Patient SOAP Note **Subjective Information** = What the patient tells you Time Location $\mathsf{S}_{\mathsf{YMPTOMS}}$ (OPQRST) Describe onset, provocation & cause, quality & character, region & radiation, severity (1-10), and timing of chief complaints as they apply to the MOI. PATIENT'S NAME Sex Time Phone Email Address Weight Height Age CONTACT'S NAME Phone Email Relationship PATIENT FOUND R Side L Side Front Back Sitting Standing Walking DESCRIBE MOT ☐ Trauma ☐ Environmental ☐ Medical If Trauma, tell a brief story that addresses speed, dispersal of force, & location of impact. ALLERGIES Local Systemic Describe cause, severity, & treatment. MEDICATIONS Prescription, over-the-counter, herbal, homeopathic, & recreational. DRUG REASON DOSE CURRENT ☐ MOI for Spinal Injury ☐ Yes ☐ No ☐ Yes ☐ No DESCRIBE WEATHER CONDITIONS Notes Current Temperature ☐ Sun ☐ Partly Cloudy ☐ Overcast ☐ Wind ☐ Rain ☐ Snow ☐ Impending Storm PAST RELEVANT MEDICAL HISTORY related to MOI ☐ Possible Pregnancy ☐ Confirmed Pregnancy Last Menstrual Period 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 LAST INTAKE & OUTPUT over the past 24 hours ☐ Direct Pressure ☐ Pressure Bandage ☐ Tourniquet _____ ☐ Conversion _ Time & Content of Last Meal Water Intake Sodium Intake ☐ Chest Compressions ☐ Rescue Breathing ☐ AED ☐ Abdominal Thrust ☐ Suction ☐ Adequate ☐ Low Liters ☐ Protect Spinal Cord ☐ Remove Wet Clothes ☐ Hypothermia Package ☐ Shelter ☐ Cool Patient ☐ Recovery Position ☐ Glucose ☐ Meds Urine **Stool** □ Normal □ Abnormal Color Caloric Intake ☐ Adequate ☐ Low Output Consistency Motor Exams Time General □ Amnesia ΡF ΡF EVENTS Patient's description of what happened. ☐ ☐ Reliable Patient ☐ ☐ Squeeze 1st & Ring Finger □ □ No Spine Pain ☐ ☐ Press Down on Hand or Fingers □ □ No Midline Spine Tenderness ☐ ☐ Press Up on Foot or Big toe ☐ ☐ Press Down on Foot or Big toe Sensory Exams □ Pass ΡF □ Fail ☐ ☐ Distinguish between Pin-prick & Light Touch on hands and feet ☐ Return of Pulse ☐ Return of Respirations ☐ Awakens during BLS ☐ Urgent Evac ☐ ☐ No Shooting, Tingling or Electric-like Pain radiating to arms or legs

	Objectiv	e Info	rmatio	O n = What you	ı see, feel, ë	& hear	
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Assessment = What you think is wrong Possible problems CURRENT PROBLEMS Traumatic Problems Time Musculoskeletal Injury to: Spine Head Chest Abdomen Pelvis Extremities Soft Tissue Injury Critical System Problems Spinal Cord Injury Concussion / Increased ICP Respiratory Distress Volume Shock Environmental Problems Dehydration / 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/SxUrgent Px = Red Flag S/Sx ${\sf N}$ ON-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. $\mathsf{R}\mathsf{ed}$ flag s/sx for medical problems requiring a level 2 evac ☐ Abdominal pain, loss of appetite and fever ± non-specific tenderness 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, and abdominal pain, even mild pain, from an unknown medical mechanism in pts > 60 years of age. ☐ Open globe injury to the eye. $\mathsf{R}\mathsf{E}\mathsf{D}$ 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 pts. Consider hypoglycemia in the insulin dependant diabetic. ☐ Abrupt, new, and severe, intracranial and thoracic pain—and similarly debilitating abdominal and/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 when bleeding exceeds 5 soaked maxi-pads per day. ☐ Severe abdominal pain with quarding and tense (rigid) abdominal muscles. Pt 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	_	Evacuation Plan = How you are go						
Monitor	ONITOR FIELD TREATMENT			Develop one plan to address your patient's current any anticipated problems that require a more urgen				
Anticipated Px & S/Sx			Time	Level		st 🗆 Carry 🗖 Lit		

ADDITIONAL PATIENT NOTES

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