

Patient SOAP Note

Date	Time	Location
PATIENT'S NAME		Sex
Email		Phone
Address		Weight
		Height
		Age
CONTACT'S NAME		Phone
Relationship	Email	
PATIENT FOUND <input type="checkbox"/> R Side <input type="checkbox"/> L Side <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Walking Other _____		
DESCRIBE MOI <input type="checkbox"/> Trauma <input type="checkbox"/> Environmental <input type="checkbox"/> Medical <input type="checkbox"/> Behavioral/Psychological If Trauma, tell a brief story that addresses speed, dispersal of force, & location of impact.		
<input type="checkbox"/> MOI for Spinal Injury		
DESCRIBE WEATHER CONDITIONS Current Temperature _____ <input type="checkbox"/> Sun <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Wind <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Impending Storm		
BASIC LIFE SUPPORT PROBLEMS <input type="checkbox"/> No Respirations <input type="checkbox"/> No Pulse <input type="checkbox"/> Severe Bleeding <input type="checkbox"/> Acute Respiratory Distress <input type="checkbox"/> Vomiting <input type="checkbox"/> Blocked Airway <input type="checkbox"/> V P U on arrival <input type="checkbox"/> Possible Heat Stroke <input type="checkbox"/> Possible Hypothermia		
BASIC LIFE SUPPORT TREATMENT <input type="checkbox"/> Direct Pressure <input type="checkbox"/> Pressure Bandage <input type="checkbox"/> Tourniquet _____ <input type="checkbox"/> Conversion _____ <input type="checkbox"/> Chest Compressions <input type="checkbox"/> Rescue Breathing <input type="checkbox"/> AED <input type="checkbox"/> Abdominal Thrust <input type="checkbox"/> Suction <input type="checkbox"/> Protect Spinal Cord <input type="checkbox"/> Remove Wet Clothes <input type="checkbox"/> Hypothermia Package <input type="checkbox"/> Shelter <input type="checkbox"/> Cool Patient <input type="checkbox"/> Recovery Position <input type="checkbox"/> Glucose <input type="checkbox"/> Meds _____		
<input type="checkbox"/> Return of Pulse <input type="checkbox"/> Return of Respirations <input type="checkbox"/> Awakens during BLS <input type="checkbox"/> Urgent Evac		

Subjective Information = What the patient tells you

SYMPTOMS (OPQRST) Describe onset, provocation & cause, quality & character, region & radiation, severity (1-10), and timing of chief complaints as they apply to the MOI.

Time	
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ALLERGIES Local Systemic Describe cause, severity, & treatment.

MEDICATIONS Prescription, over-the-counter, herbal, homeopathic, & recreational.

DRUG	REASON	DOSE	CURRENT
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes

PAST RELEVANT MEDICAL HISTORY related to MOI
 Last Menstrual Period _____ Possible Pregnancy Confirmed Pregnancy

LAST INTAKE & OUTPUT over the past 24 hours

Time & Content of Last Meal	Water Intake Liters _____	Sodium Intake <input type="checkbox"/> Adequate <input type="checkbox"/> Low
	Urine Color _____	Stool <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Color _____
Caloric Intake <input type="checkbox"/> Adequate <input type="checkbox"/> Low		Output _____ Consistency _____

EVENTS Patient's description of what happened. Amnesia

Objective Information = What you see, feel, & hear

PHYSICAL EXAM Look for discoloration, swelling, bleeding, CSF, & deformity. Check ROM & CSM. Feel for tenderness, crepitus, & instability. Listen for lung & bowel sounds.

Time	
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VITAL SIGNS Note normal vital signs if known, then get a current set. Monitor and record significant changes over time.

Time	AVPU	HR	RR	Skin	Temp	BP	O ₂ Sat
Normal							

FOCUSED SPINE ASSESSMENT

Time	General P F <input type="checkbox"/> <input type="checkbox"/> Reliable Patient <input type="checkbox"/> <input type="checkbox"/> No Spine Pain <input type="checkbox"/> <input type="checkbox"/> No Midline Spine Tenderness	Motor Exams P F <input type="checkbox"/> <input type="checkbox"/> Squeeze 1st & Ring Finger <input type="checkbox"/> <input type="checkbox"/> Press Down on Hand or Fingers <input type="checkbox"/> <input type="checkbox"/> Press Up on Foot or Big toe <input type="checkbox"/> <input type="checkbox"/> Press Down on Foot or Big toe
<input type="checkbox"/> Pass	Sensory Exams P F <input type="checkbox"/> <input type="checkbox"/> Distinguish between Pin-prick & Light Touch on hands and feet <input type="checkbox"/> <input type="checkbox"/> No Shooting, Tingling or Electric-like Pain radiating to arms or legs	
<input type="checkbox"/> Fail		

Assessment = What you think is wrong

POSSIBLE PROBLEMS	CURRENT PROBLEMS	
<p>Traumatic Problems Injury (include wounds, abrasions, & bruises) to:</p> <ul style="list-style-type: none"> • Spine • Head • Neck • Chest • Abdomen • Pelvis • Back • Extremities 	Time	
<p>Critical System Problems</p> <ul style="list-style-type: none"> • Spinal Cord Injury • Concussion / Increased ICP • Respiratory Distress • Volume Shock 		
<p>Environmental Problems Dehydration / Exertional Hyponatremia Sun Injury Heat Exhaustion / Heat Stroke Exertional Rhabdomyolysis Minor Heat Injury Thermal ± Respiratory Burn Lightning Injury Cold Response / Hypothermia Freezing Injury / Non-freezing Injury Drowning Toxic Reaction Local Allergic Reaction / Anaphylaxis Acute Mountain Sickness SCUBA / Free Diving Injury</p>		
<p>Medical Problems Non-urgent Px = No Red Flag S/Sx Urgent Px = Red Flag S/Sx</p>		

NON-URGENT S/SX FOR MEDICAL PROBLEMS REQUIRING A LEVEL 3 EVAC

Any problem that is persistent, uncomfortable, and not relieved by or responding to Tx OR needs advanced assessment and Tx beyond what is possible in a field setting.

RED FLAG S/SX FOR MEDICAL PROBLEMS REQUIRING A LEVEL 2 EVAC

Abdominal pain ± non-specific tenderness, loss of appetite, fever and chills that are NOT accompanied by diarrhea.

Abdominal pain and tenderness accompanied by stomach or intestinal bleeding (coffee ground vomitus, black tar-like stools, or wine-colored stools).

Abdominal pain accompanied with a positive heel-drop test.

Pain that begins slowly and gradually gets worse over a period of days.

Intracranial, thoracic, or abdominal pain, even mild pain, from an unknown medical mechanism in patients > 60 years of age.

Open globe injury to the eye.

RED FLAG S/SX FOR MEDICAL PROBLEMS REQUIRING A LEVEL 1 EVAC

An abrupt change in mental status or vision loss that does not spontaneously resolve within a few minutes or reoccurs.

All VPU patients. Consider hypoglycemia in the insulin dependent diabetic.

Abrupt, new, and severe intracranial or thoracic pain—and similarly debilitating abdominal or flank pain not clearly attributable to a kidney stone.

Chest pain or pressure not clearly attributable to heartburn.

Acute respiratory distress from an unknown cause or severe, high-risk asthma attack.

Large amounts of bright red blood from the mouth or anus.

Vaginal bleeding that exceeds 50 ml in 24 hrs (≈10 fully-saturated light or regular pads/tampons or ≈5 super plus or ultra pads/tampons).

Severe abdominal pain with guarding and tense (rigid) abdominal muscles. NOTE: patient typically presents on back with knees bent. Movement increases the pain.

Abdominal pain that becomes specific or is accompanied by rebound pain.

Abdominal pain and tenderness with the clinical pattern of volume shock.

Treatment Plan = How you are going to treat your patient

MONITOR	FIELD TREATMENT
Anticipated Px & S/Sx	

Behavioral & Psychological Problems

S/SX OF POTENTIAL BEHAVIORAL & PSYCHOLOGICAL DISTRESS

Does not participate in group discussions or decision making.

Has little or no interest in maintaining friendships or participating in daily activities.

Withdrawn, seeks solitude whenever possible.

Shunned by group members.

Constantly fidgets, appears anxious or afraid.

Appears easily annoyed, irritable, or unusually critical.

Appears distracted, speaks unusually slowly, or rambles.

Appears sad or unhappy, exhibits episodes of crying.

Poor appetite or overeating.

Shares beliefs that other group members find unusual or bizarre.

Sudden or noticeable change in daily functioning.

Exhibits disruptive behavior.

Unusually emotional.

Exhibits on-going conflict with group members or staff.

Exhibits on-going irrational behavior.

Complains of numerous unexplained physical ailments.

Exhibits an inability to cope with daily problems and activities.

Self-identifies as distressed, overwhelmed, or severely overwhelmed.

BEHAVIORAL & PSYCHOLOGICAL PROBLEMS REQUIRING AN EVAC

Field staff—or those providing patient care—are uncomfortable with the situation.

Patient exhibits an on-going or growing inability to cope despite interventions and support.

Patient's behavior negatively affects other trip members' experience.

Patient is prescribed Rx meds for a mental health condition and is not taking them.

Patient appears to have the potential to harm themselves or others.

Patient wishes they were dead or expresses suicidal thoughts.

Evacuation Plan = How you are going to evac your patient

Develop one plan to address your pt's current problems and another to address any anticipated problems that require a more urgent evacuation if pt's S/Sx change over time.

NON-URGENT LEVEL 3 EVACUATION PLAN

EVAC INITIATED Date _____ Time _____ Type _____

Requested Professional Consult from _____ at _____

Requested Evacuation Assistance from _____ at _____

URGENT LEVEL 1 or 2 EVACUATION PLAN (Circle Evac Level)

EVAC INITIATED Date _____ Time _____ Type _____

Requested Professional Consult from _____ at _____

Requested Evacuation Assistance from _____ at _____

ADDITIONAL PATIENT NOTES

RESPONDER'S NAME

Email _____ Phone _____

WFA WAFA WFR WEMT EMT Paramedic Nurse PA Physician