

# SOAP Note



My name is \_\_\_\_\_ . My location is \_\_\_\_\_ .

## SUMMARY

I have a \_\_\_\_\_ year old patient whose chief complaint is \_\_\_\_\_ .  
AGE 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

<b>TIME</b>									
<b>LOR</b>									
<b>HR</b>									
<b>RR</b>									
<b>SCTM</b>									
<b>PUPILS</b>									
<b>BP</b>									
<b>TEMP</b>									
<b>SpO<sub>2</sub></b>									
<b>LUNGS</b>									
<b>GLUCOSE</b>									

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