Patient SOAP Note

LEAD RESCUER'S NAME: Joel Jones

PATIENT INFORMATION

Name: Ian Smythe

Age: 34 | Weight: 205 | (Male) | Female

Address:

Phone: 867-923-8476

Date: 12/18

Time: 3:20 pm

Contact Person: Meghen Smythe | Phone: 976-328-9476

DESCRIBE MOI

■ Trauma ■ Environmental ☐ Medical

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

Crashed into a tree while backcountry skiing on AT gear in difficult snow conditions. Skis did not release.

DESCRIBE WEATHER CONDITIONS

Impending storm.

Temp 22ºF ☐ Sun ☐ Partly Cloudy ■ Overcast ☐ Wind ☐ Rain ☐ Snow

PATIENT FOUND

☐ Right Side ☐ Left Side
☐ Front ☐ Back
☐ Lying ☐ Sitting ☐ Standing

INITIAL PX

☐ No Respirations ☐ No Pulse ☐ Vomiting
■ Unstable Spine ■ Severe Bleeding
☐ Blocked Airway ■ V P (U) on arrival

INITIAL TREATMENT

Kept patient on side during initial BLS. Remained unresponsive for roughly 3-5 minutes. Assisted to sitting position upon awakening.

■ Direct Pressure ■ Pressure Dressing _____ ☐ Tourniquet _____
☐ Chest Compressions ☐ Rescue Breathing ☐ Abdominal Thrust ☐ Suction
☐ C-Collar ☐ Stabilize Spine ☐ Remove Wet Clothes ☐ Hypothermia Package
☐ Cool Pt ☐ Glucose ☐ Med _____ ☐ Shelter ☐ Evac 1 2

Subjective Information = What the patient tells you

SYMPTOMS = Describe onset, cause, and severity (1-10) of chief complaints.

Time	
3:36	Painful left knee (5/6 with movement; 3 at rest) Headache (4)

ALLERGIES = Local or systemic, cause, severity and treatment.

Sulfa drugs (severe; hospitalized as child)

MEDICATIONS = prescription, over-the-counter, herbal, homeopathic, & recreational.

DRUG	REASON	DOSE	CURRENT
None			Yes / No
			Yes / No

Notes

PAST RELEVANT MEDICAL HISTORY = Relate to MOI

Concussion when in college when playing football; required hospital visit.

LAST FOOD & FLUIDS = Intake & Output

H_2O 2 liters	Calories intact	Electrolytes normal
Urine Color light	Urine Output normal	Stool normal

EVENTS = Patient's description of what happened.

Memory Loss (Yes) / No

Going fast and got a bit out of control and.... Can't remember anything until I woke up with you talking to me.

Objective Information = What you see

PHYSICAL EXAM = Look for discoloration, swelling, abnormal fluid loss, & deformity. Feel for tenderness, crepitus, & instability. Check ROM & CSM.

Time	
3:48	Tender 3" lac to right temple; bleeding has stopped/ clotted Tender left knee with slightly decreased ROM, good CSM; can bear weight and stand

VITAL SIGNS = Get a baseline, then record changes. Record normal VS if known.

Time	Pulse	Resp	O_2 Sat	BP	Skin	Temp	AVPU
Normal	56 R						
5:01	62 R	18 E	—	—	Normal	—	Alert

FOCUSED SPINE ASSESSMENT

Time: 5:12

■ Pass ☐ Fail

Yes	No		Yes	No	
■	☐	Reliable Patient	■	☐	Squeeze 1st & Ring Finger
☐	■	Spine Pain	■	☐	Press Down on Hand or Fingers
☐	■	Spine Tenderness	■	☐	Press Up on Foot or Big Toe
☐	■	Shooting Pain	■	☐	Press Down on Foot or Big Toe
■	☐	Distinguish between Pinprick & Light Touch on hands and feet			

Assessment = *What you think is wrong*

Possible Px	Time	Current Px	Anticipated Px
Traumatic Px	5:15	Moderate Concussion Stable Left Knee Head Wound	Severe Concussion
~~Unstable Spine~~			
Concussion / ↑ ICP			
~~Trunk Injury~~			
~~Respiratory Distress~~			
~~Volume Shock~~			
~~Unstable Extremity Injury~~			
Stable Extremity Injury			
Wounds			
Environmental Px			
~~Dehydration / Low Sodium~~			
~~Cold / Hypothermia~~			
~~Heat Exhaustion / Stroke~~			
~~Frostbite / Burns~~			
~~Local / Systemic Toxin~~			
~~Local / Systemic Allergy~~			
~~Near-Drowning~~			
~~Acute Mountain Sickness~~			
~~Lightning~~			
~~SCUBA / Free Diving~~			
Medical Px			
~~Circulatory System Px~~			
~~Respiratory System Px~~			
~~Nervous System Px~~			
~~Endocrine System Px~~			
~~Gastrointestinal System Px~~			
~~Genitourinary System Px~~			
~~Ear Px~~			
~~Eye Px~~			
~~Tooth & Gum Px~~			
~~Skin Px~~			
~~Infectious Disease~~			

Additional Patient Notes

Familiarize yourself with the SOAP Note & general format; you will be using it during your practical session. When filling out a SOAP note, use the language *you* are comfortable with: English, medical terms, acronyms, symbols, etc. If you are unsure if you should write something down, write it down. Complete a SOAP Note on each of the case studies on the course website *before* the practical session; practice is important.

Plan = *What you are going to do*

Field Treatment

Time	
5:18	Clean & dress wound Splint knee so pt can self-evacuate

Monitor

Severe Concussion S/Sx
- increasing headache
- increasingly tired or irritable
- unusually emotional
- mentally slow/fuzzy
- light/noise sensitivity

Evacuation Plan

Slowly self-evac on skis to vehicle; traverse, side-step, avoid making turns. If crust is strong enough, consider walking.

Call "home" when in cell service.

Time	Level	Type
5:18	1 2 (3) 4	☐ None ■ Self ☐ Assist ☐ Carry ☐ Litter ■ Vehicle
	1 2 3 4	☐ None ☐ Self ☐ Assist ☐ Carry ☐ Litter ☐ Vehicle
	1 2 3 4	☐ None ☐ Self ☐ Assist ☐ Carry ☐ Litter ☐ Vehicle

Additional Information

Rescuer 1 Name Joel Jones		Age 32
E-mail Ian	(Male)	Female
Address 120 Lost River Road Twisp, WA	Phone	
	Cell 358-986-2235	
	Organization	

Rescuer 2 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Organization	

Witness 1 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Relationship	

Witness 2 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Relationship	

Witness 3 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Relationship	

Emergency Call Log

Time	Number	Person/Organization
5:38	No cell service.	