

Student Name: \_\_\_\_\_

# SOAP NOTE

**Subjective:** (Age, Sex, MOI, NOI, Chief Complaint) \_\_\_\_\_

**Objective:** Vital signs, patient exam, SAMPLE history

VITAL SIGNS				
Time				
Respiratory Rate				
Heart Rate				
Level of Consciousness				
Skin - Color, Temperature and Moisture				

**Patient Exam:** Describe the location of pain, tenderness and injuries: \_\_\_\_\_

Signs/Symptoms \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Past pertinent medical history: \_\_\_\_\_

Last in and out: \_\_\_\_\_

Events leading up to crisis: \_\_\_\_\_

**Assessment:** (Problem List)

**Plan:** (Plan for each problem on the problem list)

**Rescue Plan:** \_\_\_\_\_