

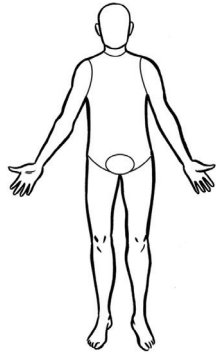
SOAP NOTE

Name	Age	Emergency Contact	Contact Number
------	-----	-------------------	----------------

Subjective Assessment

Signs and Symptoms In the case of pain, ask about: <ul style="list-style-type: none"> • Onset • Provoke • Quality • Region or Radiate • Severity • Time
Allergies
Medications
Past Medical History
Last Meal
Events Leading up to the Emergency

Objective Assessment

Time Time of Each Assessment				
Indicate Level of Consciousness Alert, Verbal, Painful, Unresponsive				
Describe Breathing				
Describe Circulation Colour, Temperature				
Describe Skin Sensation, Moisture				
Describe findings of Head-to-Toe Check				

Assessment Summary

Summarize the situation and the issues that may arise as a result of the initial problem.

--

Plan

Plan for each problem on the problem list; this should include care and transportation. How often do you plan to monitor the ill or injured person?



--