200 2400-2800 2800-3200
		19+ yrs 2400 2600-2800 3000
P: Next Pediatrician Appointment:		Follow-up Nutrition Appointment:
Exercise:	Referral: <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Social Services <input type="checkbox"/> Medicaid	
Goals/Instructions:		
Handouts used:		
Follow-up:		
Parents readiness to learn/Comprehension of education:		Identified barriers:
Signature:	Date:	

*Calorie Levels for Children taken from IOM: Dietary Guidelines and Dietary Reference Intakes 2002.

Medical Nutrition Therapy Assessment

MNT-Diabetes

Name: _____

ID Number: _____

Begin Time: _____ End Time: _____ ICD-9: _____

OR
Place PEF label here

S:	Patient reason for visit:		MD/Where do you receive medical care?								
Medical History:											
Present diabetes treatment:			Education level:	Language barrier:	Support systems:	Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigars #/day					
Medications: OTC medications:						Drug allergies:					
Herbal remedies/ Vitamin-mineral supplements:											
Job: Work schedule:				Schedule changes/weekends/school schedule							
Year of diagnosis:	Hypoglycemia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None experienced						Frequency:	Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>			
Do you have any eating or digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other:											
Has your weight changed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No By how much:			Highest weight?	Wt. Loss methods tried:							
What eating concerns do you have?						Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other					
Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories?			Eating out frequency: Breakfast ___/week Lunch ___/week Dinner ___/week Type(s) of restaurant(s):								
Are there any special considerations in meal planning?						How much of the time are you able to follow it? never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/>					
Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other: _____ Date/Who: _____											
Food frequency: Whole grains _____ Grains _____ Veggies _____ Fruit _____ Milk _____ Meats _____ Other:											
Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor How often? _____ How much? _____				Do you exercise now? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? How long? _____ Type? _____							
Time:	Breakfast or first meal:										
Time:	Snack:										
Time:	Lunch or second meal:										
Time:	Snack:										
Time:	Dinner or third meal:										
Time:	Snack:										
Patient comments:											
O:	See CH-12 and available lab reports, growth charts.			<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity:					
Lab Data:	Diagnosis of diabetes: Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>		A1C	BG Fasting	Chol.	HDL	LDL	Triglycerides	BP	Microalbumin	Other
				BG Post Meal							
Target Goals:	Target BG: _____ mg/dL to _____ mg/dL	Fasting 2hr PP:	Target A1C < 7%	Target LDL < 100mg/dl	Target HDL >40 mg/dl men >50 mg/dl women	Target BP <130/80	Target chol. <200 mg/dl	Target TG <150 mg/dl	Target Microalbumin <30 mcg/mg		
SMBG:	Frequency	Times of Day	Machine:			Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Drug nutrient interactions:						Exercise Limitations:					
Other:											

A: Readiness to change: Precontemplation Contemplation Preparation Action Maintenance

Weight assessment: WNL Overweight Underweight Recommended Wt. change N/A _____ lbs. loss/gain

Women EER = 354 – (6.91 X age) + PA X [9.36 X (wt. in lb./2.2) + (726 X ht. In inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.12 Active = 1.27 Very active = 1.45

Men EER = 662 – (9.53 X age) + PA X [15.91 X (wt in lb/2.2) + 539.6 X (ht in inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.11 Active = 1.25 Very active = 1.48

P:	1 starch = 15 g. CHO, 3 g. protein, 1 fat, 80 calories						1 veggie = 5 g. CHO, 2 g. protein, 25 calories					
	1 fruit = 15 g. CHO, 60 calories						1 meat(subst.) = 7 g. protein, 5(3) fat, 75 (55) calories					
	1 milk = 12 g. CHO, 8 g. protein, 1 fat, 90 calories						1 fat = 5 fat, 45 calories					
Time	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Total servings/day	CHO (g)	Protein (g)	Fat	Calories	
Starch												
Fruit												
Milk												
Vegetables												
Meat/Subst.												
Fat												
								X4	X4	X9	Total calories	

OR

Total calories:			
Time	Meal	# CHO choices	CHO grams
	Breakfast		
	Snack		
	Lunch		
	Snack		
	Dinner		
	Snack		
	Totals		

Goals/Instructions:

Follow-up:

Handouts used:

Identified Barriers:

Signature: _____ Date: _____

Medical Nutrition Therapy Assessment

MNT-Gestational

Name: _____

ID Number: _____

Begin Time: _____ End Time: _____ ICD-9: _____

OR
Place PEF label here

S:	EDD:	Medical History:		
Name of doctor/Where do you receive medical care?		Obstetric History:		
Medications/Herbal remedies/ Vitamin-mineral supplements:				
Present MNT Therapy:		Insulin Therapy: Date started:		
Occupation	Hours worked? What are your usual work hours?	Schedule changes/weekends/school schedule		
Psychosocial/economic	Hypoglycemia: Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		
Any eating/digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> Stomach ache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Other:				
What eating concerns do you have?		Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other		Eating out: What type of restaurant(s)?
How often each week do you eat in restaurants, cafeterias, or away from home? Breakfast ___/week Lunch ___/week Dinner ___/week		Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories?		
Are there any special considerations in meal planning?		Have you had previous instruction on diet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who provided the instruction and date?		
How much of the time are you able to follow it? 0-25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> 75-100% <input type="checkbox"/>		Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other:		
What time of day do you eat these foods? Regular soda pop _____ Sweet roll/pastries _____ Cookies _____ Candy, candy bars _____ Ice cream _____ Frozen desserts _____ Pie, Cake _____ Other _____				
Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor How often? _____ How much? _____				
If the doctor recommends a change in your current eating habits, would this be difficult? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?				
Appetite/allergies/intolerances		Food /drug allergies:		
What would you like to know more about? <input type="checkbox"/> Weight loss <input type="checkbox"/> Exercise <input type="checkbox"/> Eating out <input type="checkbox"/> Label reading <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sweeteners Other:				
What would you hope to accomplish or gain from this appointment? <input type="checkbox"/> Improve blood glucose <input type="checkbox"/> Lose weight <input type="checkbox"/> Lower cholesterol/triglycerides <input type="checkbox"/> Improve eating habits <input type="checkbox"/> Start exercising <input type="checkbox"/> Get more information <input type="checkbox"/> Other: Are there concerns for gestational diabetes?				
Are you exercising now? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what would you consider? Exercise: <input type="checkbox"/> Walking <input type="checkbox"/> Exercise class Other:				
Patient comments:				
Food frequency: Whole grains _____ Grains _____ Veggies _____ Fruit _____ Milk _____ Meats _____				
Time:	Breakfast or first meal:			
Time:	Snack:			
Time:	Lunch or second meal:			
Time:	Snack:			
Time:	Dinner or third meal:			
Time:	Snack:			
O:	See CH-12 and available lab reports, growth charts.	Pre-pregnancy Weight:	Age:	Pre-pregnancy Weight Category: <input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese
Total Weight Gain: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> Excess <input type="checkbox"/>		Lives with:		
OGTT: Date OGTT:	Glucose Meter:	B/P	Hgb	SMBG: Frequency:
Testing Times:				
Records/log kept: <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical clearance for exercise: Yes <input type="checkbox"/> No <input type="checkbox"/>		Exercise limitations:

A:	Readiness to change: Precontemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Preparation <input type="checkbox"/> Action <input type="checkbox"/> Maintenance <input type="checkbox"/>
EER: 1 st trimester = no additional calories 2 nd trimester = additional 340 calories/day 3 rd trimester = additional 452 calories/day	

P:	1 starch = 15 g. CHO, 3 g. protein, 1 fat, 80 calories 1 fruit = 15 g. CHO, 60 calories 1 milk = 12 g. CHO, 8 g. protein, 1 fat, 90 calories						1 Vegetable = 5 g. CHO, 2 g. protein, 25 calories 1 meat(subst.) = 7 g. protein, 5(3) fat, 75 (55) calories 1 fat = 5 fat, 45 calories					
	Time	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Total servings/day	CHO (g)	Protein (g)	Fat	Calories
Starch												
Fruit												
Milk												
Veggie												
Meat/Subst.												
Fat												
									X4	X4	X9	Total calories

OR

Total calories:		Breakfast	Lunch	Dinner
# CHO choices		Time:	Time:	Time:
CHO grams		# CHO choices	# CHO choices	# CHO choices
Protein grams		CHO grams	CHO grams	CHO grams

Snack	Snack	Snack
Time:	Time:	Time:
# CHO choices	# CHO choices	# CHO choices
CHO grams	CHO grams	CHO grams

Goals/Instructions:		
Follow-up:		
Handouts used:		
Identified Barriers		
Signature:	Date:	Comprehension <input type="checkbox"/>

Medical Nutrition Therapy Assessment

MNT-Kidney

Name: _____

ID Number: _____

Begin Time: _____ End Time: _____ ICD-9: _____

OR
Place PEF label here

S:	Referring Physician:		Other diagnoses:				
Diet Order:		Previous Diet Instruction: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Previous diets:		Dentition: <input type="checkbox"/> good <input type="checkbox"/> missing some teeth <input type="checkbox"/> edentulous <input type="checkbox"/> dentures <input type="checkbox"/> chewing problems					
Food Allergies: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list foods:		Appetite: excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor <input type="checkbox"/>					
Medications:							
Herbal remedies/Vitamin-mineral supplements:			OTC medications:				
Oral nutrition supplement: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list _____							
Time:	Breakfast or first meal:						
Time:	Snack:						
Time:	Lunch or second meal:						
Time:	Snack:						
Time:	Dinner or third meal:						
Time:	Snack:						
Do you have any eating or digestion problems? Swallowing <input type="checkbox"/> Stomach ache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Other: _____							
Activity Level: <input type="checkbox"/> Non ambulatory <input type="checkbox"/> moderate <input type="checkbox"/> active		Vision: good <input type="checkbox"/> impaired <input type="checkbox"/> blind <input type="checkbox"/>		Hearing: <input type="checkbox"/> good <input type="checkbox"/> HOH <input type="checkbox"/> deaf			
Psychosocial: <input type="checkbox"/> lives by self <input type="checkbox"/> with others		Language barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No		Shopping done by:			
Occupation:		Education level:		Cooking done by:			
Support systems (e.g., food stamps, Meals on Wheels)							
How often each week do you eat in restaurants, cafeterias, or away from home? Breakfast ___/week Lunch ___/week Dinner ___/week							
Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> # packs/day		Alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/>		Salt substitute: Yes <input type="checkbox"/> No <input type="checkbox"/>			
O:	Height:	Present Weight:	BMI:	IBW:	% IBW:	Usual weight:	% usual weight:
Frame:	Adj. Wt.: (obesity)	Adj. Wt.: (amputees)	% wt. Change: Loss/gain _____ X _____ (time)				
Age: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated					
Nutrition related medications:			Chemistries:		Date:		
Vitamins			Hgb./Hct.				
Non RX vitamins			Fe+/Ferritin				
P04 Binders			% Trans sat				
Vit. D/Vit. D analogs			BUN/Creatine				
Iron supplements			K+/Na+				
Epogen/Procrit			Alk. Phos/Ca+				
Anti-diabetic agents			PO4/PTH				
BP Meds			Glucose/A1C				
Laxatives/stool softeners			Chol./TG				
Anti-hyperlipidemics			GFR/Creat. Clear.				

Handouts used:		
Identified Barriers:		
Signature:	Date:	Comprehension <input type="checkbox"/>

GROUP NUTRITION EDUCATION CLASSES MEDICAL NUTRITION THERAPY

The following is a list of topics that are appropriate for group nutrition education **in the clinic setting** under the MNT group class code. The lesson plans with pre-and post-test for each class are available from the Nutrition Services Branch. **All MNT group classes must be taught by a Registered Dietitian or Certified Nutritionist.**

Medical Nutrition Therapy Topics	Possible Handouts	Class Information
Diabetes Meal Planning	<ul style="list-style-type: none"> ▪ <i>Dining Out Made Healthy</i> ▪ <i>Read It Before You Eat It/Steps to Reading a Food Label</i> 	Healthy methods to eating out; artificial sweeteners, CHO counting, glycemic index, label reading, portion sizes
Heart Health	<ul style="list-style-type: none"> ▪ <i>Cholesterol Round-up</i> ▪ <i>DASH: The Proven Way to Lower Your Blood Pressure</i> ▪ <i>Trans-Fatty Acids: What, another fat?</i> ▪ <i>Triglyceride Facts</i> 	Class 1: Cholesterol Class 2: Sodium Class 3: DASH/hypertension Class 4: Triglycerides
Dining with Diabetes	West Virginia Cooperative Extension Program	Lessons, overheads and recipes, pre- and post-test
Weight Loss	<ul style="list-style-type: none"> ▪ <i>Activity Pyramid</i> ▪ <i>Dining Out Made Healthy</i> ▪ <i>My Pyramid (specific calorie level)</i> 	Physical activity, portion sizes, label reading, healthy methods of cooking; healthy eating out

Documentation in each class attendees' medical record must include:

- Class attended
- Date
- Outcome expected for the class attendee
- Follow-up appointment
- Pre- and post-test data
- Specific health measures (can be referral information from physician)
 - Height, weight and Body Mass Index (BMI)
 - Cholesterol
 - Triglycerides
 - LDL
 - Blood glucose
 - Blood pressure
 - Hemoglobin A1C
- Signature of class provider, title

A postcard must be sent to class participants five months after the class to obtain further health data information. Reports will be developed for each agency to review the progress of class attendees to evaluate the effectiveness of the class instruction.

Approval for group Medical Nutrition Therapy classes not listed above will be provided by the Nutrition Services Branch. Information provided must include: title, agenda, credentials of person providing class, copy of handouts and lesson plan.

NUTRITION SERVICES MATERIALS

The following materials may be ordered by sending a fax to Frankfort Habilitation (502) 227-7191 to order these materials.

New as of July 2009

- Body Mass Index for Children and Teens, (**Spanish**) 8/2006
- Constipation/Spitting Up (**English and Spanish**) – PAM-ACH-80
- My Pyramid in Action: Tips for Breastfeeding Moms (**English and Spanish**) – USDA October 2007
- My Pyramid in Action: Tips for Pregnant Moms (**English and Spanish**) – USDA October 2007
- My Pyramid in Action: Dietary Supplements for Pregnancy and Breastfeeding (**English and Spanish**) – USDA October 2007
- New Foods for Your Child (**English and Spanish**) -PAM-ACH-073b
- New WIC Foods for Your Child age 12-23 months (**English and Spanish**) - PAM-ACH-073a
- New WIC Foods for Homeless (**English and Spanish**) - PAM-ACH-076
- New WIC Foods for Infants (**English and Spanish**) - PAM-ACH-072
- New WIC Foods for Pregnant with Multiples or Fully BF (**English and Spanish**) - PAM-ACH-071
- New WIC Foods for Postpartum and Partially BF (infant full formula) (**English and Spanish**) - PAM-ACH-070
- New WIC Foods for Pregnant and Partially BF (infant part. BF) (**English and Spanish**) - PAM-ACH-069
- New WIC Foods for Fully BF Multiples (**English and Spanish**) PAM-ACH-068
- New WIC Foods posters (**English**) - PAM-01

Revised as of June 2009

- Infant Feeding Guides
 - ◆ Feeding During the First Months (PAM NUTR 17A) (**English and Spanish**) – Rev. 04/2009
 - ◆ Feeding During the Middle Months (PAM NUTR 17B) (**English and Spanish**) – Rev. 04/2009
 - ◆ Feeding From 9-12 Months (PAM NUTR 17C) (**English and Spanish**) – Rev. 04/ 2009
- Kentucky WIC Program Standard Infant Formula Guidelines (PAM-DHS-136)- 04/2009

General Nutrition

- Activity Pyramid (PAM ACH 50) (**English and Spanish**) – Rev. 12/2005
- Breakfast in Minutes (PAM-ACH-285), 7/2008 – (**English and Spanish**)
- DASH: Eating Well to Lower Your Blood Pressure (**English and Spanish**) (PAM-NUTR-261) **for MNT only** 11/2006
- Dietary Guidelines for Americans 2005 (PAM-DHS-283) (**English and Spanish**) 9/07
- Dining Out Made Easy (**English and Spanish**) 8/2006
- Food Safety (PAM-ACH-145), (**English and Spanish**) 12/2006
- Food Safety: Listeriosis (PAM-ACH-141) (**English and Spanish**) 12/2006

- Food Safety: Mercury (PAM-ACH-146) **(English and Spanish)** 12/2006
- Food Safety: Salmonella (PAM-ACH-140) **(English and Spanish)** 12/2006
- Food Safety: Toxoplasmosis (PAM-DHS-146) **(English)** 6/2007
- My Pyramid – United States Department of Agriculture (USDA) – 4/2005
- Healthy Snack Ideas (PAM-ACH-135) **(English)**, 11/2006
- How to Complete a Food Instrument **(English)** – PAM-01, 04/2009
- Just Move It – Mass. WIC Program – Rev. 6/1998
- Listen to Your Body (PAM-DHS-066) 04/2007 **(English and Spanish)** Rev. 10/09

General Nutrition (cont.)

- Making Healthy Snack Choices **(English and Spanish)** – KY AFHK, 05/2006
- New WIC Foods for Homeless **(English and Spanish)** - PAM-ACH-076
- Read It Before You Eat It/Steps to Reading a Food Label (PAM-ACH-144) **(English and Spanish)** 8/2006
- Smoking - Alcohol - Drugs: How Can It Affect You and Your Family (PAM-ACH-262) **(English and Spanish)**, 11/2006
- Smoothies (PAM-ACH-286) 7/2008 – **(English and Spanish)**
- Use the Nutrition Facts Label to eat Healthier – FDA/USDA **(English)**
- What is a Serving? (PAM-NUTR-134) **(English and Spanish)**, 6/2007

Nutrients

- Calcium (Pamphlet format) (PAM-DHS-100) **(English and Spanish)** – Rev. 3/1999
- Cholesterol Round-up (PAM-ACH-055) **(English and Spanish)** - Rev. 8/2004
- Cut the Fat – Choose 1% or Less – (PAM-ACH-055) **(English and Spanish)** - Rev. 12/2005
- Folic Acid/Calcium (PAM-ACH-29) **(English and Spanish)** 6/2007
- Iron for Strong Red Blood Cells (PAM DHS 075) **(English and Spanish)** – Rev. 11/2006
- Lead Prevention Diet (PAM-ACH-001)
- Minerals (PAM-ACH-067) **(English and Spanish)** 6/2007
- Some Ways to Bone up on Calcium – Dairy Association **(English and Spanish)**
- Trans-Fatty Acids: What, another fat (PAM-PDH 139) **(English and Spanish)** – 12/2004
- Triglyceride Facts (PAM-DPH 056) **(English and Spanish)** – 12/2004
- Vitamin A (PAM DHS 098) **(English and Spanish)** – Rev. 4/2001
- Vitamin C (PAM DHS 097) **(English and Spanish)** – Rev. 4/2001

Postpartum

- New WIC Foods for Postpartum and Partially BF (infant full formula) **(English and Spanish)** - PAM-ACH-070

Pregnancy

- Kentucky Prenatal Nutrition Guides
 - ◆ First Trimester (PAM DHS 158) **(English and Spanish)** - Rev. 11/2004
 - ◆ Second Trimester (PAM DHS 159) **(English and Spanish)** - Rev. 11/2004
 - ◆ Third Trimester (PAM DHS 160) **(English and Spanish)** - Rev. 11/2004
- My Pyramid in Action: Tips for Pregnant Moms **(English and Spanish)** – USDA October 2007
- My Pyramid in Action: Dietary Supplements for Pregnancy and Breastfeeding **(English and Spanish)** – USDA October 2007
- New WIC Foods for Pregnant with Multiples or Fully BF **(English and Spanish)** - PAM-ACH-071
- New WIC Foods for Pregnant and Partially BF (infant part. BF) **(English and Spanish)** - PAM-ACH-069
- Weight Gain During Pregnancy (PAM DHS 088) **(English and Spanish)** Rev. 1/2005

Infants

- Choosing the Right Bottle Nipple for your Infant’s Formula – (PAM-ACH-150) **(English and Spanish)**

- Constipation/Spitting Up (**English and Spanish**) – PAM-ACH-80 Dev. 01/2009
- How to Prepare Concentrate Infant Formula/How to Prepare Powdered Infant Formula (PAM-ACH-148) – (**English and Spanish**)
- Infant Feeding Guides
 - Feeding During the First Months (PAM NUTR 17A) (**English and Spanish**) – Rev. 10/2006
 - Feeding During the Middle Months (PAM NUTR 17B) (**English and Spanish**) – Rev. 10/2006
 - Feeding From 9-12 Months (PAM NUTR 17C) (**English and Spanish**) – Rev. 10/ 2006
- Jaundice (PAM-DHS-138) – Rev. 8/2005

Rev. 10/09

Infants (cont.)

- Kentucky WIC Program Standard Infant Formula Guidelines (PAM-DHS-136) (**English and Spanish**) Rev. 04/2009
- New WIC Foods for Infants (**English and Spanish**) - PAM-ACH-072
- What Do I do if My Baby's Formula is changed? – (PAM-ACH-149) (**English**)
- When Your Baby Has Constipation/When Your Baby Has Diarrhea (PAM DPH 124) – Rev. 1/1995 (**being revised**)

Children

- Body Mass Index for Children and Teens, (**English and Spanish**) 8/2006
- Child Feeding Guide Age 3 to 5 (PAM-ACH-075) (**English and Spanish**) 6/07
- Eating Made Easy 2-5 Years (PAM NUTR 11) – (**English**) Rev. 6/2007
- Grab Quick and Easy Snacks/Mini-Mexican Pizza – USDA
- Healthy Eaters Healthy Kids (PAM-ACH-30) 10/06 - (**English and Spanish**)
- How to Care for Your Child's Teeth (PAM-ACH260) (**English**) 6/2006
- Let's Go on a Snack Hunt/Power Panther's Picnic – USDA
- Making Healthy Snack Choices (Kentucky Action for Healthy Kids) (**English and Spanish**) 5/2006
- My Pyramid for Kids (advanced)- USDA (**English and Spanish**)
- My Pyramid for Kids (simplified) - USDA (**English and Spanish**)
- New WIC Foods for Your Child age 12-23 months (**English and Spanish**) - PAM-ACH-073a
- New Foods for Your Child (**English and Spanish**) -PAM-ACH-073b
- Power Up with Breakfast/Lunch to Go Ideas – USDA (new) (**English**)
- Providing Healthy Snack Options (PAM-ACH 137) – Rev. 2/2004
- Toddler Feeding Guide: Age 1 to 3 (PAM-ACH-074) (**English and Spanish**) 6/2007
- We are fit and healthy! (**coloring book**) Channing Bete

Breastfeeding

- Breastfeeding Baby's Best Start (PAM-ACH-059) (**English and Spanish**), 7/2007
- Breastfeeding Helpful Hints for Breast Care (PAM-ACH-063) (**English and Spanish**), 7/2007
- Breastfeeding Helpful Hints for Nipple Care (PAM-ACH-064) (**English and Spanish**), 7/2007
- Breastfeeding Planning Ahead During Pregnancy (PAM-ACH-060) (**English and Spanish**), 7/2007
- Breastfeeding the Older Baby (PAM-DHS-058) (**English and Spanish**), 7/2007
- Diapers of the Breastfed Infant – K. Hoover/B. Wilson-Clay – Rev. 2002
- Expressing Your Breastmilk (PAM-ACH-065) (**English and Spanish**), 7/2007
- Getting Started with Breastfeeding (PAM-ACH-501) (**English and Spanish**), 7/2007
- I Eat at Mom's (stickers)
- Is My Baby Getting Enough? (PAM-ACH-061) (**English and Spanish**), 7/2007
- Managing Basic Problems: Milk Supply, Jaundice and Yeast Infection (PAM-ACH-280) (**English and Spanish**), 8/2006
- Medications and Breastfeeding (PAM-ACH-281) (**English and Spanish**), 7/2007
- My Pyramid in Action: Tips for Breastfeeding Moms (**English and Spanish**) – USDA October 2007
- My Pyramid in Action: Dietary Supplements for Pregnancy and Breastfeeding (**English and Spanish**) – USDA October 2007

- New WIC Foods for Pregnant with Multiples or Fully BF (**English and Spanish**) - PAM-ACH-071
- New WIC Foods for Postpartum and Partially BF (infant full formula) (**English and Spanish**) - PAM-ACH-070
- New WIC Foods for Pregnant and Partially BF (infant part. BF) (**English and Spanish**) - PAM-ACH-069
- New WIC Foods for Fully BF Multiples (**English and Spanish**) PAM-ACH ^{Rev. 10/09}
- No Bottles Please (crib cards)

Breastfeeding (cont.)

- Nurture III Electric Breast Pump Booklets
- Nutrition During Breastfeeding (PAM-ACH-500) (**English and Spanish**), 8/2006
- Breastfeeding Posters (larger size, 22" X 28")
 - Shape the Future Breastfeed – Increases Baby's IQ
 - Shape the Future Breastfeed – Healthy Generations
 - Shape the Future Breastfeed – Healthy Fast Food
 - Shape the Future Breastfeed – I Work Undercover – I Breastfeed
- Breastfeeding Posters (larger size, 22" X 28")
 - Shape the Future Breastfeed – Helped Me get my Figure Back
 - Stomach Sizes

CDC Materials

- Growth charts (**order from 880 screen for forms – not available from Pamphlet Library**)
 - ◆ MCH-1 Boys (age: Birth – 36 months)
 - ◆ MCH-2 Girls (age: Birth – 36 months)
 - ◆ MCH-3 Boys (age: 2-20 years)
 - ◆ MCH-4 Girls (age: 2-20 years)

WIC

- Kentucky WIC Program Standard Infant Formula Guidelines (PAM-DHS-136) - 04/2009
- WIC is Growing Healthy Families (White and African American)
- WIC Cookbook – Rev. 04/2009

Display Boards

The following topical information is available on loan from the Nutrition Services Branch.

- Breastfeeding – Advantages
- Breastfeeding and Prematurity
- Choose 1% or Less
- Folic Acid (English and Spanish)
- My Pyramid
- The Real Thing – Get the Facts – developed by Lexington-Fayette County Health Department concerning the amount of sugar in soft drinks and other healthy options for beverages.
- Food Label
- Fruits and Veggies (using the Fruits and Veggies: More Matters® logo) – 2 separate displays

Posters

- Cut the Fat (**English**)
- Fruit & Veggies-More Matters ®
- New WIC Foods posters (**English**), 04/2009

Discontinued Materials

- Before You Start Cereal Your Baby Should Be Able to . . ./How to Prepare Concentrated Formula (PAM DHS 123) – Rev. 1/1995
- But Mom . . . I Hate Vegetables (**English and Spanish**) – Rev. 12/1991
- Child Feeding Guide (PAM DOH 074) (**English and Spanish**) – Rev. 11/1996
- Child Feeding Guide: Age 1 - 2 and 2 - 5 (PAM-ACH-075) (**English and Spanish**) 8/2007
- Choices to Help Baby Grow – Dairy Council – Rev. 1993
- Daily Food Guide Pyramid – Dairy Council
- Dry Beans (PAM DHS 103) – Rev. 10/1991
- Eat the 5 Food Group Way (Children’s Pyramid – Dairy Council) – Rev. 1999
- Facts About Spitting Up (PAM DHA 161) – Rev. 1/1995
- Facts on Fat (Good Food Guide) – Rev. 1993
- Feeding Your Premature Baby (PAM DHS 077) – Rev. 2/1990
- Foods for Children Ages 1 – 6 (PAM DHS 086) – Rev. 3/1999
- Food for Your Child – Age 1 – 5 (PAM DHS 087) – Rev. 4/1997
- Give A Gift To Your Baby
- Guide to Good Eating – Dairy Council (**English and Spanish**) – Rev. 2003
- Helping Your Child with Special Needs Gain Weight
- I Eat Homemade Baby Food Because . . . (PAM DHS 125) - Rev. 1/1995
- Iron for Healthy Blood (PAM DHS 099) – Rev. 10/1991
- Iron For Your Baby (PAM-DHS-126)
- It’s Fun to Play Everyday – Channing L. Bete Company, Rev. 1998
- Keep Your Baby Smoke Free
- Living with Sodium – Dairy Council Rev. 3/1995
- Making WIC Work for You
- Money Saving Tips for the Smart Shopper (PAM DPH 102) – Rev. 10/1991
- Preventing Constipation in Your Child with Special Health Care Needs
- Put Your Baby to Bed with a Teddy Bear . . . Not a Bottle (PAM DHS 122)
- Quick and Easy Foods for Children (Good Food Guide) – Rev. 1993
- Quick and Healthy Breakfast Ideas (Good Food Guide) – Rev. 1993
- Smart Snacks To Help You to Go and Grow (PAM DPH 101) – Rev. 10/1991
- Starting Solids (PAM DHS 095) – Rev. 1/1995
- Tips on Feeding Young Children
- To Slip and Smoke Doesn’t Mean You Failed
- Weaning Your Baby From the Bottle (PAM DHS 096) – Rev. 1/1995
- Weaning Your Breastfed Infant (PAM DHS 127)
- Weight Control for your Child with Special Needs
- When You are Pregnant With Twins (PAM DHS 080) (**English and Spanish**)
- When Your Baby’s Too Heavy (PAM DHS 076) – Rev. 1/1995
- Why Do You Need More Iron During Pregnancy? (PAM DHS 079) (**English and Spanish**) Rev. 1/1995
- WIC For Your Baby’s Sake
- WIC is Changing Formulas
- WIC Makes a Difference (USDA)