

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 & 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 & 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 & check CSM's—Circulation, Sensation, 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

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

Vitals

| Norms | AOx3 or 4 | 60-100 (sr) | 12-16(ru) | PERRL | PWD |
|-------|-----------|-------------|-----------|--------|------|
| Time | LOC's | HR | RR | Pupils | SCTM |
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Focused Spinal Assessment (FSA): To be done only after a complete Focused Exam & Patient History has been done.

| | | |
|-----|----|---|
| Yes | No | One or more hour 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: Info you wrote on back page

Assessment/Anticipate Problems & Treatment Plan

| Assessment (Problem List) | Anticipated Problems | Treatment Plan |
|---------------------------|----------------------|----------------|
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| Additional Information |
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| Definitions & Helpful Information | |
|---|---|
| <p>ABCDE's Airway management; Look in mouth, clear obstructions Breathing adequacy: Look, listen, feel Circulation: Assess for pulse & major bleeding; control bleeding, treat for shock. Decision: Maintain manual stabilization of the spine unless patient has no significant MOI. Environment/Expose: Assess and treat environmental hazards; expose serious potential life threatening wounds.</p> <p>AVPU Scale (use for LOC's—Level of Consciousness) AOx4: Alert & Oriented to Person, Place, Time & Events AOx3: Alert & Oriented to Person, Place & Time AOx2: Alert & Oriented to Person & Place AOx1: Alert & 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</p> <p>Head to Toe – DOTS: When performing a head to toe exam you want to careful examine & palpate each body section for DOTS. Don't be too 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.</p> | <p>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</p> <p>OPQRST Onset: Was the onset sudden or gradual? Provokes/Palliates: What makes it worse? 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?</p> <p>Vital Signs LOC's: See AVPU scale. Heart Rate (HR): Beat per minute; regular/irregular, strong/weak Respiratory Rate (RR): Breaths per minute; labored/unlabored Pupils: PERRL (Pupils are Equal, Round & Reactive to Light)—this is a late changing sign Skin (SCTM): Skin color, temperature, moisture</p> |

| Rescue Request | | | | | | | Party Information: | |
|---------------------------|-------------|--------------|--------------|-----------|---------------|-------------|------------------------------|---------------------------|
| Patient Name, Age: | | | | | | | Cell Phone #: | FSR Radio Channel: |
| Vitals | Time | LOC's | HR | RR | Pupils | Skin | # remaining at scene: | |
| 1st | | | | | | | Equipment at scene: | |
| Last | | | | | | | Equipment needed: | |
| Date: | | | Time: | | | | On-scene plan: | |
| Injuries | | | | | | | | |
| Description: | | | | | | | | |
| Location: | | | | | | | | |
| Terrain/Weather: | | | | | | | | |