

SOAP Note



My name is _____ . My location is _____ .

SUMMARY

I have a _____ year old _____ patient whose chief complaint is _____ .
AGE SEX CHIEF COMPLAINT

The MOI/HPI was _____ .
DESCRIBE MECHANISM OF INJURY (TRAUMA PATIENTS) OR HISTORY OF PRESENT ILLNESS (MEDICAL PATIENTS)

MOI for Spine Injury YES NO The current LOR is _____ .
CURRENT LEVEL OF RESPONSIVENESS

OBSERVATIONS

The patient was found _____ . The head to toe exam revealed:
DESCRIBE POSITION OF PATIENT WHEN FOUND

- _____
- _____
- _____
- _____

The patient reports: (Check all that apply)

- No loss of responsiveness Good CSM's in all 4 extremities
 No spine pain or tenderness No other injuries were found

TIME									
LOR									
HR									
RR									
SCTM									
PUPILS									
BP									
TEMP									
SpO ₂									
LUNGS									
GLUCOSE									

S _____
O _____ P _____
Q _____ R _____
S _____ T _____
A _____
M _____
P _____
L _____
E _____

ASSESSMENT

We suspect the following problems:

1. _____
2. _____
3. _____

PLAN

1. _____
2. _____
3. _____

ANYTHING ELSE? Anticipated problems, evac logistics, requested gear