Social Health and Early Childhood Well-being

EQIPP
Helping You Improve Care for Children
Available on PediaLink

Visit Assessment and Plan Template With Scenarios

Use these templates and example scenarios with patient chart notes to help standardize note-taking in the visit assessment and plan section. Notes should reflect the shared decision-making process resulting from discussions with the family during the visit. Standard documentation practices that use Z codes for identified concerns can help streamline chart reviews and facilitate inclusion of visit discussions about family interests/concerns, community context, and cultural identity.

General Documentation Tips

The following are tips on where to document social drivers of health (SDOH) and patient/family well-being in patient charts:

- In History, document elicited family strengths and concerns.
- With Examination, document results of screenings.
- With Diagnosis, document social needs using Z code(s) as secondary diagnoses.

✓ Create a standard place in the visit template (eg, click box) for each of the above bulleted items to make it easier to retrieve data for chart audits.
✓ Include a warm hand-off to the referring resource when possible.
✓ When needed, obtain a 2-way consent of information release (eg, for Part B or Part C).

Assessment Documentation

Summarize the discussions with the family during the visit and document an assessment of topics/concerns as shown in the examples below.

- Discussed **screens/assessments** and partnered with the family:
  Example: We discussed strengths and concerns shown on screen/assessment. Validated and empathized with family concerns. Asked caregiver how they would like to work together to address needs.

- Discussed **family strengths/protective factors**:
  Discussed that _____________ are family protective factors that help ameliorate this concern.

  Commended family on ____________ protective factor(s) that help the family cope with this concern.

- Discussed **resources/referrals** that meet family needs (are culturally appropriate, consider family schedule, transportation, finances, etc):
  We decided on a referral resource together and discussed desired outcome(s).

Plan Chart Template

- **Strategies for home**. Document agreed-upon strategies such as reading together every day, positive parenting tips (eg, time in vs time out), implementing sleep routines, etc.
- **Resource(s)/Referral(s)**. Enter each resource/referral. Include appointments scheduled, if available.
- **Follow-up**. Verify preferred method of reminder (phone, text, e-mail). Specify details of planned follow-up (referral resource, date, time, location, etc).
- **Next office visit**. Specify date and time.

Copyright © 2022. American Academy of Pediatrics.
All rights reserved.

Social Health and Early Childhood Well-being

EQIPP
Helping You Improve Care for Children
Available on PediaLink

Scenarios And Sample Notes

Perinatal Depression Scenario

A 6-month-old does not show strong attachment or seek caregiver comfort. The infant makes less eye contact than expected for their age. A perinatal depression screen indicates the caregiver is at risk for perinatal depression.

Sample Notes: Perinatal Depression

- *We discussed concerns shown on perinatal depression screen, validated concerns and stressors, and asked caregiver how they would like to work together to address this.*
- *We discussed the mother's feeding preferences, shared that breastfeeding is protective, and commended mother for continuing despite challenges. We shared lactation support is available if needed.*
- *We discussed the family routine and importance of routine, sleep, exercise, and social connections, and acknowledged how challenging it is at this time.*
- *We discussed that help from additional caregivers and family members is protective and helps build resilience.*
- *We decided on a referral resource together. Caregiver gave permission to contact PCC and will contact Postpartum Support International for virtual support.*
- *We discussed the outcome together and agreed the caregiver will build upon protective factors for resilience.*
- *Follow up to occur with caregiver's PCC in 1 week.*
- *Will schedule follow up visit in 2 weeks for infant social emotional screening.*

SDOH Scenario

The caregiver of a 15-month-old discloses in the previsit screening that they have trouble feeding their child at the end of the month due to the financial strain resulting from reduced work hours.

Sample Notes: Social Drivers of Health

- *We discussed concerns shown on the SDOH screen about food insecurity. We acknowledged and validated concerns and asked the caregiver how they would like to work together to address this.*
- *We discussed that a safe, stable, nurturing relationship can help ameliorate the impact of food insecurity. We commended family strengths. We shared that relationships and support from additional caregivers and family members are also protective and help build resilience.*
- *We discussed the family's preferences and decided on referral resources together. Caregiver gave permission to contact a food bank near place of work. Counseled family on Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) and sent the family home with extra diapers.*
- *We discussed the outcome together and agreed the caregiver will contact a food bank, apply for WIC and SNAP, and build upon protective factors for resilience.*

Copyright © 2022. American Academy of Pediatrics.
All rights reserved.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

- *Follow up to occur with the family in 1 week and will schedule a virtual follow-up visit in 2 weeks.*

Social-Emotional Development and SDOH Scenario

The caregiver of a 36-month-old mentions the child has separation anxiety and throws tantrums which have become more frequent and more difficult to manage. The caregiver discloses that they are sleeping on a friend's couch. The social-emotional development screening indicates that the child is at risk.

Sample Notes: Social Emotional Development and SDOH

- *We discussed concerns shown on social emotional development screen. Acknowledged and validated concerns. Asked caregiver how they would like to work together to address this.*
- *We discussed the importance of routine, sleep, exercise, and social connections. Commended strengths and acknowledge family experiences. We discussed that help from additional caregivers and family members is protective and helps build resilience.*
- *We decided on a referral resource together. Caregiver gave permission to contact public housing authority.*
- *Provided warm handoff to Circle of Security for virtual support.*
- *We discussed the outcome together and agreed the caregiver will build upon protective factors for resilience and reach out to public housing authority.*
- *Follow up to occur with family in 1 week and will schedule virtual follow up visit in 2 weeks.*

Copyright © 2022. American Academy of Pediatrics.
All rights reserved.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™