Residential Shift Note - myAvatarNX

1/7/2025

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 sift 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.
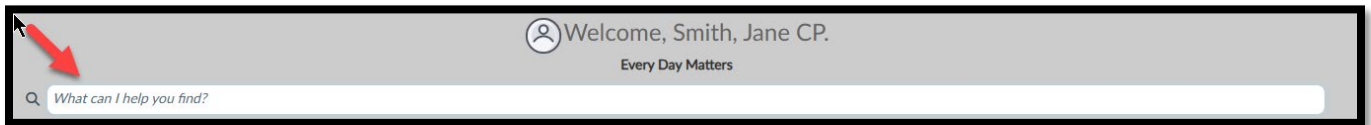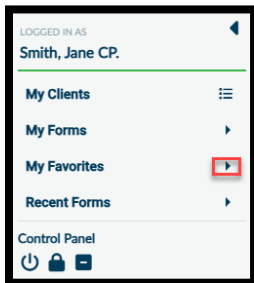
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Accessing Residential Shift Note

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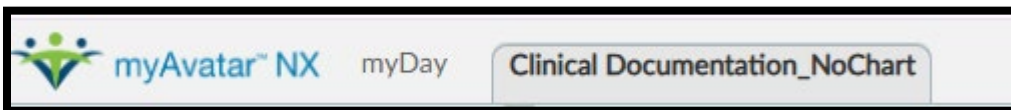
To access the form through the client dashboard, select the appropriate client through **My Clients**. If the client's name does not appear in the **My Clients** section, type the name (last name, first name) in the **What can I help you find?** box as shown in the image above.
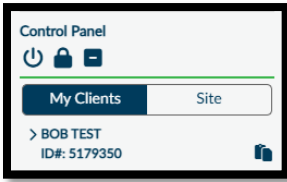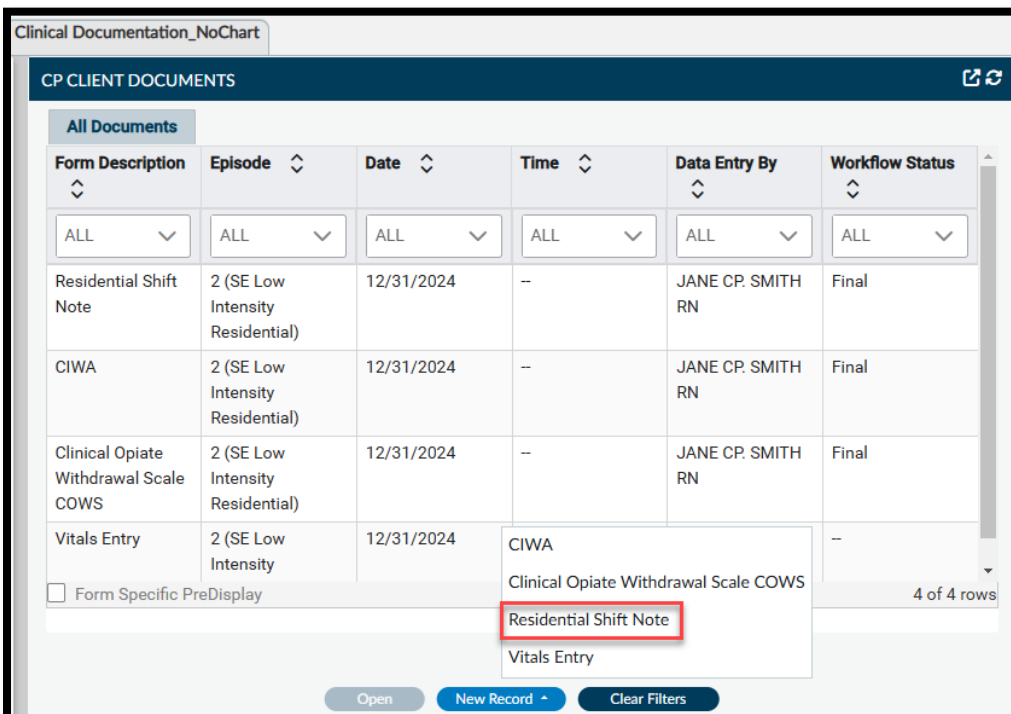
Single click on the client's name to highlight them.
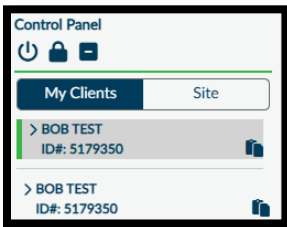
Single click **Clinical Documentation_NoChart.**

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**.

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.

Complete the fields as instructed below:

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	Bowel Comments
○ Yes ○ No	

Toileting Assist

○ Yes   ○ No

Toileting Assist Comments ⊕

Assistive Toileting Devices ⊕

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

☐ Shower   ☐ Bath   ☐ Encouraged   ☐ Declined

Hygiene

○ Good   ○ Fair   ○ Poor

Laundry

○ None   ○ Independent   ○ Assistance Needed

Living Area Clean

○ Yes   ○ No

Oral Hygiene Complete

○ Yes, Independent   ○ Yes, Encouraged   ○ No, Declined   ○ 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: 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.

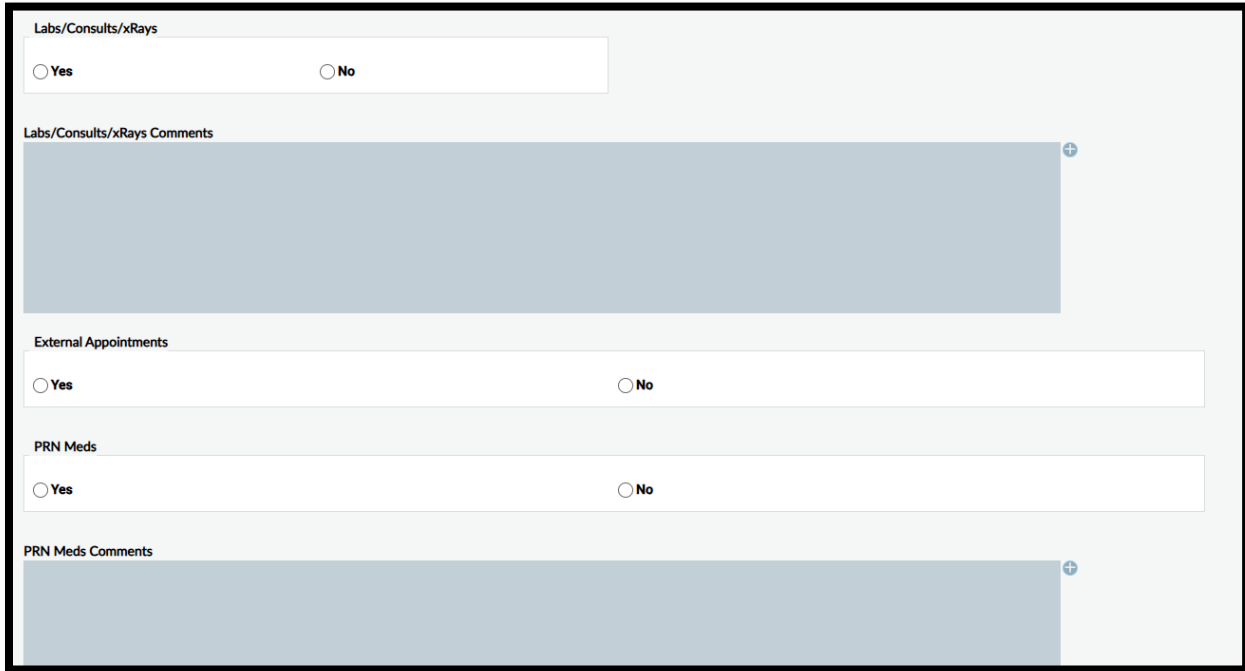**Nutrition Intake Lunch/Supper:** Same as previous section.

Other Nutrition Intake: Same as previous section.

Assistance Needed: Same as previous section.

Medication Compliance: Leave blank.

Medication Compliance Comments: Leave blank.

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

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: Leave blank.

PRN Meds Comments: Leave blank.

Walking Assistive Devices: Indicated any devices used.

Group/1:1 Attendance

◯ Yes, Independent   ◯ Yes, Encouraged   ◯ No, Declined   ◯ No, Excused

Group/1:1 Attendance Comments

Infection Control Special Precautions

◯ Yes   ◯ No

Infection Control Precautions Comments

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.

Displaying Symptoms of Mental Health or Substance Use

◯ Yes   ◯ No

Mental Health or Substance Use Symptoms Comments

Behavior in Milieu

☐ Attentive   ☐ Cooperative   ☐ Withdrawn   ☐ Agitated
☐ Aggressive   ☐ Distracted   ☐ Restless   ☐ Lethargic
☐ Resting   ☐ Not Easily Redirectable

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.

Additional Shift Report Comments

⊕

Draft/Final *

○ Draft   ○ 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.