

SOAPNOTE

Subjective: age, sex, mechanism of injury (MOI), chief complaint(C/C): _____

Objective: vital signs, patient exam, AMPLE history:

Vital Signs

TIME					
LOC oriented x ?					
RR & effort					
HR & effort					
Skin C, T, M					

Patient Exam: Describe locations of pain, tenderness & injuries: _____

Allergies: _____

Medications: _____

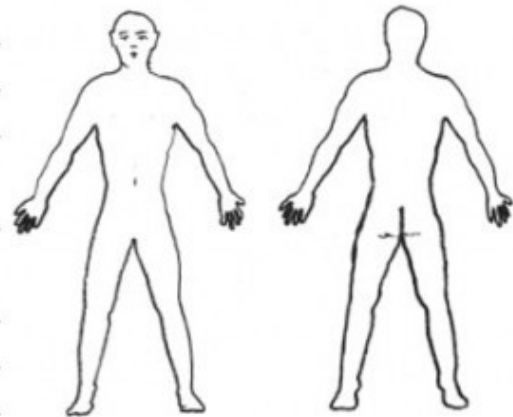
Past pertinent medical history: _____

Last in and out: _____

Events leading up to accident: _____

Assessment: problem list:

1. _____
2. _____
3. _____



Plan: plan for each problem on the problem list:

1. _____
2. _____
3. _____
4. MONITOR - How often do you plan to monitor the patient? _____