



# SOAP Note Template

## S: Subjective

Information the patient or patient representative told you

Initials: T.J					Age: 28			Gender: Female		
Height	Weight	BP	HR	RR	Temp	SPO2	Pain	Allergies		
170 cm	90 kg	142/82	86	19	101.1	99		Medication: PCN Food: NONE Environment: Dust, Cats		

## History of Present Illness (HPI)

<b>Chief Complaint (CC)</b>	"Right Foot pain"	CC is a BRIEF statement identifying why the patient is here - in the patient's own words - for instance "headache", NOT "bad headache for 3 days". Sometimes a patient has more than one complaint. For example: If the patient presents with cough and sore throat, identify which is the CC and which may be an associated symptom
<b>Onset</b>	Sudden Patient reports she fell 7 days ago, scraped her right foot on concrete. Reports that she was seen in the ER was told x-ray negative for fracture.	
<b>Location</b>	Right foot, plantar surface	
<b>Duration</b>	7 days ago, pain has become worse over the last couple days	
<b>Characteristics</b>	Complains pain, red, warm to touch, swollen and noticed yellow, bloody drainage. Patient describes pain as a constant throbbing, sharp mostly with standing and radiates to ankle	
<b>Aggravating Factors</b>	Walking, standing, any weight bearing, and touching around wound	
<b>Relieving Factors</b>	Rest pain medication (Tramadol)	
<b>Treatment</b>	Cleansing the area with hydrogen peroxide and changing dressing twice a day, applying neosporin	

**Current Medications:** Include dosage, frequency, length of time used and reason for use; also include OTC or homeopathic products.

Medication (Rx, OTC, or Homeopathic)	Dosage	Frequency	Length of Time Used	Reason for Use
Tramadol	50 mg	TID	1 week	Right foot pain
Proventil	90 mcg	PRN	Since childhood	Asthma
Advil	600 mg	TID	1 year	Menstrual pain/ cramping
Neosporin	OTC	BID	1 week	Scrape on right foot
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Past Medical History (PMHx)** – Includes but not limited to immunization status (note date of last tetanus for all adults), past major illnesses, hospitalizations, and surgeries. Depending on the CC, more info may be needed.



Asthma, Diabetes, Up to date of vaccines, last tetanus about 1 year ago, Last hospitalization at age 16 with asthma exacerbation.

**Social History (Soc Hx)** - Includes but not limited to occupation and major hobbies, family status, tobacco and alcohol use, and any other pertinent data. Include health promotion such as use seat belts all the time or working smoke detectors in the house.

Denies smoking or tobacco use, Admits to drinking alcohol 1-2 times per week with friends, has 2-3 drinks per week, Smoked pot at age 21 (stopped due to feeling of smoking is unpopular), Currently working on bachelor degree in accounting, lives with family, Single, currently denies being sexually active. Last Pap about 4 years ago.

**Family History (Fam Hx)** - Includes but not limited to illnesses with possible genetic predisposition, contagious or chronic illnesses. Reason for death of any deceased first degree relatives should be included. Include parents, grandparents, siblings, and children. Include grandchildren if pertinent.

Grandfather-CA (thyroid), MI, HTN, High Cholesterol  
Grandmother- HTN, High Cholesterol  
Father- Diabetes type 2, HTN, High Cholesterol  
Mother- HTN, High Cholesterol  
Brother- Obesity  
Sister- Asthma

**Review of Systems (ROS):** Address all body systems that may help rule in or out a differential diagnosis Check the box next to each positive symptom and provide additional details.

Constitutional	Skin	HEENT		
<input checked="" type="checkbox"/> Fatigue limited mobility <input type="checkbox"/> Weakness Click or tap here to enter text. <input type="checkbox"/> Fever/Chills Click or tap here to enter text. <input type="checkbox"/> Weight Gain Click or tap here to enter text. <input type="checkbox"/> Weight Loss Click or tap here to enter text.	<input type="checkbox"/> Itching Click or tap here to enter text. <input type="checkbox"/> Rashes Click or tap here to enter text. <input type="checkbox"/> Nail Changes Click or tap here to enter text. <input checked="" type="checkbox"/> Skin Color Changes Click or tap here to	<input type="checkbox"/> Diplopia Click or tap here to enter text. <input type="checkbox"/> Eye Pain Click or tap here to enter text. <input type="checkbox"/> Eye redness Click or tap here to enter text. <input type="checkbox"/> Vision changes Click or tap here to enter text. <input type="checkbox"/> Photophobia Click or	<input type="checkbox"/> Earache Click or tap here to enter text. <input type="checkbox"/> Tinnitus Click or tap here to enter text. <input type="checkbox"/> Epistaxis Click or tap here to enter text. <input type="checkbox"/> Vertigo Click or tap here to enter text. <input type="checkbox"/> Hearing Changes Click	<input type="checkbox"/> Hoarseness Click or tap here to enter text. <input type="checkbox"/> Oral Ulcers Click or tap here to enter text. <input type="checkbox"/> Sore Throat Click or tap here to enter text. <input type="checkbox"/> Congestion Click or tap here to enter text. <input type="checkbox"/> Rhinorrhea Click or tap here



<input checked="" type="checkbox"/> <b>Trouble Sleeping</b> Click or tap here to enter text. <input type="checkbox"/> <b>Night Sweats</b> Click or tap here to enter text. <input type="checkbox"/> <b>Other:</b> Click or tap here to enter text.	enter text. <input type="checkbox"/> <b>Other:</b> Click or tap here to enter text.	tap here to enter text. <input type="checkbox"/> <b>Eye discharge</b> Click or tap here to enter text.	or tap here to enter text.	to enter text. <input type="checkbox"/> <b>Other:</b> Click or tap here to enter text.
Respiratory	Neuro	Cardiovascular		
<input type="checkbox"/> <b>Cough</b> Click or tap here to enter text. <input type="checkbox"/> <b>Hemoptysis</b> Click or tap here to enter text. <input type="checkbox"/> <b>Dyspnea</b> Click or tap here to enter text. <input type="checkbox"/> <b>Wheezing</b> Click or tap here to enter text. <input type="checkbox"/> <b>Pain on Inspiration</b> Click or tap here to enter text. <input type="checkbox"/> <b>Sputum Production</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <b>Other:</b> Click or tap here to enter text.	<input type="checkbox"/> <b>Syncope or Lightheadedness</b> Click or tap here to enter text. <input type="checkbox"/> <b>Headache</b> Click or tap here to enter text. <input type="checkbox"/> <b>Numbness</b> Click or tap here to enter text. <input type="checkbox"/> <b>Tingling</b> Click or tap here to enter text. <input type="checkbox"/> <b>Sensation Changes</b> <input type="text"/> <input type="checkbox"/> <b>Speech Deficits</b> Click or tap here to enter text. <input type="checkbox"/> <b>Other:</b> Click or tap here to enter text.	<input type="checkbox"/> <b>Chest pain</b> Click or tap here to enter text. <input type="checkbox"/> <b>SOB</b> Click or tap here to enter text. <input type="checkbox"/> <b>Exercise Intolerance</b> Click or tap here to enter text. <input type="checkbox"/> <b>Orthopnea</b> Click or tap here to enter text. <input type="checkbox"/> <b>Edema</b> Click or tap here to enter text. <input type="checkbox"/> <b>Murmurs</b> Click or tap here to enter text.	<input type="checkbox"/> <b>Palpitations</b> Click or tap here to enter text. <input type="checkbox"/> <b>Faintness</b> Click or tap here to enter text. <input type="checkbox"/> <b>OC Changes</b> Click or tap here to enter text. <input type="checkbox"/> <b>Claudications</b> Click or tap here to enter text. <input type="checkbox"/> <b>PND</b> Click or tap here to enter text. <input type="checkbox"/> <b>Other:</b> Click or tap here to enter text.	
MSK	GI	GU	PSYCH	
<input checked="" type="checkbox"/> <b>Pain Right foot</b> <input type="checkbox"/> <b>Stiffness</b> Click or tap here to enter text. <input type="checkbox"/> <b>Crepitus</b> Click or tap here to enter text. <input checked="" type="checkbox"/> <b>Swelling Right foot</b> <input type="checkbox"/> <b>Limited ROM</b> <input type="text"/>	<input type="checkbox"/> <b>Nausea/Vomiting</b> Click or tap here to enter text. <input type="checkbox"/> <b>Dysphasia</b> Click or tap here to enter text. <input type="checkbox"/> <b>Diarrhea</b> Click or tap here to enter text. <input type="checkbox"/> <b>Appetite Change</b> Click or tap here to	<input type="checkbox"/> <b>Urgency</b> Click or tap here to enter text. <input type="checkbox"/> <b>Dysuria</b> Click or tap here to enter text. <input type="checkbox"/> <b>Burning</b> Click or tap here to enter text. <input type="checkbox"/> <b>Hematuria</b> Click or tap here	<input checked="" type="checkbox"/> <b>Stress Related to limited moving around d/t right foot pain</b> <input type="checkbox"/> <b>Anxiety</b> Click or tap here to enter text. <input type="checkbox"/> <b>Depression</b> Click or tap here to enter text.	



<input checked="" type="checkbox"/> Redness right foot <input type="checkbox"/> Misalignment Click or tap here to enter text. <input type="checkbox"/> Other: Click or tap here to enter text.	enter text. <input type="checkbox"/> Heartburn Click or tap here to enter text. <input type="checkbox"/> Blood in Stool Click or tap here to enter text. <input type="checkbox"/> Abdominal Pain Click or tap here to enter text. <input type="checkbox"/> Excessive Flatus Click or tap here to enter text. <input type="checkbox"/> Food Intolerance Click or tap here to enter text. <input type="checkbox"/> Rectal Bleeding Click or tap here to enter text. <input type="checkbox"/> Other: Click or tap here to enter text.	to enter text. <input type="checkbox"/> Polyuria Click or tap here to enter text. <input type="checkbox"/> Nocturia Click or tap here to enter text. <input type="checkbox"/> Incontinence Click or tap here to enter text. <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Suicidal/Homicidal Ideation Click or tap here to enter text. <input type="checkbox"/> Memory Deficits Click or tap here to enter text. <input type="checkbox"/> Mood Changes Click or tap here to enter text. <input type="checkbox"/> Trouble Concentrating Click or tap here to enter text. <input type="checkbox"/> Other: Click or tap here to enter text.
GYN			
<input type="checkbox"/> Rash Click or tap here to enter text. <input type="checkbox"/> Discharge Click or tap here to enter text. <input type="checkbox"/> Itching Click or tap here to enter text.	<input checked="" type="checkbox"/> Irregular Menses heavy flow, lasts 9 days, first day of last period "3 weeks ago" <input checked="" type="checkbox"/> Dysmenorrhea painful cramps that require medication <input type="checkbox"/> Foul Odor Click or tap here to enter text.	<input type="checkbox"/> Amenorrhea Click or tap here to enter text. <input type="checkbox"/> LMP: Click or tap here to enter text. <input type="checkbox"/> Contraception Click or tap here to enter text. <input type="checkbox"/> Other:Click or tap here to enter text.	

#### O: Objective

Information gathered during the physical examination by inspection, palpation, auscultation, and palpation. If unable to assess a body system, write "Unable to assess". Document pertinent positive and negative assessment findings.



Body System	Positive Findings	Negative Findings
<b>General</b> <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Skin</b> <input type="text"/>	<i>Wound Right foot Plantar surface 2cm X 1.5cm, 2.5 cm deep</i>	Click or tap here to enter text.
<b>HEENT</b> <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Respiratory</b> <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Neuro</b> <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Cardiovascular</b> <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Musculoskeletal</b> <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Gastrointestinal</b> <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Genitourinary</b> <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Psychiatric</b>	Click or tap here to enter text.	Click or tap here to enter text.





1. Acute Pain	6 Menorrhea	11 Click or tap here to enter text.
2 HTN	7 Asthma	12 Click or tap here to enter text.
3 Obestiy	8 Dysmenorrhea	13 Click or tap here to enter text.
4 Daibetes	9 Oligomenorrhea	14 Click or tap here to enter text.
5 Skin infection	10 Click or tap here to enter text.	15 Click or tap here to enter text.

### A: Assessment

*Medical Diagnoses. Provide 3 differential diagnoses which may provide an etiology for the CC. The first diagnosis (presumptive diagnosis) is the diagnosis with the highest priority. Provide the ICD-10 code and pertinent findings to support each diagnosis.*

Diagnosis	ICD-10 Code	Pertinent Findings
Unspecific Open Wound Right Foot	S91.301	Wound 2 cm X 1.5cm, 2.5 cm Deep
Hypertension	I10	142/82, ER visit (last week) 140/80 or 90
DM Type 2 with hyperglycemia	E11.65	BS 238, Also elevated at ER

### P: Plan

*Address all 5 parts of the comprehensive treatment plan. If you do not wish to order an intervention for any part of the treatment plan, write "None at this time" but do not leave any heading blank. No intervention is self-evident. Provide a rationale and evidence-based in-text citation for each intervention.*

CBC Lab	Elevated WBC indicates Systemic Infection (Garau, Blasi, Medina, McBride, Ostermann, 2015)
HgBA1c	Elevated Blood Glucose, Uncontrolled DM (Bruton, 2016)
C&S of wound	Presents with s/sx of infected wound, Need culture and sensitivity to establish appropriate ATB therapy (Garau, Blasi, Medina, McBride, Ostermann, 2015)
Click or tap here to enter text.	Click or tap here to enter text.

**Medications:** List medications/treatments including OTC drugs you will order and "continue previous meds" if pertinent.

Drug	Dosage	Length of Treatment	Rationale/Citation
Metformin	500 mg, by mouth, BID	To be determined	D known to ecrease blood sugar, weight loss, slows progression of DM, (Marusic, Melis, Lucijanic,





			Grgurevic, Turcic, Neto, Bilic-Curcic, (2018)
Amlodipine	5 mg, by mouth, daily	To be determined	CCB are known to best treatment of hypertension in African American population, Buckley, Laborville, & Barr, (2016).
Cephalexin	500 mg, by mouth, every 12 hours	7days	First line for skin infection (Cephalexin, 2020)
Tramadol continued	50 mg, by mouth TID	7 days	To aid in acute pain
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

#### Referral/Consults:

GYN	Rationale/Citation	Irregular menstruation, pain, heavy flow, PAP Smear over due
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#### Education:

Medication (adverse effects overdose, etc), Diabetes education (diet, exercise, glucose monitoring), Monitor blood pressure	Rationale/Citation	Starting new medication, continuing previous medication, compliance (Marusic, Melis, Lucijanac, Grgurevic, Turcic, Neto, Bilic-Curcic, 2018)
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**Follow Up:** Indicate when patient should return to clinic and provide detailed instructions indicating if the patient should return sooner than scheduled or seek attention elsewhere.

1 week to assess wound 3 months for BP and Glucose check	Rationale/Citation	Signs of wound healing (Garau, Blasi, Medina, McBride, Ostermann, 2015), evaluate effectiveness of new BP medication, Langan & Jones, (2015).
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#### References

Include at least one evidence-based peer-reviewed journal article which relates to this case. Use the correct APA 6th edition formatting.

Brunton, S. (2016). Pathophysiology of Type 2 Diabetes: The Evolution of Our Understanding. *Journal of Family Practice*, 65(4), 1–5. Retrieved from <https://search-ebscohost-com.chamberlainuniversity.idm.oclc.org/login.aspx?direct=true&db=c9h&AN=129580579&site=eds-live&scope=site>

Buckley, L., Laborville, S., & Barr, J. (2016). A systematic review of beliefs about hypertension and its treatment among African Americans. *Current Hypertension Reports*, 18(52), 52-59. <http://dx.doi.org/10.1007/s11906-016-0662-5>

Cephalexin. (2019). *AHFS Consumer Medication Information*. Retrieved from <https://search-ebscohost-com.chamberlainuniversity.idm.oclc.org/login.aspx?direct=true&db=nup&AN=2011502069&site=eds-live&scope=site>



Garau, J., Blasi, F., Medina, J., McBride, K., & Ostermann, H. (2015). Early response to antibiotic treatment in European patients hospitalized with complicated skin and soft tissue infections: analysis of the REACH study. *BMC Infectious Diseases*, 15, 78. <https://doi-org.chamberlainuniversity.idm.oclc.org/10.1186/s12879-015-0822-2>

Langan, R. & Jones, K. (2015). Common questions about the initial management of hypertension. *American Family Physician*, 91(3), 172-177. Retrieved from <https://www.aafp.org/afp/2015/0201/p172.html>

Marušić, S., Meliš, P., Lucijanić, M., Grgurević, I., Turčić, P., Neto, P. R. O., & Bilić-Ćurčić, I. (2018). Impact of pharmacotherapeutic education on medication adherence and adverse outcomes in patients with type 2 diabetes mellitus: a prospective, randomized study. *Croatian Medical Journal*, 59(6), 290–297. Retrieved from <https://search-ebscohost-com.chamberlainuniversity.idm.oclc.org/login.aspx?direct=true&db=mdc&AN=30610771&site=eds-live&scope=site>

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