

SOAP note

Subjective:

S: (age, sex, mechanism of injury (MOI), chief complaint (c/c), description of pain O.P.Q.R.S.T.)

AMPLE: Allergies _____
 Medications _____
 Previous injury or illness _____
 Last Meal _____
 Events leading up to the accident _____

Objective: vital signs (VS), patient exam (PE), AMPLE history

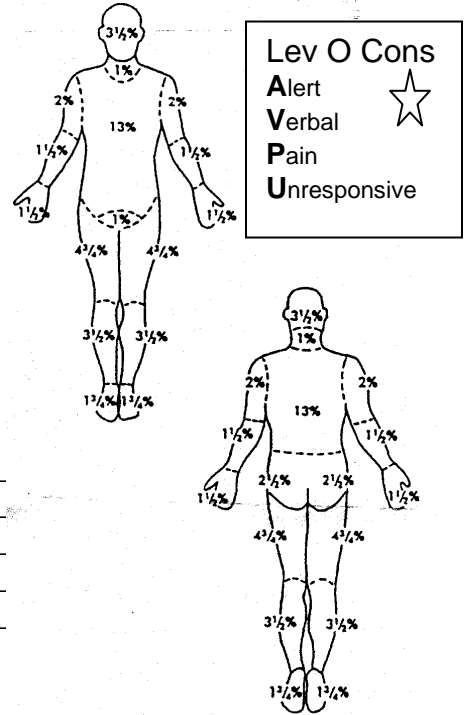
O:	Time	_____	_____	_____	_____	_____
	Level O Cons.	_____	_____	_____	_____	☆
	Respir. Rate	_____	_____	_____	_____	
	Heart Rate	_____	_____	_____	_____	
	Blood Press.	_____	_____	_____	_____	
	Skin (C.S.M.)	_____	_____	_____	_____	
	Pupils	_____	_____	_____	_____	☼

Vital Signs

Color
Sensation
Moisture

Pupils ☼
Equal
And
Reactive to
Light

Physical Patient exam: Describe location of pain and injuries



Assessment: (problem found and predicted problems)

1. _____
2. _____
3. _____
4. _____

PLAN: **Priority Level based on Accessibility and Need**

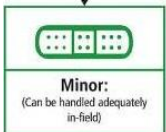
(plan for each problem on the problem list - bivouac, transportation, etc.)



1. _____
2. _____



3. _____
4. _____



5. **MONITOR** - How often do you plan to monitor the patient _____

Attendant: _____ Location: (grid?) _____ # _____