



# SOAP Note

Incident Date/Time: \_\_\_\_\_

Incident Location: \_\_\_\_\_

## Patient Information

Name, Age, Sex: \_\_\_\_\_

Preferred Name or Identifier(s): \_\_\_\_\_

### Scene Size Up

#### Initial Assessment

- A - Airway
- B - Breathing
- C - Circulation
- D - Determine Possible Spine Injury
- E - Environment/Expose Injury

## Subjective

Chief Complaint: \_\_\_\_\_

Symptoms: \_\_\_\_\_

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

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

Pertinent Medical History: \_\_\_\_\_

Last In and Out: \_\_\_\_\_

Events: \_\_\_\_\_

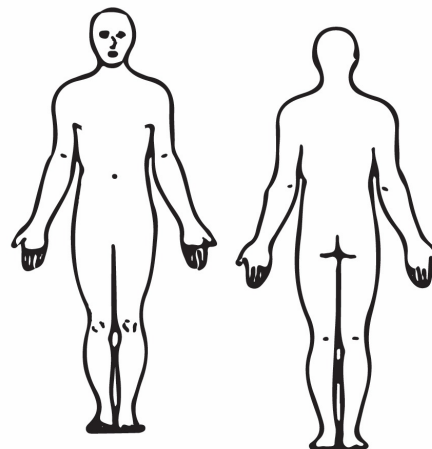
## Objective

Position Found: \_\_\_\_\_

Patient Exam: \_\_\_\_\_

### Vital Signs

|      |  |  |  |  |  |
|------|--|--|--|--|--|
| Time |  |  |  |  |  |
| LOR  |  |  |  |  |  |
| HR   |  |  |  |  |  |
| RR   |  |  |  |  |  |
| SCTM |  |  |  |  |  |



Identify location of physical findings

# **Assessment**

**Problem List** (Patient condition(s), group condition(s), weather)

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**Anticipated Problems** (Patient condition(s), group condition(s), weather)

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**Plan** (Address patient treatment, monitoring, group needs and evacuation plan)

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## **Medications Administered**

| <b>Medication</b> | <b>Amount and Route</b> | <b>Time Administered</b> | <b>Reason</b> |
|-------------------|-------------------------|--------------------------|---------------|
|                   |                         |                          |               |
|                   |                         |                          |               |
|                   |                         |                          |               |
|                   |                         |                          |               |

**Person completing form:** \_\_\_\_\_

**Contact information (if pertinent):** \_\_\_\_\_