

SOAP NOTE



My name is _____ . My location is _____ .

SUMMARY

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

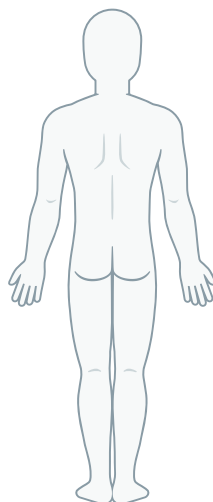
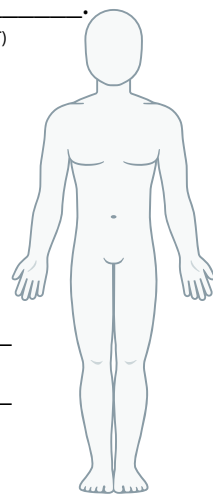
The MOI/HPI is _____ .
MECHANISM OF INJURY (TRAUMA PATIENT) OR HISTORY OF PRESENT ILLNESS (MEDICAL PATIENT)

MOI for Spine Injury YES NO The patient's 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								
FOR RELEVANT PATIENTS, WHEN EQUIPMENT IS AVAILABLE								
BP								
TEMP								
SpO ₂								
LUNGS								

S _____

OPQRST for HPI on Medical Patients

O _____ P _____

Q _____ R _____

S _____ T _____

A _____

M _____

P _____

L _____

E _____

ASSESSMENT

We suspect the following problems:

- _____
- _____
- _____

PLAN

We have or plan to:

- _____
- _____
- _____

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

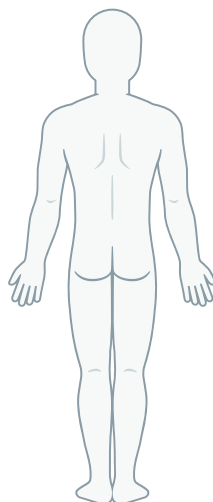
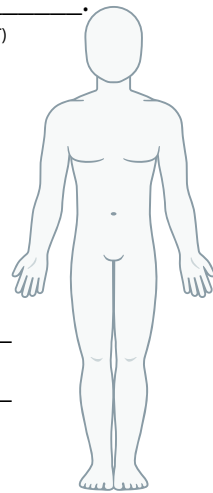
The MOI/HPI is _____ .
MECHANISM OF INJURY (TRAUMA PATIENT) OR HISTORY OF PRESENT ILLNESS (MEDICAL PATIENT)

MOI for Spine Injury YES NO The patient's 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								
FOR RELEVANT PATIENTS, WHEN EQUIPMENT IS AVAILABLE								
BP								
TEMP								
SpO ₂								
LUNGS								

S _____

OPQRST for HPI on Medical Patients

O _____ P _____

Q _____ R _____

S _____ T _____

A _____

M _____

P _____

L _____

E _____

ASSESSMENT

We suspect the following problems:

- _____
- _____
- _____

PLAN

We have or plan to:

- _____
- _____
- _____

ANYTHING ELSE? Anticipated problems, evac logistics, requested gear