

# SOAPNOTE

Patient name: \_\_\_\_\_

Pronouns go by: \_\_\_\_\_

Subjective: age, sex, mechanism of injury (MOI), chief complaint(C/C):

Age: \_\_\_\_\_ Biological sex: \_\_\_\_\_

MOI: \_\_\_\_\_

Emergency contact:

C/C: \_\_\_\_\_

•name: \_\_\_\_\_

Objective: vital signs, patient exam, AMPLE history:

•relation: \_\_\_\_\_

•phone: \_\_\_\_\_

## Vital Signs

WRITE TIME & CIRCLE

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TIME	am / pm	am / pm	am / pm	am / pm	am / pm
LOC <small>A+Ox3, x2, or x1; A not O; oriented x ? <small>V; P; or U</small></small>					
RR <small>(12-20/minute = normal for adult at rest)</small>					
HR <small>(50-100/minute = normal for adult at rest)</small>					
Skin <small>*red, pink, pale, gray, or blue? C, T, M *hot, warm, cool or cold? *moist or dry?</small>					

Patient Exam: Describe locations of pain, tenderness & injuries:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

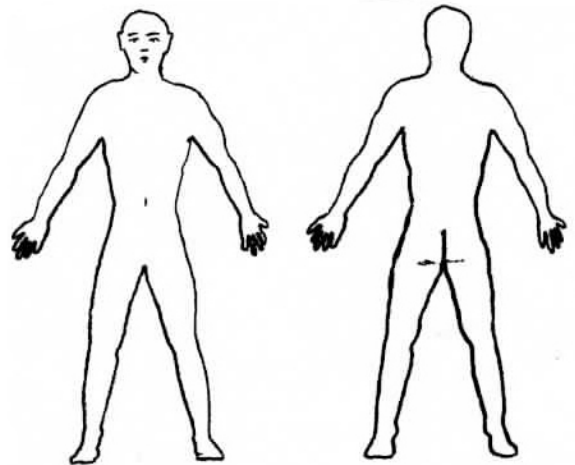
Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Past pertinent medical history: \_\_\_\_\_

Last in and out:	Liquids IN	Solids IN	Liquids OUT	Solids OUT
WHEN:	am pm	am pm	am pm	am pm
WHAT • went IN? • were the OUTs like?	drank:	ate:	color; smelly?	consistency:

Events leading up to accident: \_\_\_\_\_



LAST step: Spine final assessment

- 1) FINISH THIS SOAP NOTE & All Patient Treatments
- 2) RE-ASK: A+Ox3, sober, comfortable
- 3) ASK: no distracting injuries
- 4) ASK: no pain in back or along spine
- 5) ASK: no radiating pain, tingling, paralysis, or numbness at any extremity
- 6) RE-CHECK CSMx4
- 7) RE-PALPATE SPINE
- 8) \*\*\*SLOW\*\*\* Movements
  - 8a) rotate head side-to-side
  - 8b) tilt head back
  - 8c) arch back up
  - 8d) chin to chest
  - 8e) sit up

Assessment: **PROBLEM LIST**

Plan: **WHAT YOU DID / WILL DO for each problem on problem list**

1. Positive MOI? (circle one) Y / N ➔ 1. Spine: N/A / Immobilized / Immobilized Then Cleared
2. \_\_\_\_\_ ➔ 2. \_\_\_\_\_
3. \_\_\_\_\_ ➔ 3. \_\_\_\_\_
4. \_\_\_\_\_ ➔ 4. \_\_\_\_\_

WHAT you will monitor on the patient: \_\_\_\_\_

and HOW OFTEN: \_\_\_\_\_

Rescue Plan: \_\_\_\_\_

Caregiver name(s) & certification(s): \_\_\_\_\_