

# SOAPNOTE

**SUBJECTIVE:** Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Age/Sex: \_\_\_\_\_  
MOI (Mechanism of Injury): \_\_\_\_\_  
Chief Complaint (in patient's words): \_\_\_\_\_  
HPI (Hist. of present illness) (**OPQRST**): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OBJECTIVE:** (Vital Signs, Patient Exam, SAMPLE hist.)

Vital Signs

At Time:	_____	_____	_____	_____	_____	_____
LOC:	_____	_____	_____	_____	_____	_____
SKIN:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
HR:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
RR:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
PUPILS:	_____	_____	_____	_____	_____	_____
B/P:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

**Patient Exam** (Location of pain, tenderness & injuries): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sample History:

**Signs/symptoms:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Past Pertinent Medical Hist:** \_\_\_\_\_

**Last Oral Intake:** \_\_\_\_\_

**Events Prior:** \_\_\_\_\_

**ASSESSMENT (PROBLEM LIST):**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

**PLAN (FOR EACH PROBLEM LISTED):**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
5. Monitor – How often will the patient be monitored? \_\_\_\_\_

# SOAPNOTE

## Abbreviations and Thoughts

BSI		Body Substance Isolation				
MOI		Mechanism of Injury				
AVPU						
	A	Alert (A&O)	Person (x1)	Place (x2)	Time (x3)	Events (x4)
	V	Verbal	Sensitive to stimuli			
	P	Pain				
	U	Unresponsive				
HP		History of Present Illness				
OPQRST		As it relates to pain				
	O	Onset				
	P	Palliates/Provokes				
	Q	Quality				
	R	Radiates				
	S	Severity				
	T	Time				
LOC		Level of Consciousness	AOx1	AOx2	AOx3	AOx4
SKIN		Skin	Color	Temp	Moisture	
HR	/min	Heart Rate (Pulse 50-100)	Fast/Slow	Pounding	Thready	Weak
RR	/min	Respiratory Rate (12-20)				
PUPILS		PERRL (Pupils Equal Round React to Light)				
BP		Blood Pressure	Throat	Radial (arm)	Pedal (foot/ankle)	Rising/Falling
SAMPLE		History				
	S	Signs and Symptoms				
	A	Allergies				
	M	Medications				
	P	Past Pertinent Medical History				
	L	Last Oral Intake				
	E	Events Leading to Accident/Illness				
Primary Survey						
	A	Airway				
	B	Breathing				
	C	Circulation				
	D	Disability (gross)				
	E	Environment				