



SOAP NOTE

Subjective:

Name:	Age:	Sex:
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Mechanism of Injury (MOI):

Chief Complaint (O nset, P rovokes/Palliates, Q uality, R egion/Radiation, S everity, T iming-frequency-pattern)

Scene Survey

- Safe for you / group ?
- Number of patients ?
- Mechanism of injury ?
- Possible MOI for spinal injury? If yes, take manual C-Spine control.

Primary Survey

Level of Awareness (LOA)
(**A**lert, **V**oice, **P**ain, **U**nresp.)

- A** - Airway
- B** - Breathing
- C** - Circulation
- D** - Serious Disability:
(Deadly Bleeds, Spinal)
- E** - Environment/Exposure

Secondary Survey

Vital Signs

- LOA
- Pulse
- Respiration
- Skin
- Blood Pressure
- Temperature
- Pupils

Medical History

- Symptoms
- Allergies
- Medications
- Past medical history
- Last Input / Output
- Events

Physical Exam

- Deformities
- Open wounds, bleeding
- Tenderness
- Swelling

- Head-to-Toe exam
- Distal CSM's (circulation, sensation, motor)

Objective:

Vital Signs ▼	Time ►	:	:	:	:	:
Level of Awareness	AVPU					
	rate					
Pulse	rhythm					
	volume					
	rate					
Resp.	rhythm					
	volume					
Skin	colour					
	temp.					
Blood Pressure						
Temperature						
Pupils (PERRLA)	right - size					
+ = reacts	right- reactive					
- = no reaction	left - size					
c = eyes closed	left - reactive					

Medical History

Symptoms	
Allergies	
Medications	
Past medical history	
Last Input / Output	
Events	

Physical Exam (tenderness / location / injury)

Assessment (of problems)

Anticipated (problems)

1.		
2.		
3.		
4.		
5.		

Plan
