**ACNE SOAP NOTE:**

**S**

Currently in ON. Reviewed CM, [insert first initial. Last name here], SOAP note and confirmed info provided. See note for details.

22 year old female engaging for acne concerns

**Onset:** has had ance since teens, but current flare-up started 8 months ago with a gradual worsening over the past 3 months

**Location:** Primarily to jawline and chin, with some lesions to cheeks and upper back

**Aggravating factors:**

* worsens around the time of menstruation and during periods of increased stress from school
* Recently switched to a new Cerave moisturizer

**Alleviating factors:** none

**Severity:** 15-20 inflammatory papules and pustules

**Associated symptoms/characteristics:**

* Reports some hyperpigmentation/redness to cheeks
* Reports feels anxious about going out in public due to appearance of acne

**Current skin care routine:**

* AM: Cerave foaming cleanser, moisturizer with SPF
* PM: Cerave foaming cleanser, OTC retinol serum, cerave moisturizer

**Previous treatments tried:**

* OTC: Benzoyl peroxide 5%, salicylic acid products
* No previous rx treatments tried

**Reproductive history:**

* LMP: Nov. 28, 2024
* Pregnancy concerns: None
* Currently breastfeeding: No
* No history of prescribed birth control use

**Relevant history:**

* No underlying medical conditions
* Current medications: Multivitamin
* NKA (= abbreviation for no known allergies)

**O**

* Confirmed ID
* NAD, A+Ox3
* Dressed appropriately, speaking in full sentences
* Skin photo: provide description here

**A**

* Mild to moderate papulopustular acne

**P**

Advised for some concerns, virtual care is not a substitute or replacement for in-person exam. Pt acknowledges this

**Differential diagnoses discussed:** Rosacea vs acne

**Treatment plan:**

* Continue with Cerave foaming cleanser. Can decrease to QHS use only and water only in am if experiencing skin dryness
* Consider changing moisturizers back to what was previously used, if no acne at the time of use. Ensure it is non-comedogenic
* Discussed treatment options with patient - topical vs oral contraception. Pt prefers to start with topical route. Rx for Tactupump sent to pharmacy on file. Discussed Tactupump can cause skin irritation if applied too frequently. Pt to start with applying tactupump Q2-3 nights before bed and slowly increase to QHS, as tolerated. Apply moisturizer after. Pt aware it can take up to 3 months to start seeing results

Follow up if symptoms not improving and/or resolving as expected and especially if worsening; patient can engage 24/7/365 with any concerns.

**COUGH SOAP NOTE:**

**S**

Currently in ON. Reviewed CM, [insert first initial. Last name here], SOAP note and confirmed info provided. See note for details.

27 year old male engaging for a cough

**Onset:** 2 days ago

**Duration:** persistent throughout the day

**Aggravating factors:**

* Cold air
* Worse at night when lying down

**Alleviating factors:**

* honey and lemon tea provides temporary relief

**Quality:** Dry cough, no sputum production

**Associated symptoms:**

* Sore throat
* Nasal congestion with sinus pain/pressure to frontal and maxillary sinus area, head feels a bit heavy
* Post nasal drip
* Low-grade fever (self-reported 37.8C) that has now resolved
* Fatigue

**Red flags:**

* No chest pain
* No shortness of breath
* No wheezing
* No hemoptysis
* No loss of appetite or weight loss
* No tachycardia
* No tachypnea

**Sick contacts:** Reports that a coworker had similar symptoms last week

**Treatments tried:**

* Lemon and honey tea with temporary relief
* Dextromethorphan cough syrup with minimal effect

**Relevant health history:**

* No known exposures to dust, chemicals, sprays or pets at work or home
* Non-smoker, no consistent second-hand smoke exposure
* No history of asthma, COPD, or other chronic respiratory conditions, seasonal allergies

**Family history:**

* Father has seasonal allergies

**Current medications:** None reported

**Allergies:** NKA

**O**

* Confirmed ID
* NAD, A+Ox3
* Dressed appropriately, speaking in full sentences
* No SOB, wheezing, muffled voice, excessive drooling noted on VC
* Throat photo: provide description here

**A**

* Likely viral upper respiratory tract infection

**P**

Advised for some concerns, virtual care is not a substitute or replacement for in-person exam. Pt acknowledges this

**Differential diagnoses discussed:** Viral vs bacterial URTI

**Treatment plan:**

* Non-pharmacological options: Fluids, rest, throat lozenges (e.g. Halls or Cepacol), elevate head when sleeping/lying down to reduce postnasal drip, humidifier, saline nasal spray or rinse PRN and prior to steroid nasal spray(provided instructions on proper water to use for rinse - no tap water, only sterile or distilled)
* Pharmacological option: Rx for nasonex nasal spray sent to pharmacy
* Reviewed that since symptoms are likely viral, no need for antibiotics at this time
* Given no evidence of bacterial infection in throat (no exudate or swollen tonsils), manage with non-pharmacological options
* Reviewed red flags including, but not limited to: chest pain, shortness of breath, excessive wheezing, go to ER
* If fever persists, sputum production develops, or patient feels generally unwell with no red flag symptoms, seek in person assessment

Follow up as needed; patient can engage 24/7/365 with any concerns.