

## 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	A0x3 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 A0x3 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

**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)**  
**A0x4:** Alert & Oriented to Person, Place, Time & Events  
**A0x3:** 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 carefully 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:** UMass Lowell Outdoor Coordinator Kevin Soleil work 978 934 1932 cell 865 304 8560

**Rescue Request**

<b>Patient Name, Age:</b>						
<b>Vitals</b>	<b>Time</b>	<b>LOC's</b>	<b>HR</b>	<b>RR</b>	<b>Pupils</b>	<b>Skin</b>
1 <sup>st</sup>						
Last						
<b>Date:</b>			<b>Time:</b>			
<b>Injuries</b>						
<b>Description:</b>						
<b>Location:</b>						
<b>Terrain/Weather:</b>						

**Party Information:**

<b>Cell Phone #:</b>	<b>FSR Radio Channel:</b>
<b># remaining at scene:</b>	
<b>Equipment at scene:</b>	
<b>Equipment needed:</b>	
<b>On-scene plan:</b>	