

# How to Navigate & Enter Foster Care Paper Session Notes

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The Following Areas must be filled in before signing the note.

**Worker** – Please write your first and last name.

**Date** - Make sure to fill in the day and month for this note. The year has already been added.

**Program** – Please list the provider(s) noted on your license. I.e. John and Jane Doe.

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## **Writing the Progress Note**

When writing a progress note you want to make sure you are working on the **Goals and Objectives** of the youth in care. Make sure you bring each youth's current Treatment Plan to remember how the objectives are stated. It is not okay to simply list the number and letter initial.

### **Box 1: Objectives addressed:**

This box is to be filled in with the objective worked on throughout the day. Remember objectives are what the note is focused on. Please write at least the goal signifier: '1a', '3c', etc. You will be able to see what goals and objectives the child has by their treatment plan. Identify what objective(s) were worked on today. Not all objectives need to be addressed, but at least one must be worked on. Do not state all of the objectives unless you are able to document interventions used that day to help the client work towards the objective.

### **Boxes 2-15: Therapeutic Treatment Interventions as specified in treatment plan**

What did you do to help the client achieve the above identified objective(s)? You will check the boxes that represent what interventions you did throughout content written in this note. At least two interventions must be selected. In box 15, please separate other interventions used that are not listed with a “;” as needed. i.e. planned ignoring; cueing for self-control;

### **Box 16: Please explain how interventions were delivered:**

Describe how you delivered the interventions selected above to help the client meeting the identified objective(s).

### **Box 17: How did the consumer respond to interventions? (describe how behavior showed progress (or lack of progress) towards interventions to specific treatment goals and objectives):**

State clearly whether the client met or did not meet the identified objective(s) for the day. State what behavioral evidence this assessment is based on.

### **Box 18: Other clinically relevant information (behavior trends, plan to contact, information sharing, additional services, etc):**

Box 18 is optional. Provide any information that may help explain why the client did or did not meet the identified objective(s).

### **Medication Administration**

Psychiatric medications are very powerful and potentially harmful if not carefully managed and closely monitored. Know what the medications are, what they do, and what the potential side effects might be. Read the pamphlet that comes with the medications as well as ask the prescribing doctor for side effects that you should watch for when administering this medication

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to the client. Boxes 19-21 must always be filled out, even if the client does not take medication. In this case, please write “N/A” in each box.

### **Box 19: Compliance:**

Include the name of medication(s), dosage, and time medication(s) was administered. You do not need to list every medication the client has prescribed, such as an inhaler, if the client did not use the inhaler during the day.

Boxes 20 and 21 are most importantly filled out when there is a new medication beginning, a medication has been stopped, or a change in dosage has occurred. Again, discuss with the prescribing physician what side effects to watch for during medication changes. Some medicines have been effected by camp fire smoke, etc.

### **Box 20: Observed pharmacological side effects:**

Know what the potential side effects are for the prescription medication(s) the client is taking. If no side effects were observed or reported by the client, write “no noticeable or reported side effects.”

### **Box 21: Observation of effectiveness:**

Why is the client being administered this medication? Document whether or not the intended outcome of the medication is evident.

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Once you have completed the above steps, double check your work, then sign and date this note.

Remember to add an electronic submission that is verbatim to what you have written here. This note is a final draft. In addition to adding the electronic submission, this signed and completed paper document must be turned in to Medical Records for the youth’s file.

This document contains HIPPA. Protect the privacy of the consumer by having a concealed direct possession or follow a two-lock rule. Do not write or leave in the open when others can see this sensitive information.

This is a health and legal document, which can be used in court, remember this documentation must be legible.

Remember this note is only for specific uses like camping in an area that is not in a service area with capability to document electronically. You must inform your licensing worker prior to these trips for permission and to create a plan. Licensing workers must approve the plan, please give them advance notice.