NR 509 SOAP Note Week 1

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 cm	90 kg	142/ 82	86	19	101.1	99%		Medication: Penicillin (hives) Food: N/A Environment: Cats & Dust (asthma, eyes itch, sneezing),

History of Present Illness (HPI)

Chief Complaint (CC)	Right Foot Pain/ Wound
Onset	Hurt foot 1 week ago, pain worsened 2 days ago
Location	Right foot
Duration	Continuous
Characteristics	Throbbing/ sharp
Aggravating *Factors*	Walking, weight bearing
R*elieving Factors*	"Pain pills"
Treatment	Tramadol 50 mg (2) TID

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

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**
Albuterol (Proventil)	1-3 Puffs	1-3 puffs PRN	Since 2.5 years old	Treatment of bronchospasm
Tramadol	50 mg	TID	2 days	Pain
Advil	**na**	**na**	**Na**	**Menstrual Pain**
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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.*

Pt. is “pretty sure” she received all vaccines as a kid and for college, last tetanus was “about” a year ago for work. Previous hospitalizations include recently for the foot injury, and before that when she was 16 for an allergy/asthma attack, Pt. believes she has had five hospital admissions total all for asthma related illness. Pt denies any surgeries. Pt PMH positive for asthma and type 2 diabetes.

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.*

Pt is a student in school studying accounting for a bachelor’s degree, and currently is employed in a reported stressful job. The patient denies any tobacco use and reports 1 to 2 nights a week of alcohol consumption, limited to 2 to 3 drinks, last drink was 3 weeks ago. Reports past marijuana use last time was 3 years ago. Pt recently had a traumatic loss of her Father about a year ago due to an automobile accident, Pt denies any depression at this time. Pt does not have access to personal transportation besides her mother, although denies it as a barrier. Single.

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.*

Father- DMII, HTN, High Cholesterol, deceased at age 58 (car accident) **Mother**- HTN, High Cholesterol **Maternal Grandmother-** HTN, High Cholesterol. **Maternal Grandfather**- HTN, High Cholesterol **Paternal Grandmother**- HTN, High Cholesterol **Paternal Grandfather**- DMII, HTN, High cholesterol, Colon Cx. **Brother-** No health history **Sister-** Asthma. **Family-** Reports obesity, denies thyroid issues. **Substance Abuse-** One uncle with ETOH

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 If patient denies all symptoms for this system, check here: ☐	**Skin** If patient denies all symptoms for this system, check here: ☐	**HEENT** If patient denies all symptoms for this system, check here: ☐		
☒Fatigue “most days” ☐Weakness Click or tap here to enter text. ☒Fever/Chills Started previous night, 102 Tmax ☐Weight Gain Click or tap here to enter text. ☒Weight Loss 10 lbs last month ☒Trouble Sleeping Foot Pain ☐Night Sweats Click or tap here to enter text. ☐Other: Click or tap here to enter text.	☐Itching Click or tap here to enter text. ☐Rashes Click or tap here to enter text. ☐Nail Changes Click or tap here to enter text. ☒Skin Color Changes “folds” of neck darker ☐Other: Click or tap here to enter text.	☐Diplopia Click or tap here to enter text. ☐Eye Pain Click or tap here to enter text. ☐Eye redness Click or tap here to enter text. ☒Vision changes Blurriness w/reading ☐Photophobia Click or tap here to enter text. ☐Eye discharge Click or tap here to enter text.	☐Earache Click or tap here to enter text. ☐Tinnitus Click or tap here to enter text. ☐Epistaxis Click or tap here to enter text. ☐Vertigo Click or tap here to enter text. ☐Hearing Changes Click or tap here to enter text.	☐Hoarseness Click or tap here to enter text. ☐Oral Ulcers Click or tap here to enter text. ☐Sore Throat Click or tap here to enter text. ☐Congestion Click or tap here to enter text. ☐Rhinorrhea Click or tap here to enter text. ☐Other: Click or tap here to enter text.

Respiratory If patient denies all symptoms for this system, check here: ☒	**Neuro** If patient denies all symptoms for this system, check here: ☐	**Cardiac and Peripheral Vascular** If patient denies all symptoms for this system, check here: ☒	
☐Cough Click or tap here to enter text. ☐Hemoptysis Click or tap here to enter text. ☐Dyspnea Click or tap here to enter text. ☐Wheezing Click or tap here to enter text. ☐Pain on Inspiration Click or tap here to enter text. ☐Sputum Production	☐Syncope or Lightheadedness Click or tap here to enter text. ☒Headache once/week w/reading for a long time ☐Numbness Click or tap here to enter text. ☐Tingling Click or tap here to enter text. ☐Sensation Changes ☐Speech Deficits Click or tap here to enter text. ☐Other: Click or tap here to	☐Chest pain Click or tap here to enter text. ☐SOB Click or tap here to enter text. ☐Exercise Intolerance Click or tap here to enter text. ☐Orthopnea Click or tap here to enter text. ☐Edema Click or tap here to enter text. ☐Murmurs Click or tap here to enter text.	☐Palpitations Click or tap here to enter text. ☐Faintness Click or tap here to enter text. ☐Claudications Click or tap here to enter text. ☐PND Click or tap here to enter text. ☐Other: Click or tap here to enter text.

☐Other: Click or tap here to enter text.	enter text.		

MSK If patient denies all symptoms for this system, check here: ☐	**GI** If patient denies all symptoms for this system, check here: ☒	**GU** If patient denies all symptoms for this system, check here: ☐	**PSYCH** If patient denies all symptoms for this system, check here: ☐
☐Pain Click or tap here to enter text. ☐Stiffness Click or tap here to enter text. ☐Crepitus Click or tap here to enter text. ☒Swelling Around foot wound/ankle ☐Limited ROM ☒Redness Around wound site ☐Misalignment Click or tap here to enter text. ☐Other: Click or tap here to enter text.	☐Nausea/Vomiting Click or tap here to enter text. ☐Dysphasia Click or tap here to enter text. ☐Diarrhea Click or tap here to enter text. ☐Appetite Change Click or tap here to enter text. ☐Heartburn Click or tap here to enter text. ☐Blood in Stool Click or tap here to enter text. ☐Abdominal Pain Click or tap here to enter text. ☐Excessive Flatus Click or tap here to enter text. ☐Food Intolerance Click or tap here to enter text. ☐Rectal Bleeding Click or tap here to enter text. ☐Other	☐Urgency Click or tap here to enter text. ☐Dysuria Click or tap here to enter text. ☐Burning Click or tap here to enter text. ☐Hematuria Click or tap here to enter text. ☒Polyuria Click or tap here to enter text. ☒Nocturia 2-3x a night ☐Incontinence Click or tap here to enter text. ☐Other: Click or tap here to enter text.	☒Stress Work/School ☐Anxiety Click or tap here to enter text. ☐Depression Click or tap here to enter text. ☐Suicidal/Homicidal Ideation Click or tap here to enter text. ☐Memory Deficits Click or tap here to enter text. ☐Mood Changes Click or tap here to enter text. ☐Trouble Concentrating Click or tap here to enter text. ☐Other: Click or tap here to enter text.

GYN If patient denies all symptoms for this system, check here: ☐	**Hematology/Lymphatics** If patient denies all symptoms for this system, check here: ☒	**Endocrine** If patient denies all symptoms for this system, check here: ☐
☐Rash Click or tap here to enter text.	☐Anemia Click or tap here to enter text.	☐ Abnormal growth Click or tap here to enter

☒Discharge “Regular” ☐Itching Click or tap here to enter text. ☒Irregular Menses Once every 2 months ☐Dysmenorrhea Click or tap here to enter text. ☐Foul Odor Click or tap here to enter text. ☐Amenorrhea Click or tap here to enter text. ☒LMP: 3 weeks ago ☐Contraception Click or tap here to enter text. ☐Other:Click or tap here to enter text.	☐ Easy bruising/bleeding Click or tap here to enter text. ☐ Past Transfusions Click or tap here to enter text. ☐ Enlarged/Tender lymph node(s) Click or tap here to enter text. ☐ Blood or lymph disorder Click or tap here to enter text. ☐ Other Click or tap here to enter text.	text. ☐ Increased appetite Click or tap here to enter text. ☒ Increased thirst LAtely ☐ Thyroid disorder Click or tap here to enter text. ☐ Heat/cold intolerance Click or tap here to enter text. ☐ Excessive sweating Click or tap here to enter text. ☒ Diabetes Type II, uncontrolled ☐ Other Click or tap here to enter text.

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.

General	*None Noted*	*Alert & Oriented 29 y/o African American Female, seated on exam table without physical distress.*

Skin	*2cm x 1.5 cm x 2.5 mm deep wound to Right foot, white/yellow pus from wound, swelling around same foot. Hyperpigmentation of skin folds in neck.*	*Skin dry, warm to touch, without rashes or skin lesions to face abdomen or*
HEENT	*Not Assessed*	Click or tap here to enter text.
Respiratory	*Not Assessed*	Click or tap here to enter text.
Neuro	*Not Assessed*	Click or tap here to enter text.
Cardiovascular	*Not Assessed*	Click or tap here to enter text.
Musculoskeletal	*Not Assessed*	Click or tap here to enter text.
Gastrointestinal	*Not Assessed*	Click or tap here to enter text.
Genitourinary	*Not Assessed*	Click or tap here to enter text.

Psychiatric	*Not Assessed*	Click or tap here to enter text.
Gynecological	*Not Assessed*	Click or tap here to enter text.

Problem List		
1. HTN	6. Uncontrolled Diabetes	11. Click or tap here to enter text.
2. Type II Diabetes	7. Polyuria	12. Click or tap here to enter text.
3. Asthma	8. Family History of Diabetes	13. Click or tap here to enter text.
4. Familial High Cholesterol	9. Overweight	14. Click or tap here to enter text.
5. Family history of HTN	10. Asthma Exacerbation	15. Click or tap here to enter text.

A: Assessment

Medical Diagnoses. 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
Acute Cellulitis of Right Lower Limb+	L03.115	+acute onset, +Erythema, +inflammation, +pus formation, +pain, + febrile, + edema
Necrotizing Fasciitis	M72.6	+ Erythema, +edema, +severe pain, +fever, - Crepitus, - Skin bullae
Toxic Shock Syndrome	A48.3	+Fever, +swelling, + erythema, -Hypothermia, - Nausea, - Vomiting, - Diarrhea,

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
Wound Culture	Systemic signs of infection (fever) present in cellulitis (UpToDate, 2020)
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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.

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

Drug	Dosage	Length of Treatment	Rationale/Citation
Ibuprofen	800 mg	Every 8 Hours for duration of infection or 7 days, as needed for Pain	Pain Control
Cephalexin (Keflex)	500 mg	Four times daily for 5 days	Cellulitis Treatment (UpToDate, 2020)
Tylenol	650 mg	Every 6 hours alternated with Ibuprofen for 7 days	Pain Control/ Fever Reducer
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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:

None at this time	Rationale/Citation	Click or tap here to enter text.
Education:		
• Elevate the area to reduce swelling • Keep the area clean and dry • Take the Antibiotic exactly as prescribed • Allow time to heal, antibiotics should start reducing fevers/chills in 1-2 days	Rationale/Citation	Cellulitis Care (UpToDate, 2020)
Follow Up: *Indicate when patient should return to clinic and provide detailed symptomatology indicating if the patient should return sooner than scheduled or seek attention elsewhere.*		
Return to the office in one week to re-assess the foot and see how it is healing, if your fever progresses, or you begin to feel worse and notice the cellulitis area increasing call the office for an earlier appointment.	Rationale/Citation	Return to the office for follow-up or worsening symptoms (UpToDate, 2020)
References Include at least one evidence-based peer-reviewed journal article which relates to this case. Use the correct current APA edition formatting.		
Cellulitis and skin abscess in adults: Treatment. (2020, July/August). Retrieved September 07, 2020, from https://www.uptodate.com/contents/cellulitis-and-skin-abscess-in-adults-treatment?search=cellulitis		
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