

The SOAP note: a new look at an old friend

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OLDCARTS (color coded)

1	O	Onset
2	L	Location
3	D	Duration
4	C	Characteristics
5	A	Aggravating
6	R	Relieving
7	T	Temporal
8	S	Severity

[S]

CC: Chest pain

Slim, is a 45 y/o White male c/o of sudden onset of **intermittent left sided pressure-like, non-radiating chest pain for the past 24 hours** that seems to be **aggravated by activity (mowing lawn)** and **relieved by 5 minutes of rest**. It starts as a gradual ache and he **rates it as 8/10 at its worst**. **This occurred a few weeks ago when he was working out at the gym lifting weights**. **The discomfort has never occurred without preceding activity**. Denies diaphoresis, back pain associated with activity, nausea, dyspnea on exertion (DOE), edema, symptoms of GERD, increased pain with eating, pleuritic chest pain, cough, feeling anxious, and history of HTN, heart murmur, hyperlipidemia, asthma, or problems with sexual dysfunction.

PMH – Denies. SH – smokes 1 ppd/25 years; ETOH – rarely. FH – non-contributory. Meds- None.

[O]

VS BP 140/98 P – 88 R – 12 T – 98.6 Ht 6” Wt 240

Gen – alert, anxious appearing

Skin – warm, dry

Neck – thyroid non-palpable

CV – RRR S1 S2 w/o murmurs, S3 or S4. Pulses – carotid, radial, femoral 2+; DP/PT 1+; no peripheral edema or JVD; no carotid bruit.

Pulm- A/P diameter 1:2; lungs clear A & P with distant breath sounds lower lobes

Abd – No pulsatile mass; No aortic, renal, iliac, or, femoral bruit; BS equal all quads; no tenderness, masses or hepatosplenomegaly.

MSK – no chest wall tenderness

[A] – Chest pain, most likely cardiac

Nicotine addiction

Obesity

[P] – Evidence-based plan addressing medications, diagnostics, education, health promotion, follow-up and referrals.

Seem too simple – check below

So, what was the student thinking?

Working hypotheses	What you learned in the history	What the exam tells us
Factors contributing or related to cardiovascular disease	Denies history of HTN, hyperlipidemia, heart murmur, problems with sexual dysfunction (male sexual dysfunction is an indicator of small vessel disease). History of tobacco use.	Elevated blood pressure No murmurs indicating valve issues
Cardiovascular Disease (Angina, CAD)	Sudden onset of intermittent left sided pressure-like, non-radiating chest pain for the past 24 hours that seems to be aggravated by activity (mowing lawn) and relieved by 5 minutes of rest. Denies diaphoresis, back pain associated with activity, nausea, feeling anxious	He appears anxious even though he denies it. Regular rate and rhythm No carotid or aortic bruits
Heart Failure	Denies edema, DOE	Lungs clear and no edema, JVD
Pulmonary (COPD, PE, asthma)	Denies dyspnea on exertion (DOE), pleuritic chest pain, hx of asthma, or cough	Normal AP diameter and lungs clear on auscultation
Gastrointestinal (GERD)	Denies symptoms of GERD, increased pain with eating	No abdominal tenderness
Generalized Anxiety Disorder	Denies feeling anxious	Anxious appearing
Musculoskeletal	Started while working lifting weights at the gym. Denies pleuritic chest pain.	No chest wall tenderness
Important lifestyle factors	Smokes 1 ppd/25 years	

SOAP note content grid

O	Sudden
L	Left sided chest pain
D	24 hours
C	Left-sided pressure-like, non-radiating chest pain
A	Aggravated by activity
R	Relieved by 5 minutes of rest
T	Last 24 hours
S	Rates 8/10
Social Hx	Smokes 1 ppd X 25 years
ROS	Denies diaphoresis, back pain associated with activity, nausea, dyspnea on exertion (DOE), edema, symptoms of GERD, increased pain with eating, pleuritic chest pain, cough, feeling anxious, and history of HTN, heart murmur, hyperlipidemia, asthma, or problems with sexual dysfunction.
Exam	Hypertensive (140/98), obese (BMI 32.5), anxious, thyroid non-palpable, RRR w/o murmurs or S3/S4. 2+ pulses w/o bruit. No edema or JVD. Normal AP diameter w/ clear lungs. Bowel sounds all quads w/o tenderness or mass. No chest wall tenderness.
Assessment	Chest Pain (most likely cardiac) Nicotine addiction Obesity
Plan	Key components of an evidence-based plan.