

**Patient SOAP Note**

LEAD RESCUER'S NAME

PATIENT INFORMATION		Name	
Age	Weight	Male	Female
Address		Phone	
		Date	
		Time	
Contact Person		Phone	

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

DESCRIBE WEATHER CONDITIONS

Temp \_\_\_\_\_  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

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

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

DRUG	REASON	DOSE	CURRENT
			Yes / No
			Yes / No

Notes

PAST RELEVANT MEDICAL HISTORY = Relate to MOI

LAST FOOD &amp; FLUIDS = Intake &amp; Output

H <sub>2</sub> O	Calories	Electrolytes
Urine Color	Urine Output	Stool

EVENTS = Patient's description of what happened. Memory Loss Yes / No**Objective Information = What you see**

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

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

Time	Pulse	Resp	O <sub>2</sub> Sat	BP	Skin	Temp	AVPU
Normal							

FOCUSED SPINE ASSESSMENT

Time	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Assessment = What you think is wrong**

POSSIBLE PX	TIME	CURRENT PX	ANTICIPATED PX
<b>Traumatic Px</b> Unstable Spine Concussion / ↑ ICP Trunk Injury Respiratory Distress Volume Shock Unstable Extremity Injury Stable Extremity Injury Wounds			
<b>Environmental Px</b> 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			
<b>Medical Px</b> 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

**Plan = What you are going to do**

FIELD TREATMENT	MONITOR
Time	

EVACUATION PLAN									
Time	Level								
	1 2 3 4	<input type="checkbox"/> None	<input type="checkbox"/> Self	<input type="checkbox"/> Assist	<input type="checkbox"/> Carry	<input type="checkbox"/> Litter	<input type="checkbox"/> Vehicle		
	1 2 3 4	<input type="checkbox"/> None	<input type="checkbox"/> Self	<input type="checkbox"/> Assist	<input type="checkbox"/> Carry	<input type="checkbox"/> Litter	<input type="checkbox"/> Vehicle		
	1 2 3 4	<input type="checkbox"/> None	<input type="checkbox"/> Self	<input type="checkbox"/> Assist	<input type="checkbox"/> Carry	<input type="checkbox"/> Litter	<input type="checkbox"/> Vehicle		

**Additional Information**

RESCUER 1 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	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