SOAP Notes

**S: Subjective.** Information the patient tells you about their symptoms.

- Pain is a 10/10
- Feels like an elephant is standing on my chest
- My arm is going to fall off

**O: Objective.** Information gathered based on facts or the patient’s signs¹.

- Vital Signs: Blood Pressure (BP), Pulse (P), respirations (Resps)
- DCAPBTLS: Deformities, contusions, abrasions, punctures/penetrations, burns, tenderness, lacerations, swelling
- Wheezing, coughing, visible signs of difficulty breathing
- Any tests you think should be run!

**A: Assessment.**

Suggested diagnoses, the tests required to confirm, and begin ruling out those diagnoses until you find the right one.

OR

Treatments used (if you work in the field or are triage personnel)

**P: Plan**

What is the plan going forward? What should the patient do to make sure they aren’t getting sick again? Do they need to see a specialist? Did you educate the patient on their condition? Do they need to follow up with their primary care doctor? Information they need to know at home to take care of themselves should be included here too.

¹ Symptoms = patients subjective description of their condition, feelings, and pain levels. Signs = things the medical provider can see or observe that are based on facts. Ex. Open fracture, bruising, lacerations
Pt is a 49 y/o ♂ BIBA c/o 10/10 pain in the RLQ of the abd. Pt describes the pain as “feeling like my stomach is going to explode”. Pt patient appears to be clutching his abd, hunched forward, and won’t let anyone touch his abd. Pt states “I don’t know when the last time I s*** was, but it’s been a long a** time!” Pt confirms that he has had N&V P eating or drinking. Pt has a Rx for 5/325 hydrocodone for a Hx of herniated discs (L4-L5; L5-S1). Pt VS: BP 140/90; P 88; Resp 16. 

S: Pt states his RLQ abd pain is a 10/10. Pt states that he doesn’t know when his last BM occurred, but that it has been a “super long ... time”. Pt describes the pain as “feeling like my stomach is going to explode”. Pt confirms that he has had N&V P eating or drinking

O: Pt is a 49 y/o ♂ BIBA c/o pain in the RLQ. Pt is clutching his abd, is hunched forward, and is exhibiting signs of guarding. Pt confirms that he has had N&V P eating or drinking. Pt has a hx of herniated discs (L4-L5; L5-S1) and takes 5/325 hydrocodone to manage the pain. Pt VS: BP 140/90; P 88; Resp 16. Pt needs an x-ray to R/O a bowel obstruction.

A: Pt abd x-ray confirms pt is + for a bowel obstruction.

P: Pt dx is bowel obstruction. Pt needs to be manually disimpacted @ the ED. When pt arrives home, pt patient needs to consume 3 (10floz) bottles of liquid magnesium citrate solution (one bottle @15:00; one bottle @ 18:00; one bottle @ 21:00) to flush out any remaining stool and regain normal function of his intestine. Pt should stay close to a bathroom for the next 48 hours as magnesium citrate works quickly and should provoke emptying of the pts entire large intestine. Pt should be sure to consume at least 100 floz of sports drink (Gatorade, Powerade, etc.), over the course of 48 hours, to maintain hydration. Pt is recommended to be on a soft food/BRAT diet until normal BMs return. When normal BM occur, pt is instructed to take 50mg Docusate qid.
**Pt Patient** is a 49 y/o year old ♂ male BIBA brought in by ambulance c/o complaining of 10/10 pain in the RLQ right lower quadrant of the abd abdomen. Pt patient describes the pain as “feeling like my stomach is going to explode”. Pt patient appears to be clutching his abd abdomen, hunched forward, and won’t let anyone touch his abd abdomen. Pt patient states “I don’t know when the last time I s*** was, but it’s been a long a** time!” Pt patient confirms that he has had N&V nausea and vomiting after eating or drinking. Pt patient has a Rx prescription of 5/325 hydrocodone for a Hx history of herniated discs (L4-L5; L5-S1). Pt patient VS vital signs: BP blood pressure 140/90; P pulse 88; Resp Respiration 16.

**S:** Pt patient states his RLQ right lower quadrant abd abdomen pain is a 10/10. Pt patient states that he doesn’t know when his last BM bowel movement occurred, but that it has been a “super long ... time”. Pt patient describes the pain as “feeling like my stomach is going to explode”. Pt patient confirms that he has had N&V nausea and vomiting after eating or drinking. Pt has a hx history of herniated discs (L4-L5; L5-S1) and takes 5/325 hydrocodone to manage the pain. Pt patient VS vital signs: BP blood pressure 140/90; P pulse 88; Resp Respiration 16. Pt patient needs an x-ray to R/O rule out a bowel obstruction.

**A:** Pt patient abd abdominal x-ray confirms pt patient is + positive for a bowel obstruction.

**P:** Pt patient dx diagnosis is bowel obstruction. Pt patient needs to be manually disimpacted @ the ED Emergency Department. When pt patient arrives home, pt patient needs to consume 3 (10floz) bottles of liquid magnesium citrate solution (one bottle @ at 15:00; one bottle @ at 18:00; one bottle @ at 21:00) to flush out any remaining stool and regain normal function of his intestine. Pt patient should stay close to a bathroom for the next 48 hours as magnesium citrate works quickly and should provoke emptying of the pts patient entire large intestine. Pt patient should be sure to consume at least 100 floz fluid ounces of sports drink (Gatorade, Powerade, etc.), over the course of 48 hours, to maintain hydration. Pt patient is recommended to be on a soft food/ BRAT Bananas, Rice, Apple Sauce, and Toast diet until normal BMs Bowel Movements return. When normal BMs bowel movements occur, pt patient is instructed to take 50mg Docusate qid four times per day.

**Abbreviation**

**Meaning**