

Residential Shift Note - myAvatarNX

1/7/2025; 3/7/2025

Purpose: This form is used to document the client's condition and behaviors. It is to be used ONLY by residential staff. The shift note is to be started at the beginning of each shift and completed by the end of each shift for every client. The shift note should be saved as "draft" after each entry is completed so that multiple staff may contribute as needed throughout the shift and then finalized at the end of shift.

Recommended Practice:

Select the appropriate client, open the shift note, complete the relevant data and then save/submit as **Draft**. This process allows other staff to contribute to the documentation during the shift. **It is strongly recommended that staff do NOT finalize the shift note until about 30 minutes prior to end of the shift.** This allows staff to document the entire shift.

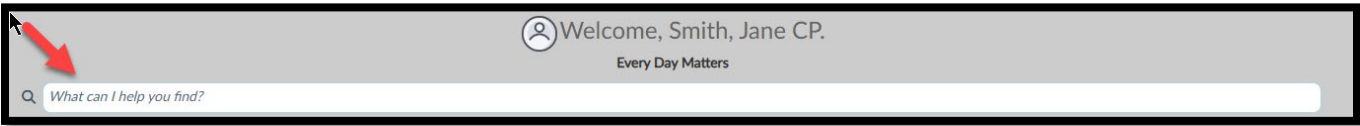
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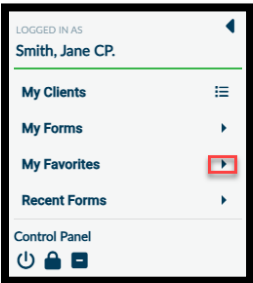
Accessing Residential Shift Note

There are multiple ways to access the **Residential Shift Note** form.

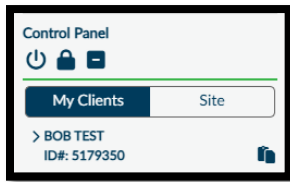
To access the form through the **What can I help you find?** Search, type Shift in the box.



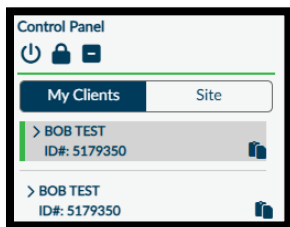
If you have it saved as a **My Favorites**, you can access the form through there.



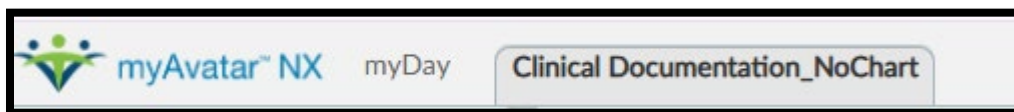
To access the form through the client dashboard, select the appropriate client through **My Clients**. If the client's name does not appear in the **My Clients** section, type the name (last name, first name) in the **What can I help you find?** box as shown in the image above.



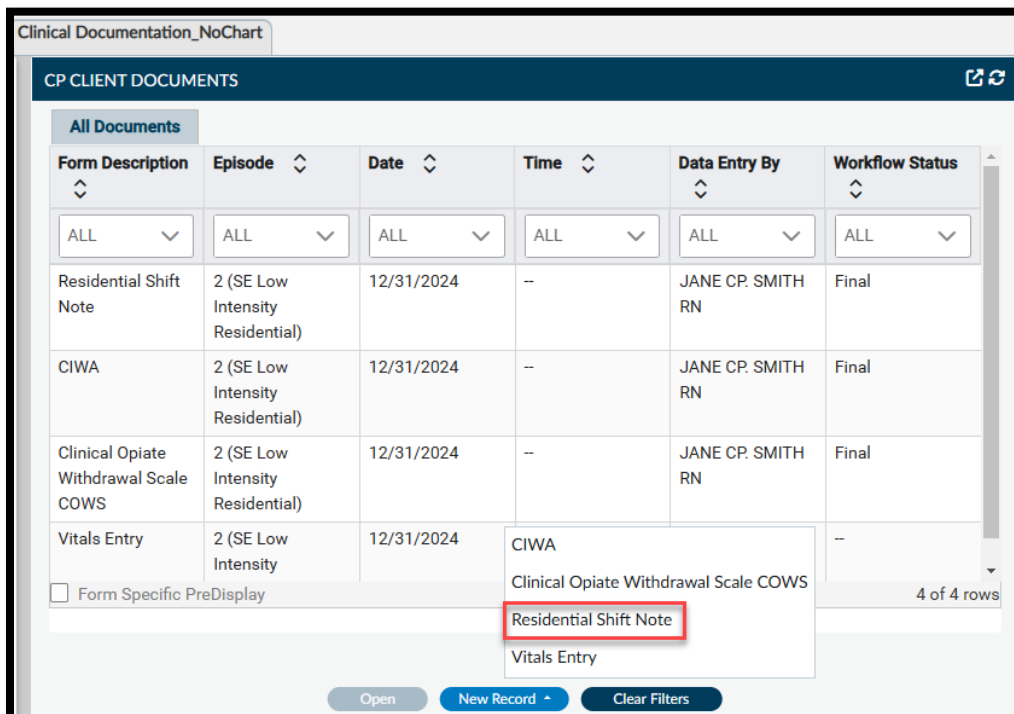
Single click on the client's name to highlight them.



Single click **Clinical Documentation_NoChart**.



The **Clinical Documentation_NoChart** will open. Click **New Record** and then **Residential Shift Note**.



Completing Residential Shift Note

Select the **Episode** to document in and click **Ok**.

Episode	Program	Start	End
2	SE Low Intensity Residential	12/30/2024	

To enter a new assessment, select **Add**

To edit a current assessment, select **Edit**

To delete a current assessment, select **Delete**. Delete should only be used when an assessment has been entered in error.

The form has 1 tab as shown below. It is important to complete as many fields as possible to capture the essential information for a client.

RESIDENTIAL SHIFT NOTE

Residential Shift Note

Complete the fields as instructed below:

Date of Shift *

Shift Start Time *

Shift End Time *

Date of Shift: Entered the date of the shift to be documented.

Shift Start Time: Enter the starting time of the shift.

Shift End Time: Enter the ending time of the shift.

Safety Precautions

☐ SIB
☐ Suicide
☐ Sexual Boundaries
☐ Sexual Vulnerability

☐ Aggression/Assault
☐ Seizure
☐ Falls
☐ Elopement

Safety Precautions Comments

Safety Precautions: Select all that apply.

Safety Precaution Comments: Enter any information that is relevant in addition to what was already selected in the previous field.

Observation Status

☐ 1:1 for Behavioral Purpose
☐ 1:1 for Suicide Thoughts
☐ 2:1 Observation

☐ Every 15 Minutes
☐ Every 30 Minutes
☐ Nursing Observation

☐ Close Observation

Describe Observation Status

Observation Status: Select the appropriate status(es).

Observation Status Comments: Enter any information that is relevant in addition to what was already selected in the previous field.

Privilege Level

☐ Escort
☐ Client may go on pass per team approval

Describe Privilege Level

Privilege Level: Select the appropriate level(s).

Describe Privilege Level: Enter any information that is relevant in addition to what was already selected in the previous field.

Pass/Leave

☐ Yes ☐ No

Pass/Leave Comments

Pass/Leave: Indicate if the client is on leave.

Pass/Leave Comments: If **Yes** is selected in the previous field, enter the reason and length of pass.

Restriction Type

☐ Bathing Plan ☐ Caffeine Plan ☐ Money
☐ Telephones ☐ Visitors ☐ Other

Restriction Type Comments

Elimination

☐ Continent ☐ Incontinent

Elimination Comments

Restriction Type: Select the appropriate type(s).

Restriction Type Comments: Enter any information that is relevant in addition to what was already selected in the previous field.

Elimination: Indicate whether the client is **Continent** or **Incontinent**.

Elimination Comments: Enter any information that is relevant in addition to what was already selected in the previous field.

Bowel Complaints <input type="radio"/> Yes <input type="radio"/> No	Bowel Comments <div style="border: 1px solid #ccc; height: 20px;"></div>
Toileting Assist <input type="radio"/> Yes <input type="radio"/> No	
Toileting Assist Comments <div style="border: 1px solid #ccc; height: 60px;"></div>	
Assistive Toileting Devices <div style="border: 1px solid #ccc; height: 60px;"></div>	

Bowel Complaints: Indicate **Yes** or **No**.

Bowel Comments: Enter details if **Yes** was selected for **Bowel Complaints**.

Toileting Assist: Indicate whether the client needs assistance.

Toileting Assist Comments: Enter details if **Yes** was selected for **Toileting Assist**.
 Example - needs assistance getting to the bathroom, needs 2 staff to assist, etc. Also include frequency if relevant.

Assistive Toileting Devices: Specify devices if **Yes** was selected for **Toileting Assist**.
 Example - needs mechanical lift, uses seat riser, uses bed pan, etc.

Self-Care			
Shower/Bath			
<input type="checkbox"/> Shower	<input type="checkbox"/> Bath	<input type="checkbox"/> Encouraged	<input type="checkbox"/> Declined
Hygiene			
<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	
Laundry			
<input type="radio"/> None	<input type="radio"/> Independent	<input type="radio"/> Assistance Needed	
Living Area Clean			
<input type="radio"/> Yes		<input type="radio"/> No	
Oral Hygiene Complete			
<input type="radio"/> Yes, Independent	<input type="radio"/> Yes, Encouraged	<input type="radio"/> No, Declined	<input type="radio"/> No, Excused
Self-Care Comments			

Shower/Bath: Select the appropriate options. Make sure to indicate whether encouragement was needed, assistance was needed or if they declined.

Hygiene: Indicate the appropriate option.

Laundry: Indicate the appropriate option.

- **None:** no laundry to do
- **Independent:** performed the function on their own
- **Assistance Needed:** assistance provided; this does NOT include staff opening door to laundry room for client.

Living Area Clean: Indicate the appropriate response as explained below:

- **Yes:** Area kept clean during your shift (with or without assistance).
- **No:** Area not kept clean during your shift.

Oral Hygiene Complete: Indicate the appropriate option.

Self-Care Comments: Include details such as client willing to take shower, washed their own hair, needed assistance, etc.

Hygiene Comments: Include details about **why** good, fair or poor was selected. Example - good may include that they shaved, brushed their teeth, and put on clean clothes.

Nutrition Intake Breakfast			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Other	
Other Nutrition Intake			
Assistance Needed			
<input type="checkbox"/> Assistance	<input type="checkbox"/> Encouragement		
Nutrition Intake Lunch/Supper			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Other	
Other Nutrition Intake			
Assistance Needed			
<input type="checkbox"/> Assistance	<input type="checkbox"/> Encouragement		
Hours of Sleep			
<input type="text"/>			
Minutes of Sleep			
<input type="text"/>			
Medication Compliance			
<input type="radio"/> Independent Compliance	<input type="radio"/> No Scheduled Medications	<input type="radio"/> Needed Encouragement	<input type="radio"/> Refused
Medication Compliance Comments			
<input type="text"/>			
New/Changed Medications and Treatments			
<input type="text"/>			

Nutrition Intake Breakfast: Indicate the appropriate selection.

Other Nutrition Intake: If any supplements are given, document what type of supplement (like Ensure) and how much was consumed.

Assistance Needed: Indicate the appropriate selection.

Nutrition Intake Lunch/Supper: Same as previous section.

Other Nutrition Intake: Same as previous section.

Assistance Needed: Same as previous section.

Hours of Sleep: Enter number of hours of sleep during shift.

Minutes of Sleep: Enter number of minutes of sleep during shift.

Medication Compliance: This field is only to be completed by RN/LPN/CMA. Enter relevant information.

Medication Compliance Comments: This field is only to be completed by RN/LPN/CMA. Enter relevant information.

New/Changed Medications and Treatments: This field is only to be completed by RN/LPN/CMA. Enter relevant information.

The screenshot shows a digital form interface. At the top, there is a section titled "Labs/Consults/xRays" with two radio button options: "Yes" and "No". Below this is a large, light blue rectangular area labeled "Labs/Consults/xRays Comments" with a small blue plus icon in the top right corner. Further down is another section titled "External Appointments" with "Yes" and "No" radio button options. Below that is a section titled "PRN Meds" with "Yes" and "No" radio button options. At the bottom is a light blue rectangular area labeled "PRN Meds Comments" with a small blue plus icon in the top right corner.

Labs/Consults/xRay: Select the appropriate option. If they had any of the three, then select **Yes**.

Labs/Consults/xRay Comments: If **Yes** is selected, enter descriptive details for each. Example - external healthcare appointment at Sanford Oncology.

External Appointments: Select the appropriate option based on information in previous field.

PRN Meds: This field is only to be completed by RN/LPN/CMA. Enter relevant information.

PRN Meds Comments: This field is only to be completed by RN/LPN/CMA. Enter relevant information.

Walking Assistive Devices: Indicated any devices used.

The screenshot shows a form section titled "Group/1:1 Attendance". It contains four radio button options: "Yes, Independent", "Yes, Encouraged", "No, Declined", and "No, Excused". Below these is a text area labeled "Group/1:1 Attendance Comments" with a blue plus icon on the right. Underneath is a section for "Infection Control Special Precautions" with "Yes" and "No" radio buttons. At the bottom is a text area labeled "Infection Control Precautions Comments" with a blue plus icon on the right.

Group/1:1 Attendance: Indicate the appropriate option.

Group/1:1 Attendance Comments: Include any relevant information. This would include details such as client left early, non-participating, disruptive, interactive, encouraged other group members. If the client was excused from group, include the reason why they were excused.

Infection Control Special Precautions: Indicate the appropriate option. The comments field will become required if you select **Yes**.

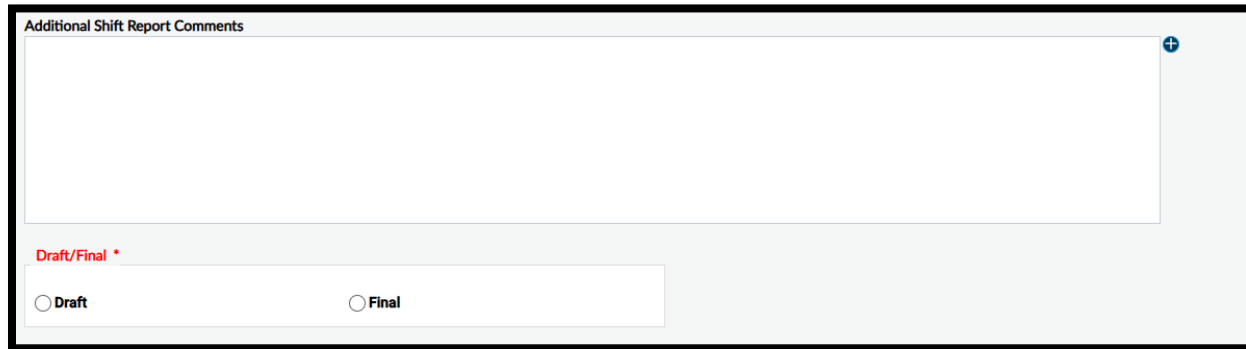
Infection Control Precautions Comments: Describe the precautions that are being taken. This does not include "standard" practices.

The screenshot shows two form sections. The first is titled "Displaying Symptoms of Mental Health or Substance Use" and has "Yes" and "No" radio buttons. Below it is a text area labeled "Mental Health or Substance Use Symptoms Comments" with a blue plus icon on the right. The second section is titled "Behavior in Milieu" and contains a grid of checkboxes for various behaviors: Attentive, Aggressive, Resting, Cooperative, Distracted, Not Easily Redirectable, Withdrawn, Restless, Agitated, and Lethargic.

Displaying Symptoms of Mental Health or Substance Use: Select the appropriate option.

Mental Health or Substance Use Symptoms Comments: Enter details if **Yes** was selected above.

Behavior in Milieu: Select all options that apply.



The screenshot shows a web form titled "Additional Shift Report Comments". It has a large, empty text input area. Below the text area, there is a label "Draft/Final *" in red. Underneath this label are two radio buttons: the first is labeled "Draft" and is selected, and the second is labeled "Final".

Additional Shift Report Comments: Report any information (positive or negative) that is not included in other areas of the shift note.

Draft/Final: During shift, after documenting, select Draft and then click on Submit. Each time information is entered, make sure to save as draft and submit. This allows other staff to also document for the same client.

At the end of shift (no more than 30 minutes prior to end of shift), save as **Final** and **Submit**. Once it is saved as Final, no further updates can be made.