SOAP Notes

Sample Medicine SOAP

S: No SOB/CP overnight. 3 pillow orthopnea (improved from 4 at admission). Pt feels swelling in feet has improved but still has to elevate legs frequently. Pt walked halls s difficulty but did not tolerate steps.

O: T98.6 Tm99.3 HR87 RR14 BP114/69-129/78
I/O1800cc/4500cc FSBS 178-223
PE: GEN – A&O x 3, in NAD
HEENT – PERRL, EOMI
CV – RRR, S3 present, no m/r/g, 2+ PE to mild calf
RESP – CTAB x mild crackles @ bases, breathing symm c normal effort
ABD – s/nt/nd, NABS, no HSMeg, no palpable masses
MS – MAEW, 5/5 strength UE/LE
NEURO – CN II-XII intact, normal sensation to LT/pressure/temp, two-point discrimination intact, gait normal, patellar and brachiorad DTRs 2/4
PSYCH – affect, mood congruent and appropriate
Labs: CBC, BMP or CMP
Imaging: XR, CT, Echo, etc.

A/P: 68 yo WM c CHF, HTN and DMII admitted for edema and DOE
1. CHF – previously class II but pt now symptomatic c mild exertion; echo scheduled today to eval EF/cardiac fxn; pt on appropriate CHF regimen at home; will continue aggressive diuresis c Lasix and consider addition of Digitalis at this time; cont low Na diet
2. HTN – currently on Lasix, BB and ACEI c good control, cont home meds
3. DMII – on glucophage at home c FSBS in 250-300 range; on SSI c FSBS 178-223 in house; will consult DM Ed to educate pt on diet/exercise as well as recommend more appropriate home regimen; cont Q6H FSBS.

Surgery SOAP

S: If post-op, always ask about incisional pain, flatus, bowel movements, urination (if no foley), any nausea/vomiting, response to pain meds (# of times PCA was admin.), if eating, whether tolerating PO well, and activity/ambulation.

O: Vitals: Tm, Tc, HR, RR, BP, PulseOx (if applies)
[List UOP for last 24h in 8h intervals, ask your resident whether they like most recent shift first or last]
Similar to I/O, record drain outputs for last 24h in 8h intervals.
PE: (important to examine the following)

Lungs: clear to auscultation?
CV: any new murmurs?
ABD: bowel sounds? (esp. if post-op b/c BS is an important deciding factor in when to advance diet)
Incision: clear, dry, and intact? (C/D/I). Good granulation?
Ext: any edema?

Labs/Studies/Imaging/Path:

A/P: Brief statement of overall impression. Always include post-op day (Day of Surgery is POD#0; next day is POD#1). A/P similar to medicine SOAP. Plan should be to the point!
Include pain control, diet, PT/OT, f/u.

OBSTETRICS & GYNECOLOGY

** Here you will find as many helpful templates and samples as we could find to assist you on your OB/GYN rotation.

OB SOAP

S: In any pain? Feeling contractions?

O: Vitals
FHT – baseline, long-term variability, accels, decels, variables (describe the decel or variable).
TOCO – q_min; level of Pit
SVE – dilation/effacement/station (done by the resident or attending; students write "DEFERRED").

A/P: Age, GPs @ # weeks in latent/active labor.
1. FWB – reassuring.
2. MWB – how is the mother doing? Does she need pain meds? Are pain meds helping her?
3. Labor – con't pit if being used. Include any change in labor.
4. GBS status – if positive then indicate antibiotic being given.

Sample Post-Partum Progress Note for a Cesarean Section

S: + clears without nausea, + ambulate, +void, pain controlled on PO meds, lochia <menses

O: 99.2 98.5 86 18 135/94 *[if Tmax >100, please note the time like 101.2@2030]*
CV: RRR
Lungs: clear
Abd: soft, appropriately tender ND+BS, FF @ umbilicus
Ext: 1+ edema, no cords or tenderness

A/P: 26 yo BF G4P3A1 POD#1 s/p elective R/LTCS [repeat low transverse c/section] @ 39 weeks:
1) Advance to regular diet this morning
2) RNI: vaccinate before d/c
3) Routine post-op care
Blood type/ Rubella status/ breast or bottle feeding/ birth control

Sample Post-Partum Progress Note for a Vaginal Birth

S: +diet +ambulate, +void, lochia <menses

O: 99.2 98.5 86 18 135/94 *[if Tmax >100, please note the time like 101.2@2030]*
CV: RRR
Lungs: clear
ABD: soft, appropriately tender, FF @ umbilicus
Ext: 1+ edema, no cords or tenderness

A/P: 26 yo BF G4P3A1 PPD#1 s/p SVD [spontaneous vaginal delivery] at 29 3/7 weeks for severe pre-eclampsia
1) blood pressure adequately controlled without meds
2) baby intubated but stable in NNICU
3) lactation consult
4) routine PP care
Blood type/ Rubella status / breast or bottle feeding / birth control method desired

To check on NNICU babies, call 2-2481 and ask to speak to the nurse taking care of baby ____. Tell them you're taking care of the mom and want to know how the baby's doing before seeing mom. Don't expect a real detailed answer but this is a good thing to do on baby's less than 30 weeks.

Postpartum Prescriptions

**You can write multiple prescriptions on one paper, just number them appropriately and make it clear.

Almost everyone goes home with:
- *Prenatal vitamins*, sig: 1 tab po qd, #100, 3 refills
- *Motrin*, 800 mg tabs, sig: 1 tab po q 6h prn pain, #30, 1 refill

Patients following C/S generally also go home with:
- *Percocet 5/325*, sig: 1-2 tabs po q4-6h prn severe pain #30 (thirty) [need to write out number on narcotics]

Patients following PPBTL usually get:
- *Percocet 5/325,* sig; 1-2 tabs po q4-6h prn severe pain #12 (twelve)

Patients with bad vaginal lacerations usually get:
- *Epifoam/Proctofoam*, sig: apply to perineum t.i.d. prn pain, 2 large tubes, 2 refills

Patients with anemia get:
- *FeSO4*, 325 mg tabs, sig: 1 tab po b.i.d. (or qd) #60, one refill [give about 2 months worth]
- *Colace*, 100 mg tabs, sig: 1 tab po b.i.d., #60, one refill
- They usually will benefit from a stool softener.

GYN SOAP

S: Ask about pain control (on IV or PO meds), fever, nausea, vomiting, diet (and if tolerating), flatus, voiding, CP, and SOB.

O: Vitals and UOP (if not in computer be sure to ask nurse)
GEN – A&OX3. NAD.
CV – RRR. No m/r/g.
LUNGS – STAB.
ABD – Note +/- BS. Soft. ND. Appropriate tenderness.
INCISION – c/d/i. No erythema or drainage. *[Remove bandage on POD #1 unless specifically told not to]*
EXT – Note edema and +/- SCDs.
Labs/Studies –

A/P: POD # s/p [procedure] for [what reason]. List how patient is doing. AFVSS.
1. FEN – IVF, diet
2. GU – d/c foley?
3. CV – stable?
4. Pain – change to PO meds?
5. Other medical problems and their tx
6. Path – pending if not back yet.

GYN D/C

** Fill out the appropriate D/C form and write out the prescriptions. This is good to do on POD #0 so that it is done for the residents.

Admit Date:
D/C Date:
Procedure:
Meds: in pt's language; Pts usually leave with:
Norco 10/325 mg 1 PO Q4H prn for pain; Disp: 30 (no refills)
Motrin 600mg PO Q6H prn for pain; Disp: 30 (no refills)
FeSO4 325mg PO BID; Disp: 60 (3 refills)
Colace 100mg PO BID; Disp: 60 (3 refills)
Stairs: as tolerated
Lifting: No more than 10-15# for 2-6wks
Diet: No restrictions
Driving: Not while taking pain meds (Norco)
Other: Call if: temp >101, uncontrolled pain, severe nausea or vomiting, or any other concerns. In case of questions or emergency, call Dr. [Attending] at [phone #] or 911.

"Blue border" paperwork takes the place of a dictated d/c summary on term (>=37 week) vaginal deliveries that are not induced and otherwise uncomplicated. Ask if you are unsure whether they meet this criteria. Other patients will need to be dictated so no blue borders will be necessary.

OB/GYN Pelvic Exam Charting

Organ/Part	Feel/Observe For
Mons	Female hair pattern, lice, lesions, growths
Vulva	Female appearance, edema, lesions, growths, discharge, clitoral adhesions, discoloration
Perineum	Growths, lesions, intactness (unrepaired lacerations, episiotomy breakdown)
Bartholin's, Skeen's, Urethra	Tenderness, enlargement, discharge, urethral prolapse
Vagina	Color, lesions, discharge, growths, tone
Cervix	Color, lesions, discharge, growths, appearance of os (split/round/open/closed), deviation from midline, consistency, size
Uterus	Size, shape, consistency, position, mobility, tenderness, deviation from midline, dextrorotation or levorotation
Adnexa	Masses, enlargement, tenderness
Recto-Vaginal	Hemorrhoids, masses, strictures, fistulas

Commonly Used OB/GYN Abbreviations:

Ab – abortion (included elective, therapeutic, and miscarriages)
AFVSS – afebrile vital signs stable
BSO – bilateral salpingo-oophorectomy
C/D/I – clean/dry/intact
CLE – epidural
C/S – C-section
Ctx or Ucx – contractions
FF – fundus firm
FHT – fetal heart tracing
FM – fetal movement
FT – full term
FWB – fetal well-being
GETA – general anesthesia
GPs – Gravida (# of pregnancies) & Para (# of births in the order: Term, Preterm, Abortions, Living)
IUP – intrauterine pregnancy
LFVD/OFVD – forcep assisted vaginal delivery
LMP – last menstrual period
LOF – loss of fluids (water breaking)
LTCS – low transverse C-section
LTV – long-term variability
MAC – conscious sedation
MWB – maternal well-being
NSVD – normal spontaneous vaginal delivery
POBH – past OB history
PP – post partum
PGYNH – past GYN history
Pit – pitocin
PPBC – post partum birth control
PPROM – preterm premature rupture of membranes
PROM – premature rupture of membranes
TAH – total abdominal hysterectomy
TVH – total vaginal hysterectomy
TOCO – tocometer (for Ctx)
U/S - ultrasound

Pediatric SOAP

S: What happened overnight – per mom, per nurse, per pt. Eating (tolerating PO? Any emesis?), peeing, pooping.

O: Vitals: Tmax for last 24h – note other fever spikes (when)
Tcurrent –
HR + 24h range –
RR + 24h range –
BP + SBP range/DBP range over 24 h –
O2 sat + 24h range –
Daily weight –
I/Os – 24h total in (broken down by IV/PO) over 24h total out = total up or down in cc/kg in younger kids or Kcal/kg for babies on formula
UOP – Record as cc/kg/hr (>1 is nml) and stool output (<20 is nml).
PE: At least GEN, HEENT, RESP, CV, ABD, EXT, NEURO
Labs/Studies –

A/P: Briefly state overall impression. Then work up differential diagnosis. Break down plan by system. You may see 'PO ad lib' in the FEN section.

PSYCHIATRY

1. Please check with your attending/resident regarding the preferred progress note format: either SOAP or CHEAP (Chief complaint, History, Exam, Assessment, and Plan).
2. Be aware that the following information that should be recorded in your SOAP/CHEAP notes:
   - Note any change or lack of change in mental status.
   - Note patient's behavior.
   - Note positive diagnostic studies. Summarize consultations.
   - Note treatment plan with some justification of the treatment described.
   - Note medications, dosages, and the effect or lack of effect.
3. Sign legibly with Your Name, MSIII and have your notes read and countersigned by your attending and/or resident. Discharge notes should include information about post-hospital plans and treatment follow-up.

Psychiatric SOAP

S: Events o/n. Use of PRN meds.

O: Vitals (important in patients started on meds or with acute medical d/o). Record Sleep and Appetite.
PE – Pertinent.
MSE –

GEN – appearance, race, dress, hygiene, behavior, eye contact, cooperativeness, alertness, orientation
SPEECH – rate (accelerated/slowed/normal), rhythm (halting/hesitancy/stuttering), volume (loud/soft/normal), lack of spontaneity? Hyperverbal?
PSYCHOMOTOR – psychomotor retardation or agitation, tremor, ataxia, wheelchair bound.
MOOD – in the pt's words.
AFFECT – objective sense of pt's mood: range (constricted/full/labile), intensity, mood congruent/incongruent?
THOUGHT CONTENT – passive or active SI, intent, plan, HI, A/VH, paranoia, delusions, obsessions and ruminations
THOUGHT PROCESS – linear, focused and goal oriented? Disorganized/scattered/logical/illogical/tangential/circumstantial?
INSIGHT – poor/fair/good/excellent
JUDGMENT – poor/fair/good/excellent. Is pt making good decisions for themselves and others in their care?
IMPULSE CONTROL – poor/fair/good/excellent
MMSE – mini mental
Labs/Studies –

A: Brief statement of overall impression.
Axis I: Primary psychiatric dx (major depressive d/o, somatization d/o, panic d/o, schizophrenia, bipolar d/o)
Axis II: Personality d/o and mental retardation. (Don't dx a personality d/o for the first time in the hospital. It is not a dx that can be made in that setting. Instead, always write "DEFERRED.")
Axis III: Medical d/o
Axis IV: Psychosocial stressors (chronic mental illness, financial or employment stressors, relationship strain)
Axis V: Global Assessment of Functioning

P: Med suggestions, suggestions for placement, suggestions for additional consults, f/u on outpatient treatment options.

Commonly Used Psych Abbreviations:

ADL – activities of daily living
A/VH – auditory or visual hallucinations
Chem Dep – chemical dependency
DIGFAST – sx of mania:
Distractibility, Insomnia, Grandiosity, Flight of ideas, Appetite (Inc or Dec), Speech (Pressured), Thoughtlessness
HI – homicidal ideation
MR – mental retardation
NA – narcotics anonymous
SI – suicidal ideation
SIGECAPS – sx of depression:
Sleep (Inc of Dec), Interests (Dec), Guilt, Energy (Dec), Concentration (Dec), Appetite (Inc of Dec), Psychomotor agitation, SI