# SOAP NOTE

My name is_____. My location is _____.

## SUMMARY

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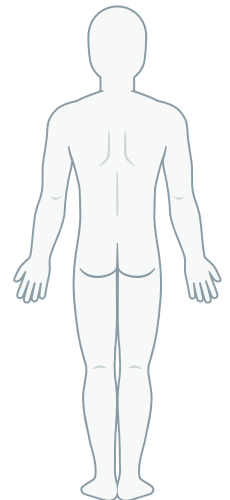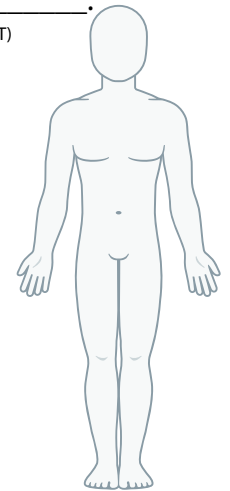
The MOI/HPI is _____.

        MECHANISM OF INJURY (TRAUMA PATIENT)    **OR**    HISTORY OF PRESENT ILLNESS (MEDICAL PATIENT)

MOI for Spine Injury ☐ ☐    The patient's current LOR is_____.
             YES  NO                            CURRENT LEVEL OF RESPONSIVENESS

## OBSERVATIONS

The patient was found_____.

The head-to-toe exam revealed:   DESCRIBE POSITION OF PATEINT 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 | | | | | | | | |
| FOR RELEVENT PATIENTS, WHEN EQUIPMENT IS AVAILABLE | | | | | | | | |
| BP | | | | | | | | |
| TEMP | | | | | | | | |
| SpO$_2$ | | | | | | | | |
| LUNGS | | | | | | | | |

S _____

**OPSRST for HPI on Medical Patients**

    O _____ P _____

    Q _____ R _____

    S _____ T _____

A _____

M _____

P _____

L _____

E _____

## ASSESSMENT

We suspect the following problems:

1. _____

2. _____

3. _____

## PLAN

We have or plan to:

1. _____

2. _____

3. _____

**ANYTHING ELSE?** Anticipated problems, evac logistics, requested gear

# SOAP NOTE

My name is_____.  My location is _____.

## SUMMARY

I have a _____ year old _____ patient whose chief complaint is _____.
       AGE           SEX                    CHIEF COMPLAINT
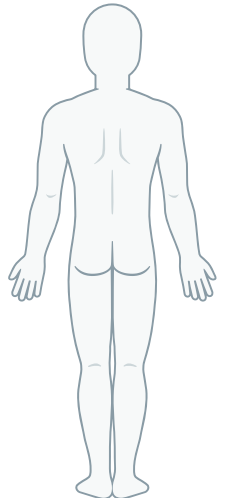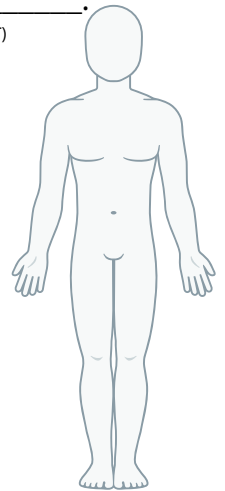
The MOI/HPI is _____.
           MECHANISM OF INJURY (TRAUMA PATIENT)    **OR**    HISTORY OF PRESENT ILLNESS (MEDICAL PATIENT)

MOI for Spine Injury ☐ ☐   The patient's current LOR is_____.
                    YES  NO                            CURRENT LEVEL OF RESPONSIVENESS

## OBSERVATIONS

The patient was found_____.

The head-to-toe exam revealed:    DESCRIBE POSITION OF PATEINT 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 | | | | | | | | |
| FOR RELEVENT PATIENTS, WHEN EQUIPMENT IS AVAILABLE | | | | | | | | |
| BP | | | | | | | | |
| TEMP | | | | | | | | |
| SpO$_2$ | | | | | | | | |
| LUNGS | | | | | | | | |

S _____    A _____

**OPSRST for HPI on Medical Patients**

    O _____ P _____    M _____

    Q _____ R _____    P _____

    S _____ T _____    L _____

    E _____

## ASSESSMENT

We suspect the following problems:

1. _____

2. _____

3. _____

## PLAN

We have or plan to:

1. _____

2. _____

3. _____

**ANYTHING ELSE?** Anticipated problems, evac logistics, requested gear