# **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

# of patients   MOI (if observed): Location: Time: Description of Scene:	Scene Survey (safety, initial impression, gloves)										
Initial Assessment (ABCDE) —Stop & Fix immediate threats to life											
Airway: Breathing: Circulation: Decision: Environment/Expose:	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)  SAMPLE  S: Symptoms:											
Head, Face, Neck  A: Allergies:	A: Allergies:										
Shoulders M: Medications:											
Chest P: Past History											
Abdomen, Pelvis L: Last Intake/Output	L: Last Intake/Output										
Lumbar Region E: Events	E: Events										
Upper & Lower Extremities OPQRST											
O: Onset:											
Back & Spine											
P: Preventative/Palliative:											
Vitals											
NormsA0x3 or 460-100 (sr)12-16(ru)PERRLPWDQ: QualityTimeLOC'sHRRRPupilsSCTM	Q: Quality										
R: Radiates/Refers											
S: Severity (1-10)											
T: Time:											
Focused Spinal Assessment (FSA): To be done only after a complete Focused Exam & Patient His	tory has been done.										
Yes No One or more hour from definitive care Important! Only do this step if yo											
YesNoCurrently AOx3 or 4?do so. If you have not been training injuries?YesNoNo distracting injuries?maintain spinal precautions. If											
Yes No No alcohol/drugs: recreational, OTC's, prescription?  **Tree No No alcohol/drugs: recreational, OTC's, prescription?**  **Tree No No Alcohol/drugs: recreational, OTC's, prescriptional,											
Yes No Normal CSM's in all extremities? precautions. If the answer to ANY	•										
Yes No No spinal pain or tenderness upon palpation of spine? "No" you <b>must</b> maintain spinal precautions.											
Verbal Report for radio transmission. Complete all information.											
I have a year old (male, female). Patient's <b>chief complaint</b> is:											
Patient states											
Patient states (what patient said in their own words.)											
Patient states(what patient said in their own words.) Patient is currently: (most current LOC).	(nocition)										
Patient states (what patient said in their own words.)  Patient is currently: (most current LOC).  Patient found in	(position).										
Patient states(what patient said in their own words.) Patient is currently: (most current LOC).											
Patient states	,										

Assessment/Anticipate Problems & Treatment Plan							
Assessment (Problem List)	Anticipated Problems	Treatment Plan					
	Additional Information						

# **Definitions & Helpful Information**

#### 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.

## **AVPU Scale (use for LOC's—Level of Consciousness)**

AOx4: Alert & Oriented to Person, Place, Time & Events

AOx3: Alert & Oriented to Person, Place & Time A0x2: Alert & Oriented to Person & Place

**A0x1:** 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

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.

## 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

### **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?

### **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

**Contact Info:** Mazama Office: 503.227.2345 — Mazama Lodge: 503.272.9214

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