



Week 3 SOAP note - SOAP note week 3 tina jones

advanced health assessment (Chamberlain University)



SOAP Note Template

S: Subjective

Information the patient or patient representative told you

Initials: TJ						Age: 28		Gender: Female	
Height	Weight	BP	HR	RR	Temp	SPO2	Pain Rating	Allergies (and reaction)	
170	88kg	139/ 87	82	16	98.9	99	<input type="text"/>	Medication: Penicillin (hives) Food: n/a Environment: cats (sneezing, eyes itchy, asthma exacerbation) and dusts (itchy eyes, wheezing, sneezing)	

History of Present Illness (HPI)

Chief Complaint (CC)	Headache & neck 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
Onset	Pain for both the neck and head started couple of days after a minor accident 1 week ago in a parking lot. Specifically, 5 days ago.	
Location	Pain to back of neck both sides Crown of head & back of the head for headache	
Duration	Headache lasts 1 -2h every day Neck pain is constant	
Characteristics	Soreness & stiffness of neck with pain level of 3/10 Every day dull headaches with pain level of 3/10 (SHOULD include the characteristics of the car accident)	
Aggravating Factors	Neck: movement Headache: usually occurs during the day	
Relieving Factors	"taking Tylenol helps with my neck pain"	
Treatment	Taking Tylenol; limiting movement to the neck and rest	

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
Advil	Three 200mg tablets	TID PRN	Unknown, since period started	Cramps; Educated on overdose of Advil
Tylenol regular strength	2 tablets of 365mg	OD	7 days	Daily headaches and neck pain



Proventil inhaler	Two 90mcg puffs	PRN (last used 8 months ago)	Since 2.5 years old	Asthma exacerbation
Flovent	2 puffs of 44 mcg	BID	Patient unable to answer	Asthma; has not missed a dose

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, headaches
Hospitalized for asthma attacks & recent foot wound

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.

Occupation: Supervisor at Mid-American Copy & Ship.
Hobbies include reading, free talks at church, watching documentaries.

Denies changes in sleep or increased sleepiness or yawning; denies financial burden from the car accident & reports wearing seatbelt at the time. Denies drug or alcohol involvement in the car accident, denies that the headache and neck pain is interfering with daily activities, denies head trauma during the accident, denies radiating pain to shoulder, back, or arms

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.

Denies family hx of migraine, seizures, Parkinson's disease, Alzheimer's disease
Dad & Grandfather: DM
Grandfather: colon cancer
Mom & Dad: HTN & HLD

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		
If patient denies all symptoms for this system, check here: <input type="checkbox"/>	If patient denies all symptoms for this system, check here: <input type="checkbox"/>	If patient denies all symptoms for this system, check here: <input type="checkbox"/>		
<input type="checkbox"/> Fatigue denies <input type="checkbox"/> Weakness denies <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"/> Trouble Sleeping denies <input type="checkbox"/> Night Sweats denies <input type="checkbox"/> Other: 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 type="checkbox"/> Skin Color Changes Click or tap here to enter text. <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Diplopia denies <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 checked="" type="checkbox"/> Vision changes right eye 20/40 occurring prior to CC w/ blurry vision <input checked="" type="checkbox"/> Photophobia denies, but headaches occur mostly during the day <input type="checkbox"/> Eye discharge Click or tap here to enter text.	<input type="checkbox"/> Earache denies <input type="checkbox"/> Tinnitus denies <input type="checkbox"/> Epistaxis denies <input type="checkbox"/> Vertigo denies <input type="checkbox"/> Hearing Changes denies	<input type="checkbox"/> Hoarseness denies <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 denies <input type="checkbox"/> Rhinorrhea denies <input type="checkbox"/> Other: Click or tap here to enter text.
Respiratory	Neuro	Cardiac and Peripheral Vascular		
If patient denies all symptoms for this system, check here: <input type="checkbox"/>	If patient denies all symptoms for this system, check here: <input checked="" type="checkbox"/>	If patient denies all symptoms for this system, check here: <input type="checkbox"/>		
<input type="checkbox"/> Cough Click or tap here to enter text. <input type="checkbox"/> Hemoptysis Click or tap here to enter text. <input type="checkbox"/> Dyspnea Click or tap here to enter text. <input type="checkbox"/> Wheezing Click or tap here to enter text. <input type="checkbox"/> Pain on Inspiration Click or tap here to enter text. <input type="checkbox"/> Sputum Production <input type="text"/>	<input type="checkbox"/> Syncope <input type="checkbox"/> Lightheadedness Click or tap here to enter text. <input type="checkbox"/> Headache Click or tap here to enter text. <input type="checkbox"/> Numbness Click or tap here to enter text. <input type="checkbox"/> Tingling Click or tap here to enter text. <input type="checkbox"/> Sensation Changes <input type="text"/> <input type="checkbox"/> Speech Deficits Click or tap	<input type="checkbox"/> Chest pain Click or tap here to enter text. <input type="checkbox"/> SOB Click or tap here to enter text. <input type="checkbox"/> Exercise Intolerance Click or tap here to enter text. <input type="checkbox"/> Orthopnea Click or tap here to enter text. <input type="checkbox"/> Edema Click or tap here to enter text. <input type="checkbox"/> Murmurs Click or tap here to enter text.		
		<input type="checkbox"/> Palpitations Click or tap here to enter text. <input type="checkbox"/> Faintness Click or tap here to enter text. <input type="checkbox"/> Claudications Click or tap here to enter text. <input type="checkbox"/> PND Click or tap here to enter text. <input type="checkbox"/> Other: Click or tap here to enter text.		




<div></div> <div></div> <div><input type="checkbox"/>Other: Click or tap here to enter text.</div>	<div>here to enter text.</div> <div><input checked="" type="checkbox"/>Other: denies hx of migraines, seizures, stroke</div>		
MSK If patient denies all symptoms for this system, check here: <input type="checkbox"/>	GI If patient denies all symptoms for this system, check here: <input type="checkbox"/>	GU If patient denies all symptoms for this system, check here: <input type="checkbox"/>	PSYCH If patient denies all symptoms for this system, check here: <input checked="" type="checkbox"/>
<div><input checked="" type="checkbox"/>Pain 3/10 pain in the neck</div> <div><input checked="" type="checkbox"/>Stiffness in the neck and soreness</div> <div><input type="checkbox"/>Crepitus Click or tap here to enter text.</div> <div><input type="checkbox"/>Swelling Click or tap here to enter text.</div> <div><input type="checkbox"/>Limited ROM <div></div></div> <div><input type="checkbox"/>Redness Click or tap here to enter text.</div> <div><input type="checkbox"/>Misalignment Click or tap here to enter text.</div> <div><input checked="" type="checkbox"/>Other: ROM limited due to pain and immobility alleviates pain to the neck</div>	<div><input type="checkbox"/>Nausea/Vomiting denies</div> <div><input type="checkbox"/>Dysphasia denies</div> <div><input type="checkbox"/>Diarrhea Click or tap here to enter text.</div> <div><input type="checkbox"/>Appetite Change Click or tap here to enter text.</div> <div><input type="checkbox"/>Heartburn Click or tap here to enter text.</div> <div><input type="checkbox"/>Blood in Stool Click or tap here to enter text.</div> <div><input type="checkbox"/>Abdominal Pain Click or tap here to enter text.</div> <div><input type="checkbox"/>Excessive Flatus Click or tap here to enter text.</div> <div><input type="checkbox"/>Food Intolerance Click or tap here to enter text.</div> <div><input type="checkbox"/>Rectal Bleeding Click or tap here to enter text.</div> <div><input type="checkbox"/>Other:</div>	<div><input type="checkbox"/>Urgency Click or tap here to enter text.</div> <div><input type="checkbox"/>Dysuria Click or tap here to enter text.</div> <div><input type="checkbox"/>Burning Click or tap here to enter text.</div> <div><input type="checkbox"/>Hematuria Click or tap here to enter text.</div> <div><input type="checkbox"/>Polyuria Click or tap here to enter text.</div> <div><input type="checkbox"/>Nocturia Click or tap here to enter text.</div> <div><input type="checkbox"/>Incontinence Click or tap here to enter text.</div> <div><input type="checkbox"/>Other: Click or tap here to enter text.</div>	<div><input type="checkbox"/>Stress Click or tap here to enter text.</div> <div><input type="checkbox"/>Anxiety Click or tap here to enter text.</div> <div><input type="checkbox"/>Depression Click or tap here to enter text.</div> <div><input type="checkbox"/>Suicidal/Homicidal Ideation Click or tap here to enter text.</div> <div><input type="checkbox"/>Memory Deficits Denies</div> <div><input type="checkbox"/>Mood Changes denies depression & irritability</div> <div><input type="checkbox"/>Trouble Concentrating denies</div> <div><input type="checkbox"/>Other: Click or tap here to enter text.</div>
GYN If patient denies all symptoms for this system, check here: <input type="checkbox"/>	Hematology/Lymphatics If patient denies all symptoms for this system, check here: <input type="checkbox"/>		Endocrine If patient denies all symptoms for this system, check here: <input type="checkbox"/>



<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 type="checkbox"/> Irregular Menses Click or tap here to enter text. <input type="checkbox"/> Dysmenorrhea Click or tap here to enter text. <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.	<input type="checkbox"/> Anemia Click or tap here to enter text. <input type="checkbox"/> Easy bruising/bleeding Click or tap here to enter text. <input type="checkbox"/> Past Transfusions Click or tap here to enter text. <input type="checkbox"/> Enlarged/Tender lymph node(s) Click or tap here to enter text. <input type="checkbox"/> Blood or lymph disorder Click or tap here to enter text. <input type="checkbox"/> Other Click or tap here to enter text.	<input type="checkbox"/> Abnormal growth Click or tap here to enter text. <input type="checkbox"/> Increased appetite Click or tap here to enter text. <input type="checkbox"/> Increased thirst Click or tap here to enter text. <input type="checkbox"/> Thyroid disorder Click or tap here to enter text. <input type="checkbox"/> Heat/cold intolerance Click or tap here to enter text. <input type="checkbox"/> Excessive sweating Click or tap here to enter text. <input type="checkbox"/> Diabetes Click or tap here to enter text. <input type="checkbox"/> Other Click or tap here to enter text.
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O: Objective

Information gathered during the physical examination by inspection, palpation, auscultation, and percussion. If unable to assess a body system, write "Unable to assess". Document pertinent positive and negative assessment findings. Pertinent positive are the "abnormal" findings and pertinent "negative" are the expected normal findings. Separate the assessment findings accordingly and be detailed.

Body System	Positive Findings	Negative Findings
General <input type="text"/>	Click or tap here to enter text.	Alert and oriented 28-year-old African American female following commands with no signs and symptoms of acute distress. 
Skin <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
HEENT <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
Respiratory <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.
Neuro <input type="text"/>	<p><i>Cranial Nerve:</i> (II) Visual acuity 20/40 right eye & cotton wool bodies to right fundus visualized through the ophthalmoscope</p> <p><i>Sensation:</i> decreased sensation to b/l feet</p>	<p>Oriented to person, place, and time. Appropriate abstract thinking, attention span, comprehension, general knowledge, judgment, remote and immediate memory, new learning ability, vocabulary with clear speech</p> <p><i>Cranial Nerves:</i> (I) able to discriminate various smells (II, III, IV, VI) Visual acuity 20/20 left eye w/ normal visual fields in all quadrants. PERRLA with extraocular movements intact without nystagmus. (V) Facial sensation sensitive to dull, sharp, & soft stimulus bilaterally. (VII) Facial expression & skull symmetric bilaterally. (VIII) normal Weber & Rinne test (IX, X) intact gag reflex, with palate & uvula midline & symmetric (XI) Shoulder shrug equal b/l with strength 5/5 (XII) tongue symmetric and movement.</p> <p><i>Reflexes:</i> triceps, biceps, brachioradialis, patellar, & Achilles 2/4 bilaterally.</p> <p><i>Cerebellar:</i> smooth & accurate finger to nose and heel to shin tests bilaterally. Rapid alternating hand movements performed w/out difficulty and steady, continuous, symmetric gait & balance noted.</p> <p><i>Sensation:</i> correctly identified writings and objects to b/l hands, expected sensation in proximal & distal in the arms and legs bilaterally to dull, soft, and sharp stimuli. Intact position sense</p>
Cardiovascular <input type="text"/>	Click or tap here to enter text.	Click or tap here to enter text.

**Problem List**

1. Increased frequency of headaches	6. Click or tap here to enter text.	11. Click or tap here to enter text.
2. acute neck stiffness and soreness	7. Click or tap here to enter text.	12. Click or tap here to enter text.
3. Bilateral visual deficit 20/40	8. Click or tap here to enter text.	13. Click or tap here to enter text.
4. Cotton wool bodies to the right fundus	9. Click or tap here to enter text.	14. Click or tap here to enter text.
5. Click or tap here to enter text.	10. Click or tap here to enter text.	15. Click or tap here to enter text.

A: Assessment

: Provide 3 differential diagnoses (DDx) 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
Sprain of ligaments of cervical <input type="text"/> inter	S13.4XXA	Positives: neck pain of 3/10 in severity worsening with movement starting two days after recent MVA Negatives: Cranial Nerve XI 5/5: full ROM against gravity & resistance.
Concussion without loss of <input type="text"/> tial encounter	S06.0X0A	Positives: acute headaches usually starting during the daytime, with acute neck soreness & stiffness after recent MV; cotton wool bodies may be seen after head trauma Negatives: balance & gait steady and continuous, intact remote & immediate memory, appropriate concentration.
Acute Post Traumatic Headache	G44.319	Positives: dull headache located in the crown and back of the head (2 locations) that occurs every day since day two of a recent car accident (Tanaka et al., 2018). Pain lasting 1-2 hours Negatives: nausea, insomnia, memory problems, diplopia (American Migraine Foundation, 2018).



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.

Diagnostics: List tests you will order this visit

Test	Rationale/Citation
X-ray of the neck	According to the Imaging conditions for Suspected Spine Trauma from the American College of Radiology Criteria, Tina meets the low risk factor of simple rear-end-motor vehicle collision and delayed onset neck pain with complaints on limited neck movement due to pain qualifies for diagnostic imaging (Blanpied et al., 2017). Although during the neurological assessment, Tina show full ROM of the neck against gravity and resistance for cranial nerve XI, her initial complaint was regarding the limited ROM of her neck due to pain. Therefore, clinically it is acceptable to order a x-ray of the neck to rule out any trauma. A CT of the head was considered during this process as it is essential to first rule out traumatic brain or spine injury (Ontario Neurotrauma Foundation, 2018). A CT of the head is not indicated at this time because she does not meet the five Canadian CT Head Rule of GCS <15 at 2hours after injury, depressed skull fracture, signs of basal skull fracture, vomiting more than two episodes, and age greater than 65 years old (Ontario Neurotrauma Foundation, 2018).

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

Drug	Dosage	Length of Treatment	Rationale/Citation
Acetaminophen	Take 650mg (2 tablets) as needed every 6 hours	For 4 weeks	Continue medication; pain management is essential and per patient acetaminophen is effective for her pain. In addition, it is also recommended per guideline to use acetaminophen for unclassified headaches (Ontario Neurotrauma Foundation, 2018).

Referral/Consults:

Referral/Consults:	Rationale/Citation
Physical Therapy	Physical therapists are trained to work with acute neck pain with mobility deficits, and in the case



<p>Ophthalmologist</p>		<p>that this patient is experiencing whiplash-associated disorder due to the MVA, they can work with the patient to improve smooth recovery through neck ROM exercises, manipulation, and mobilization (Blanpied et al., 2017). The recommends suggests a brief resting period of 24h-48h and then encouragement for patients to progressively become more active through rehabilitation, like physical therapy (Ontario Neurotrauma Foundation, 2018).</p> <p>Patient had cotton wool bodies in right fundus. Although it can be self-limiting, it should be addressed as it can be dangerous and may be the cause of her blurry vision to the right eye, which needs to be addressed sooner than later (Gohari, Soleimani, Manaviat, & Shojaei, 2015).</p>
Education:		
<p><i>Due to the recent MVA, education regarding safety should be conducted throughout the visit.</i></p>	<p>Rationale/Citation</p>	<p><i>For example, the use of wearing seatbelt shows the reduction of whiplash associated disorder (Bragg & Varacall, 2020). Another common safety issue while driving is distractions, such as cellular device use</i></p>
<p><i>Education regarding complications of concussion and symptoms associated with them as in the warning signs below.</i></p>		<p>Patient should seek emergent care when experiencing warning signs as discussed in the follow-up care</p>
<p><i>Pain management should be discussed and educated</i></p>		<p>Although patient stated</p>



		acetaminophen is effective with her pain control, other nonpharmacological pain management methods can be discussed, such as utilizing heat, when swollen, and then cold to the site to reduce pain (Blanpied et al., 2017). In addition, stress control and meditation can be emphasized as headache and neck pain can be aggravated due to stress (Blanpied et al., 2017).
Follow Up: <i>Indicate when patient should return to clinic and provide detailed symptomatology indicating if the patient should return sooner than scheduled or seek attention elsewhere.</i>		
<i>Follow up in 7 days</i>	Rationale/Citation	Follow up regarding pain levels and regarding PT treatment will be helpful at this time.
<p><i>If patient is experiencing any of the warning signs below, she should call 911 or go to the nearest hospital (Ontario Neurotrauma Foundation, 2018):</i></p> <ul style="list-style-type: none"> - <i>Fainting or blacking out, severe worsening headache, vomiting more than twice, increase confusion such as unable to recognize people or places, seizure like activity, loss of balance or unsteadiness on your feet</i> 		These signs can indicate medical emergency so Tina should go to the nearest hospital or call 911. Complications of mild brain injury or concussion can include intracranial bleeding and require emergent care.
References		
Include at least one evidence-based peer-reviewed journal article which relates to this case. Use the correct current APA edition formatting.		
Ontario Neurotrauma Foundation. (2018). Guideline for concussion/mild traumatic brain injury & persistent symptoms. Retrieved from https://braininjuryguidelines.org/concussion/fileadmin/media/adult-concussion-guidelines-3rd-edition.pdf		
Bragg, K.J., & Varacallo, M. (2020). Cervical sprain. StatPearls Publishing. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK541016/		
Blanpied, P. R., Gross, A. F., Elliott, J. M., Devaney, L. L., Clewley, D., Walton, D. M., Sparks, C., & Robertson, E. K. (2017). Clinical practice guidelines linked to international classification of functioning disability and health from the orthopaedic section of the American physical therapy association. <i>J Orthop Sports Phys Ther</i> 47(7). A1-A83.		
American Migraine Foundation. (2018). Concussion, migraine, and post-traumatic headache. Retrieved from https://americanmigrainefoundation.org/resource-library/concussion-and-post-traumatic-headache/		
Tanaka, N., Atesok, K., Nakanishi, K., Kamei, N. Nakamae, T., Kotaka, S., & Adachi, N. (2018). Pathology and treatment of traumatic cervical		



spine syndrome: Whiplash injury. *Advances in orthopedis*, p1-6.

Gohari, M., Soleimani, A. R., Manaviat, M. R., & Shojaei, A. (2015). Single cotton wool spot as a late manifestation of head trauma. *Journal of ophthalmic & vision research*, 9(2), 272 -275



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