|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SOAP Note** | | | | | |
|  | Date: Time: | | | | |
| Patient | Name: Age:  Address: M or F  Phone: Notify:  Relation: Phone: | | | | |
| Subjective | (moi c/c opqrst) | | | | |
| Objective | (Patient Exam SAMPLE History) | | | | |
| Vital Signs | Time | AVPU | HR/Character | RR/Character | SCTM |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Assessment |  | | | | |
| Plan |  | | | | |

**Patient Assessment**

Cut Here

|  |  |  |
| --- | --- | --- |
| Patient Name: | Date: | Time: |
| **A**irway |  |  |
| **B**reathing |  |  |
| **C**irculation |  |  |
| **D**isability |  |  |
| **E**nvironment |  |  |
| **F**ocused Exam |  |  |

Head/Neck Shoulders/Clavicle Chest/Sternum Abdomen Pelvis/Hips Legs/Feet Arms/Hands



Back Cervical Thoracic Lumbar Sacrum Coccyx

**G**et Vitals Time

Level of Responsiveness (AVPU) Heart Rate/Rhythm/Quality Respiration Rate/Rhythm/Quality Skin Color/Temp/Moisture

**H**istory

Chief Complaint

MOI (Mechanism of Injury)

**S**ymptoms **O**nset

**P**rovoke/Palliate **Q**uality

**R**adiate (Leads to where?)

**S**everity (1-10)

**T**rend (When did it start)

**A**llergies **M**edications **P**ertinent History **L**ast Intake/Output **E**vents Preceding

Cut Here

|  |  |
| --- | --- |
| **Rescue Request** | |
| Location | Quadrangle/Coordinates Area Description |
| On The Scene Plans | Stay Put Evacuate to trail to road to local shelter Will send some members out  Notes: |
| Equipment Needed | Food Water Shelter Stove and Fuel Sleeping Bags Climbing Hardware Rope Notes: |
| Weather | Temp: Hot Warm Cold Freezing  Precip: Dry Intermittent Rain Rain Snow Notes: |
| Type of Evacuation | Lowering Operating Carry Out Rigid Stretcher Helicopter None until specialized medical assistance Notes: |
| Remaining Party Members | Name Notify Phone |
| Notes |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vital Sign Record** | | | | | | | |
| Time | Heart Rate | | Respiratory Rate | | Skin | LOR | BP |
| Date Hour | Beats Per Minute | Character: Strong Weak Regular Irregular | Breaths Per Minute | Character: Deep Shallow Noisy Labored | Color Temperature Moisture | AVPU | Blood Pressure |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Focused Spine Exam: Date Time Patient Assessment/History Complete Reliable (A+0x3, Sober, No Distract Injury) CSM (4 Extremities) No Spine Tenderness | | | | | | | |

Cut Here



DBB 11/01/07

Cut Here