SOAP NOTE

This is a SOAP Note to use in reporting an accident/incident. This is a common format that all rescue personnel use. ***S: Subjective*** *– What you found, how the patient currently is, and what the patient has said to you (Scene Survey; Initial Assessment);* ***O:Objective*** *– What you have found (Head to Toe Exam, Vital Signs, SAMPLE – OPQRST):* ***A: Assessment*** *(Problems and Anticipated Problems):* ***P: Plan*** *for Treatment*

Scene Survey (safety, initial impression, gloves)

# of patients	MOI (if observed):	Location:	Time:	Description of Scene:

Initial Assessment (ABCDE) – Stop and Fix immediate threats to life

Airway:	Breathing:	Circulation:	Decision:	Environment/Expose:

Patient Information

Patient Name: _____ Age: ____ Sex: ____ Phone #: _____ Address: _____

City, State, Zip: Emergency Contact Name/Phone:

Focused Exam & Patient History (Head to Toe, Vital Signs, SAMPLE)

If Trauma, start with Head to Toe; If Medical, start with SAMPLE

Head to Toe Exam

(Palpate; look for DOTS – Deformities, Open Wounds, Tenderness, Swelling and check SCM's – Sensation, Circulation, Movement in all extremities)

Head, Face, Neck
Shoulders
Chest
Abdomen, Pelvis
Lumbar Region
Upper & Lower Extremities
Back & Spine

SAMPLE

S: Symptoms:
A: Allergies:
M: Medications:
P: Past History
L: Last Intake/Output
E: Events

OPQRST

O: Onset:
P: Preventative/Palliative:
Q: Quality
R: Radiates/Refers
S: Severity (1-10)
T: Time:

Vitals

Norms	AOx3 or 4	60-100	12-16	PERRL	PWD
Time	LOC's	HR	RR	Pupils	SCTM

Focused Spinal Assessment (FSA): To be done only after a complete **Focused Exam & Patient History** has been done.

Yes	No	One or more hours from definitive care
Yes	No	Currently AOx3 or 4?
Yes	No	No distracting injuries?
Yes	No	No alcohol/drugs: recreational, OTC's, prescription?
Yes	No	Normal CSM's in all extremities?
Yes	No	No spinal pain or tenderness upon palpation of spine?

Important! Only do this step if you have been trained to do so. If you have not been trained in FSA you must maintain spinal precautions. If the answer to each of these 5 questions is "Yes" you **may** release spinal precautions. If the answer to ANY of these 5 questions is "No" you **must** maintain spinal precautions

Verbal Report for radio transmission. Complete all information.

I have a _____ year old _____ (male, female). Patient's **chief complaint** is _____

Patient states_____

(What patient said in their own words.)

Patient is currently: _____ (most current LOC).

Patient found in _____(position)

Patient exam reveals (results of head to toe exam, read from above). Then state, "No other injuries found."

Give vitals: Give one set of vitals. If nothing has changed since your first set, simply say "Vitals unchanged since original assessment."

SAMPLE: If anything relevant was found in sample let them know what is relevant only.

Assessment (Problem List) & Anticipated Problems & Plan: Information you wrote on back page.

Assessment/Anticipate Problems & Treatment Plan

Assessment (Problem List)	Anticipated Problems	Treatment Plan

Additional Information

Definitions and Helpful Information

ABCDE's

Airway management; Look in mouth, clear obstructions

Breathing adequacy: Look, listen, feel

Circulation: Assess for pulse and major bleeding; control bleeding, treat for shock

Decision: Maintain manual stabilization of the spine unless patient has no significant MOI (Mechanism of Injury)

Environment/Expose: Assess and treat environmental hazards; expose serious potential life threatening wounds.

AVPU Scale (use for LOC's – Level of Consciousness)

AOx4: Alert and Oriented to Person, Place, Time and Events

AOx3: Alert and Oriented to Person, Place, and Time

AOx2: Alert and Oriented to Person and Place

AOx1: Alert and Oriented to Person

V: Verbally responsive – responds to verbal stimuli

P: Painfully responsive – responds to painful stimuli

U: Unresponsive – does not respond to any stimuli

Head to Toe – DOTS: When performing a head to toe exam you want to carefully examine and palpate each body section for DOTS (Deformities, Open wounds, Tenderness, Swelling). Don't be to gentle! You might not find an injury if you are too gentle. Make sure to remove/move clothing as necessary. You want to get down to skin in injured or possibly injured areas.

SAMPLE

Symptoms: ex: Headache? Dizziness? Nausea?

Allergies: to Medications, OTC's, Foods, Insects, Pollens.

Medications: Prescription, OTC's, Alcohol or recreational drugs

Pertinent Medical History: Medical history that relates.

Last Intake/Output: Food/Water, Urination, Vomiting.

Events: Events leading up to incident/illness.

OPQRST

Onset: Was the onset sudden or gradual?

Provokes/Palliates: What makes it worse? What makes it better?

Quality: Describe the pain, sharp vs. dull; constant vs. erratic.

Radiates/Refers: Does the sensation move anywhere?

Severity: How does this rate on a scale of 1-10?

Time: How long has it been going on?

Vital Signs

LOC's: See AVPU Scale.

Heart Rate (HR): Beats per minute; regular/irregular, strong/weak

Respiratory Rate (RR): Breaths per minute; labored/unlabored

Pupils: PERRL (Pupils are Equal, Round and Reactive to Light) – this is a late changing sign

Skin (SCTM): Skin Color, Temperature, Moisture

Rescue Request

Patient Name, Age:

Vitals	Time	LOC's	HR	RR	Pupils	Skin
1st						
Last						

Date: **Time:**

Injuries

Description:

Location:

Terrain/Weather:

Party Information

Cell Phone #: **FSR Radio Channel:**

 # remaining at scene:

Equipment at scene:

Equipment needed:

On-scene plan: