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| **Behavioral Health Symptoms / Behavioral Challenges:** | **Instructions to Avoid Triggers / Problems** | |
| **🞐 Documentation in Daily Note**  **🞐 Documentation Form/Sheet other than Daily Note**  **🞐 Report to Agency Nurse**  **🞐 Call Medical Professional** | **🞐 Consult Emotional Wellness and Crisis Prevention Plan First (MUST be present and attached if complex care is requested)** | |
| **Trauma or Behavior Triggers** | **Staff Response** |
| **Coping Skills & Supports Needed to Use** | **Staff response / supports if symptoms / behaviors(s) occur** | |
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