User Guide: (PSC) Pediatric Symptom Checklist

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User Guide: (PSC) Pediatric Symptom Checklist

General Information

The (PSC) Pediatric Symptom Checklist is utilized as a questionnaire that helps identify and assess changes in emotional and behavioral problems in children. The PSC covers a broad range of emotional and behavioral problems and is meant to provide an assessment of psychosocial functioning. In SmartCare, the PSC is a core?, stand-alone document that utilizes a checklist in furtherance of determining appropriate intervention for children.

Describe the purpose of this document/report/etc. and how it fits into workflow.

Navigating to and Creating the (PSC) Pediatric Symptom Checklist

From the Client Search or Quicklink

You can create the document from the client tab. In order to do this, you must first search for the client or select the client from your primary list in client search drop down.

Navigate to the 'Search OR Open this Client' dropdown. Click the dropdown and select 'Client Search' or choose the client name in the drop down. If using search functionality, see below:
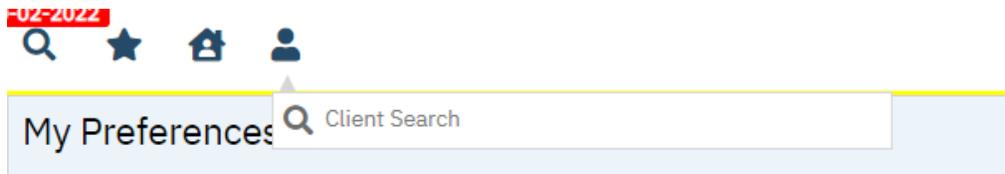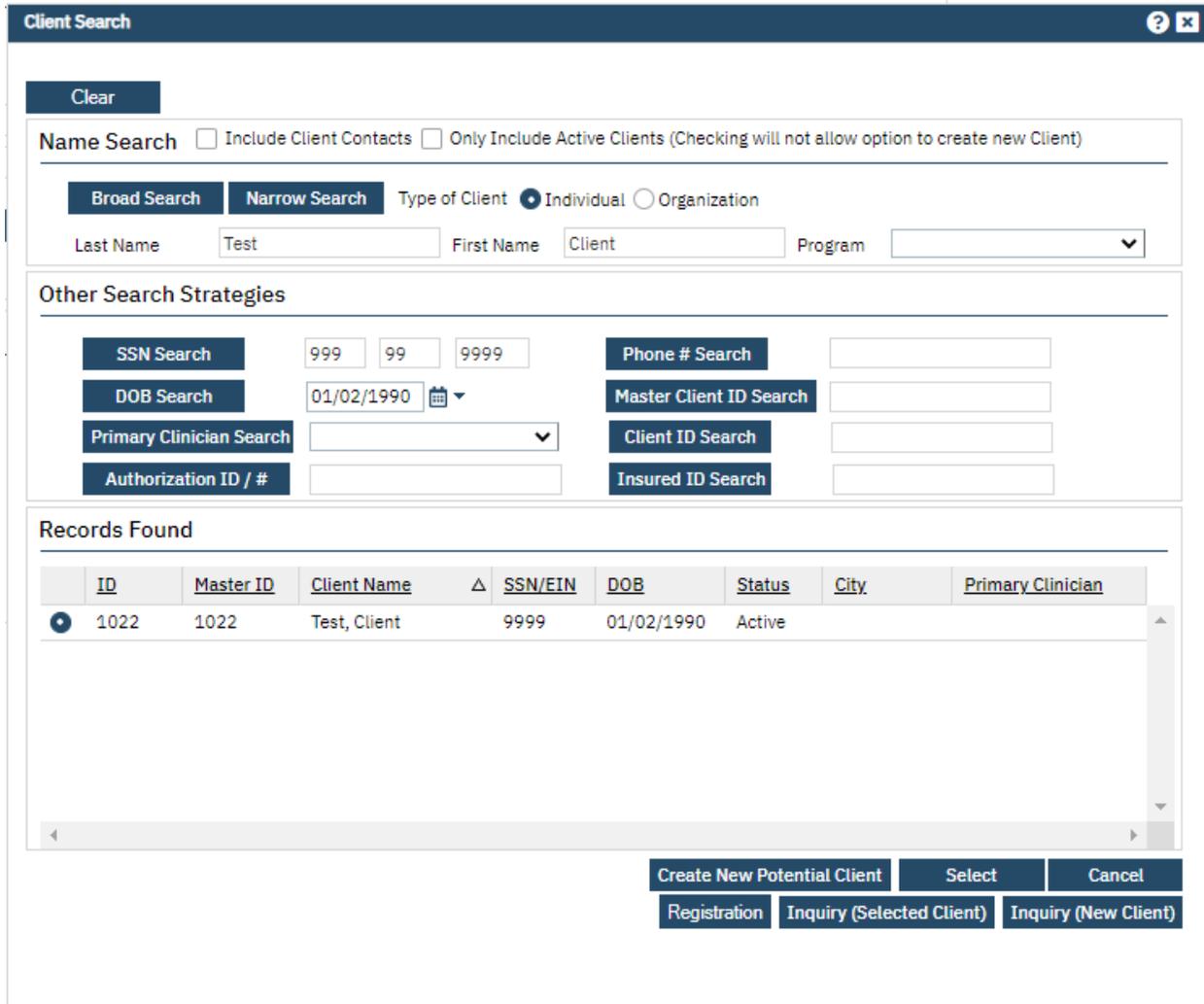

You will be presented with the 'Client Search' screen. On this screen you will be able to search for a client by a number of parameters.

- Broad Search - Allows for the search of a client by name, partial name, sounds like.
- Narrow Search - Returns for search of exact name match
- SSN Search - Social Security Number search
- DOB Search - Date of Birth search
- Primary Clinician Search - Search by assigned primary clinician
- Authorization ID/# - Search by authorization ID or number recorded in SmartCare
- Phone # Search - Client phone number search
- Master Client ID Search - Used in Care Management; Search by client's Master Record ID. Your organization will not use this button.
- Client ID Search
- Insured ID Search-search by insurance ID.

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Upon opening client search you will note that the only button to the bottom right that is actionable is 'Cancel.' Minimally, you must perform a one part search including first and last name, social security number, and date of birth prior to opening a client. Enter information in each of the fields you would like to use for a search parameter and click the corresponding search button for each.

Once your search has been completed, Click the 'Select' button to open the existing client.

By using the magnifying glass to search for the Pediatric Symptom Checklist you can search for the assessment or locate the assessment using a quicklink.

Pediatric Symptom Checklist

Under the screen name, note the information pertaining to the status of the document.

California Pediatric Symptom Checklist			⌨ ⋮ ☑ ☺ GoTo 👤 ℹ 🖫 Save 🗋 🖨 🗑 ✕
Effective 07/01/2022 📅▾ Status Signed	Author Loftus, Diane	◀ ▶	Sign ☑ ⤴ +
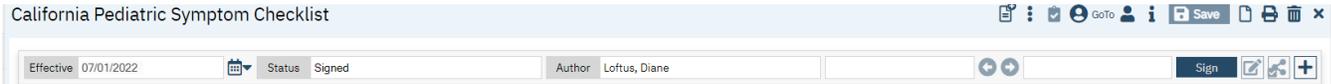
We will explore these fields more thoroughly when completing the Pediatric Symptom Checklist. However, note at this time that an effective date will be required to complete the document and may be defaulting to today's date, based on your organization's configuration settings. This date can be changed.

The Pediatric Symptom Checklist Document begins with general program and client information detailed below.

Pediatric Symptom Checklist

Reason for Assessment	⌄		Program	⌄

If reason for assessment is Major Life Event, Describe:

Does client have a parent/caregiver available?   ◯ Yes ◯ No

Caregiver Type   ⌄

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best describes your child:

1. Reason for Assessment– This is a required field.
   a. Configurable dropdown items include, "Initial Assessment, Major Life Event, Planned Discharge, Scheduled Update, and Unplanned Discharge."
2. Program - This is a required field.
   a. This displays the Program name which the logged in user has permissions to and the client is currently enrolled.
3. If Reason for Assessment is a Major Life Event, Describe: Textbox.
4. Does a client have a parent/caregiver available?
   a. Yes or No.
5. Caregiver Type
   a. Dropdown items include, "Adoptive Parent, Aunt/Uncle, Biological Parent, Foster Parent, Godparent, Grandparent, Legal Guardian, Other, Stepparent."

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In this section, the user fills out a checklist by reading the item and then selecting the radio button options of "0-Never, 1-Sometimes, 2-Often." There are 35 items listed in this section. All items in this section are required.

Item	0-Never	1-Sometimes	2-Often
1. Complains of aches and pains	○	○	○
2. Spends more time alone	○	○	○
3. Tires easily, has little energy	○	○	○
4. Fidgety, unable to sit still	○	○	○
5. Has trouble with teacher	○	○	○
6. Less interest in school	○	○	○
7. Acts as if driven by a motor	○	○	○
8. Daydreams too much	○	○	○
9. Distracted easily	○	○	○
10. Is afraid of new situations	○	○	○
11. Feels sad, unhappy	○	○	○
12. Is irritable, angry	○	○	○
13. Feels hopeless	○	○	○
14. Has trouble concentrating	○	○	○
15. Less interested in friends	○	○	○
16. Fights with other children	○	○	○
17. Absent from school	○	○	○

18. School grades dropping	○	○	○
19. Is down on him or herself	○	○	○
20. Visits the doctor with doctor finding nothing wrong	○	○	○
21. Has trouble sleeping	○	○	○
22. Worries a lot	○	○	○
23. Wants to be with you more than before	○	○	○
24. Feels he or she is bad	○	○	○
25. Takes unnecessary risks	○	○	○
26. Gets hurt frequently	○	○	○
27. Seems to be having less fun	○	○	○
28. Acts younger than children his or her age	○	○	○
29. Does not listen to rules	○	○	○
30. Does not show feelings	○	○	○
31. Does not understand other people's feelings	○	○	○
32. Teases others	○	○	○
33. Blames others for his or her troubles	○	○	○
34. Takes things that do not belong to him or her	○	○	○
35. Refuses to share	○	○	○

Total Score

After all items are selected in the checklist, a total score is automatically scored.

Additional Questions

1. Does your child have any emotional or behavioral problems for which she or he needs help? - this is a required field.
2. Are the any service the you would like your child to receive for these problems? - this is a required field
3. If yes, what services? - this field is conditionally required is the user selected Yes for the previous question.

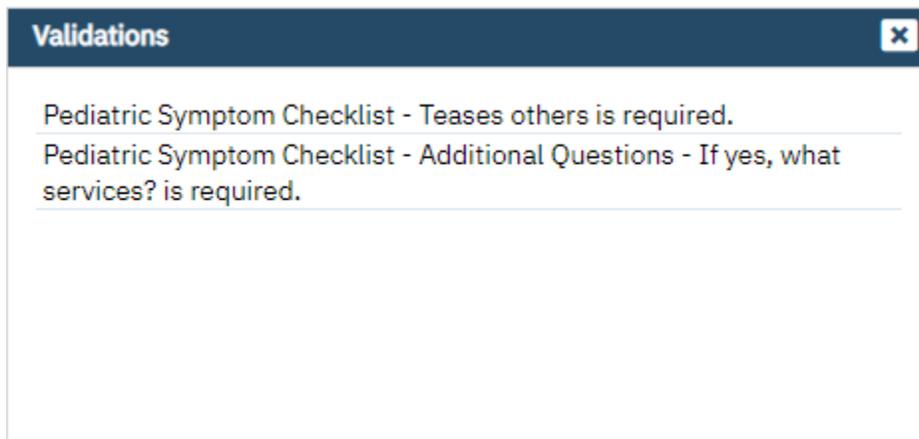## Completing the Pediatric Symptom Checklist

When all information that can be gathered has been entered into the Pediatric Symptom Checklist, a few final steps are needed to complete the Pediatric Symptom Checklist.

You have two options: sign or save. If there is a compelling reason not to complete and sign the document, it can be saved and returned to at a later time by clicking the save button in the toolbar.

However, keep in mind that if the document is not signed information will not initialize into the client record, where applicable. To sign the document, it is not required that you save it first. Signing will both save and sign the document. First, ensure that the document has an effective date, and then click the blue 'Sign' button.

When you click the sign button, if you have fields that are required that you did not enter data into, you will receive a validation message like the one below.

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Validations

Pediatric Symptom Checklist - Teases others is required.
Pediatric Symptom Checklist - Additional Questions - If yes, what services? is required.

The validation message will tell you exactly where you need to go to complete the requirement. The first part of the message (e.g. Pediatric Symptom Checklist) will tell you on what tab you will find the requirement on. The second part of the message (e.g. Additional Questions) will tell you which section to find the requirement in. The third part of the message (e.g. Teases Others Required.) will tell you what the requirement itself is.

Once all requirements have been completed, click the sign button again (if validations occurred). You will then be presented with the signature screen. By typing in your password and clicking 'Sign' the document will be signed and applicable information initialized to the client record.
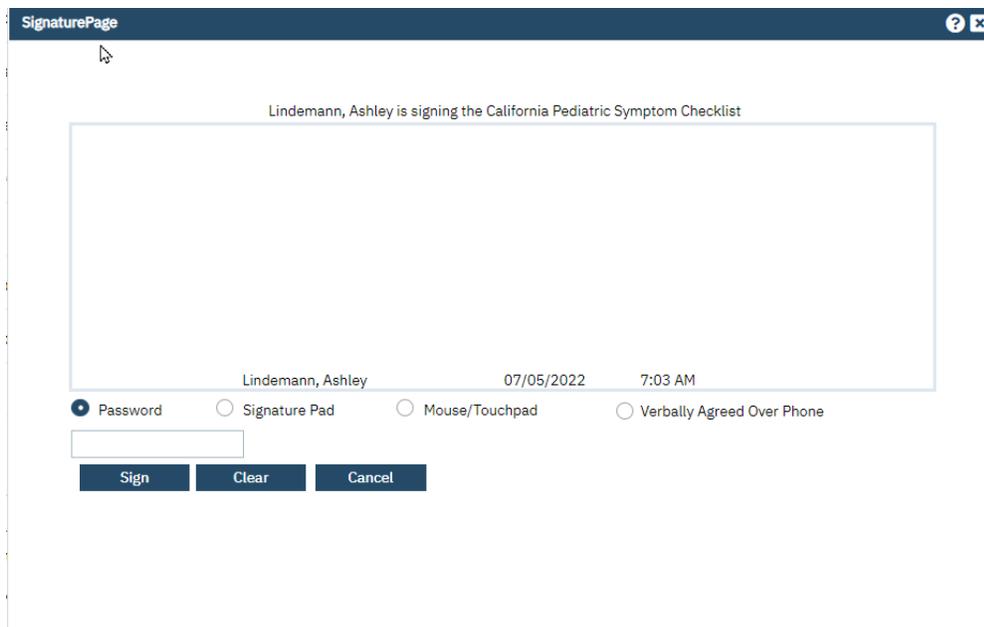
SignaturePage

Lindemann, Ashley is signing the California Pediatric Symptom Checklist

Lindemann, Ashley   07/05/2022   7:03 AM

○ Password   ○ Signature Pad   ○ Mouse/Touchpad   ○ Verbally Agreed Over Phone

[Sign]   [Clear]   [Cancel]

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Once the document is signed, you should see a PDF of the document on the screen and status should change to complete.

Global Codes

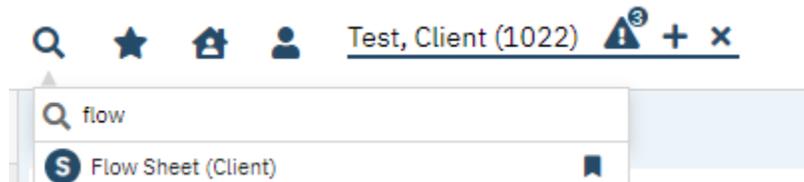| Field Name	Global Code Category Name
Reason for Assessment	XCAReasonAssessment
Caregiver Type	XCACaregiverType

Flow Sheet

Once a Pediatric Symptom Checklist Document has been signed as complete the Total Score from the document will automatically create a Flow Sheet entry to the Pediatric Symptom Checklist Score Flow Sheet.

The following logic will color code the score for the entry

1. Red High for a score of 28 or more where client age = 6-16 years
2. Yellow for a score of 27 where client is age 6-16 Years
3. Green for a client where score is 0-26 and age is 6-16 years.
4. Red High for a score of 24 or more where client age = 4-5 years.
5. Yellow for a score of 23 where client is age 4-5 years.
6. Green where score is 0-22 and client is age 4-5 years.

To view the Flow Sheet navigate to the Flow Sheet (Client) screen using the Search.

In the Vitals History tab select the Pediatric Symptom Checklist Score

Click the Date and Time hyperlink for an entry to navigate to the details screen if needed.

New Entry Flow Sheet

Date/Time

| Select Date | 10/20/2022 |
| Enter Time | 11:10 AM |

Pediatric Symptom Checklist Score
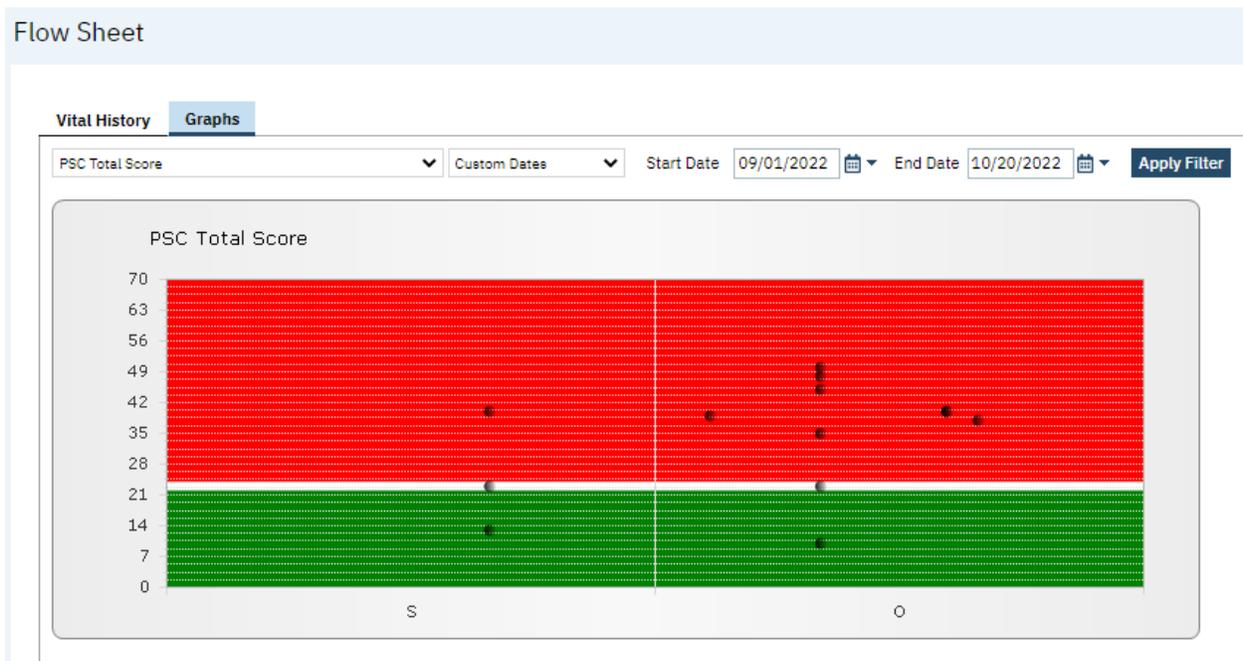
| PSC Total Score | 38 |

Navigate back to the Flow Sheet screen and click the Graphs tab to visualize the flow sheet data.

Select the PSC Total score and enter the desired data range.

Click Apply Filter to update graph results.

Flow Sheet

Vital History | **Graphs**

PSC Total Score | Custom Dates | Start Date 09/01/2022 | End Date 10/20/2022 | **Apply Filter**

PSC Total Score

Health Maintenance Alert

In addition to the Flow Sheet entry, upon signing a Pediatric Symptom Checklist as complete a Health Maintenance Alert may be triggered depending on the Total Score.

The logic for these triggers is as follows:

1. 4-5 Years PSC Possible Psychological Impairment Indicated Is triggered when the Total Score in 'Pediatric Symptom Checklist Score' flowsheet = 24-72
2. 6-16 Years PSC Possible Psychological Impairment Indicated is triggered when the Total Score in 'Pediatric Symptom Checklist Score' flowsheet = 28-72

Health Maintenance Template and Health Maintenance Triggering Factors

There are two Health Maintenance Templates that will be loaded into the environment to make the Health Maintenance Alert function properly. For additional details on how to configure Health Maintenance Templates or Health Maintenance Triggering Factors please reference the Health Maintenance Alerts User Guide.

The Health Maintenance Template is the 4-5 Years PSC Psychological Impairment Indicated template.

This template will utilize the Age 4-5 Years PSC and PSC High Score 4-5 Years Health Maintenance Triggering Factors to determine when the Health Maintenance Alert is to be triggered.

Health Maintenance Template

Name Template

Name of Template	4-5 Years PSC Psychologica ☑ Active
Template Description	4-5 Years PSC Possible Psychological Impairment Indicated

Triggering Groups

Triggering Group [_____] 🖐 [Insert] [Clear]

		Group Name
✕	○	Age 4-5 Years PSC
✕	○	PSC High Score 4-5 Years

Health Maintenance Action Criteria

● Labs/Vitals   ○ Procedures   ○ Radiology

Order Name	[_____] 🖐				
Do Once in	[__] [▼]				
Do Every	[__] [▼]	For	[__]	times	
Do between ages	From [____]	To [____]	every [▼]	☐ Include all ages	
☐ Count Procedures	Min.Interval [____]	[▼]			

[Select Ages...]

[Insert] [Clear]

	Type of Action	Order	Description
			No data to display

The second Health Maintenance Template the 6-16 Years PSC Psychological Impairment Indicated template.

This template will utilize the Age 6-16 Years PSC and PSC High Score 6-16 Years Health Maintenance Triggering Factors to determine when the Health Maintenance Alert is to be triggered.

Health Maintenance Template

Name Template

Name of Template: 6-16 Years PSC Psychologic   ☑ Active

Template Description: 6-16 Years PSC Possible Psychological Impairment Indicated

Triggering Groups

Triggering Group: [   ]   Insert   Clear

		Group Name
✕	○	Age 6-16 Years PSC
✕	○	PSC High Score 6-16 Years

Health Maintenance Action Criteria

● Labs/Vitals   ○ Procedures   ○ Radiology

Order Name: [   ]

Do Once in: [   ] [▾]

Do Every: [   ] [▾]   For [   ] times

Do between ages   From [   ]   To [   ]   every [▾]   ☐ Include all ages

☐ Count Procedures   Min.Interval [   ] [▾]

Select Ages...

Insert   Clear

	Type of Action	Order	Description

No data to display

To view Health Maintenance Alerts for a client navigate to the Client Health Maintenance Alert screen using search.
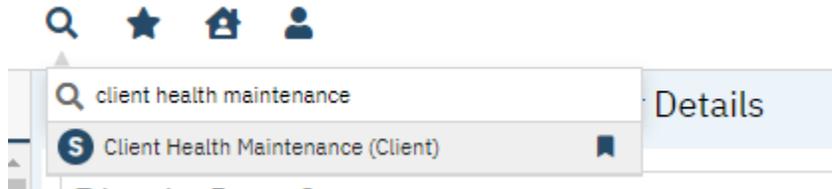
From the list page filtering by start date, end date and status as available as needed.

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