

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:
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Initial Assessment (ABCDE) —Stop & Fix immediate threats to life

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

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

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

