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):		d):	Location:			Time		Description of Scene:			
Initial Assessment (ABCDE) —Stop & Fix immediate threats to life											
Airway: Breathing:		Cir	Circulation:			Decision:		Env	Environment/Expose:		
						nt Inform		on			
Patient N				Age:	Sex:	Phone					
City, State, Zip: Emergency Contact Name/Phone:											
		F								gns, SAMPLE)	
If Trauma, start with Head to Toe; If Medical, start with SAMPLE											
Head to								SAMPLE			
(palpate; look for DOTS—Deformities, Open Wounds, Tenderness, Swelling & check CSM's—Circulation, Sensation, Movement in all extremities)								S: Symptoms:			
Head, Fa	ace, Ne	eck						A: Allergie	s:		
Shoulders								M: Medications:			
Chest								P: Past History			
Abdomer	n, Pelv	vis						L: Last Intake/Output			
Lumbar I	Regior	1						E: Events			
Upper &	Lower	Extremities					1	OPQRST			
								O: Onset:			
Back & S	Spine										
	•							P: Prevent	tativ	e/Palliative:	
			Vita	als							
Norms Time			00 (sr)	12-16(ru) RR		PWD SCTM		Q: Quality			
	2000 THE THE TAPLE OF THE				R: Radiates/Refers						
					S: Severity (1-10)						
								T: Time:			
						er a con	nple [.]	te Focus	ed E	Exam & Patient History has be	en done.
		One or more h		n definitive ca	re			Important! Only do this step if you have been trained to			
		Currently AOx3		0				do so. If you have not been trained in FSA you must			
								maintain spinal precautions. If the answer to each of			
Yes No No alcohol/drugs: recreational, OTC's, prescription?								these 5 questions is "Yes" you may release spinal precautions. If the answer to ANY of these 5 questions is			
Yes No Normal CSM's in all extremities? Yes No No spinal pain or tenderness upon palpation of spine?										you must maintain spinal precaution	
	_								_		
		t for radio trai					nnlai	nt io			
Patient s			(maie, remaie).	Patient S C	illei coli	iipiai	III IS			·
1 addition		(what patient	said in t	heir own word:	s.)						·
Patient is currently: (most current LOC).											
Patient found in (position).									ion).		
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."											
		ything relevant	was for	und in eample	let them len	now what	tie r	alevant on	ılv		
		Problem List) &								e	

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

A0x3: Alert & Oriented to Person, Place & Time **A0x2:** Alert & Oriented to Person & Place

AOx1: 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:			
1 st							Equipment at scene:			
Last										
Date: Time:							Equipment needed:			
Injuries										
Description:							On-scene plan:			
Location:										
Terrain/Weather:										