

Appendix D. SOAP Note Format (Sample)

S: subjective

O: objective

A: assessment

P: plan

S: No complaints. Rested comfortably overnight. Denies any further chest pain. No SOB, PND, orthopnea, palpitations, nausea, vomiting, diaphoresis.

O: PE: BP 120/95 P64 RR16 T98.6 O₂sat 99% RA
Gen: Appears comfortable, well.
HEENT: NC/AT. Conjunctiva pink, no petechiae. Oral pharynx without lesions.
Neck: Supple, no JVD.
Chest: Clear to auscultation bilaterally. No rales, wheezing, rhonchi.
Cor: Regular S1, S2, without murmurs/rubs/gallops
Abd: NABS. Soft, nontender, no masses, no HSM.
Extr: no cyanosis, clubbing, edema
Skin: warm and dry, no diaphoresis

Labs: 6 AM FSBG 152
#1 CK 150, CKMB 12, Troponin <0.010, Myoglobin 55
#2 CK 130, CKMB 10, Troponin <0.010, Myoglobin 80
#3 cardiac enzymes pending

Lipid panel - total cholesterol 210, triglycerides 250, HDL 40, LDL 120

CBC, lytes pending

EKG (AM day #2): NSR, 70, 0°, 0.18/0.11/0.35, no Q waves. Normalization of T waves (change from admission)

A/P: 1. Chest pain---Unstable angina, possible acute coronary syndrome. Symptoms initially relieved with SL nitroglycerin, and he has had no further symptoms. EKG changes have normalized, and thus far cardiac enzymes remain negative (with a normal total CK and troponin, and very slightly elevated CKMB). Awaiting cardiac enzyme set #3. Continue with O₂. On ASA 81 mg po qd, Plavix 75 mg po qd, Lovenox 1 mg/kg q12 hrs, Glycoprotein IIb/IIIa inhibitor per protocol. Metoprolol has been increased to 50 mg po BID. Also on simvastatin and lisinopril, and ordered for SL NTG prn. If enzyme set #3 is negative, will plan on exercise stress echo today.

2. HTN---BP better, but still diastolic slightly higher than desired. Will increase metoprolol dose to 50 mg po BID. Lisinopril dose maintained at 20 mg po qd.

3. DM---currently on sliding scale regular insulin. AM FSBG 152. Cr normal at 0.8. Will probably need adjustment of his outpatient regimen prior to discharge. Will need to hold metformin if he ends up going for cardiac cath. On diabetic diet. Nutrition will see him.

4. Hyperlipidemia---simvastatin increased to 80 mg po qd for LDL Goal <100. On low cholesterol diet. Nutrition will see him.

5. Obesity---weight loss counseling. Nutrition will meet with him.

6. Smoking---not interested in quitting smoking now, "too stressed." Temporarily is wearing nicotine patch while hospitalized.

7. GERD---asymptomatic now.

The patient was seen and the case was discussed with Dr. Smith, attending physician.
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