Patient SOAP Note

Date	Time	Location

Patient's Name | Sex

Email | Phone

Address | Weight | Height | Age

Contact's Name | Phone

Relationship | Email

Patient Found ☐ R Side ☐ L Side ☐ Front ☐ Back ☐ Sitting ☐ Standing ☐ Walking

Other _____

Describe MOI

☐ Trauma ☐ Environmental ☐ Medical ☐ Behavioral/Psychological

If Trauma, tell a brief story that addresses speed, dispersal of force, & location of impact.

☐ MOI for Spinal Injury

Describe Weather Conditions

Current Temperature _____

☐ Sun ☐ Partly Cloudy ☐ Overcast ☐ Wind ☐ Rain ☐ Snow ☐ Impending Storm

Basic Life Support Problems

☐ No Respirations ☐ No Pulse ☐ Severe Bleeding ☐ Acute Respiratory Distress ☐ Vomiting
☐ Blocked Airway ☐ V P U on arrival ☐ Possible Heat Stroke ☐ Possible Hypothermia

Basic Life Support Treatment

☐ Direct Pressure ☐ Pressure Bandage ☐ Tourniquet _____ ☐ Conversion _____
☐ Chest Compressions ☐ Rescue Breathing ☐ AED ☐ Abdominal Thrust ☐ Suction
☐ Protect Spinal Cord ☐ Remove Wet Clothes ☐ Hypothermia Package ☐ Shelter
☐ Cool Patient ☐ Recovery Position ☐ Glucose ☐ Meds_____

☐ Return of Pulse ☐ Return of Respirations ☐ Awakens during BLS ☐ 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

Allergies ☐ Local ☐ Systemic Describe cause, severity, & treatment.

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

DRUG	REASON	DOSE	CURRENT
			☐ Yes ☐ No
			☐ Yes ☐ 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***	***Sodium Intake***
	Liters _____	☐ Adequate ☐ Low
	Urine	***Stool*** ☐ Normal ☐ Abnormal
	Color _____	Color _____
Caloric Intake ☐ Adequate ☐ 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

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

☐ Pass
☐ Fail

General

P F
☐ ☐ Reliable Patient
☐ ☐ No Spine Pain
☐ ☐ No Midline Spine Tenderness

Sensory Exams

P F
☐ ☐ Distinguish between Pin-prick & Light Touch on hands and feet
☐ ☐ No Shooting, Tingling or Electric-like Pain radiating to arms or legs

Motor Exams

P F
☐ ☐ Squeeze 1st & Ring Finger
☐ ☐ Press Down on Hand or Fingers
☐ ☐ Press Up on Foot or Big toe
☐ ☐ Press Down on Foot or Big toe

Assessment = *What you think is wrong*

Possible problems	Current problems	
	Time	

Traumatic Problems

Injury (include wounds, abrasions, & bruises) to:

- Spine
- Head
- Neck
- Chest
- Abdomen
- Pelvis
- Back
- Extremities

Critical System Problems

- Spinal Cord Injury
- Concussion / Increased ICP
- Respiratory Distress
- Volume Shock

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

Medical Problems

Non-urgent Px = No Red Flag S/Sx
Urgent Px = Red Flag S/Sx

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 patient'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