

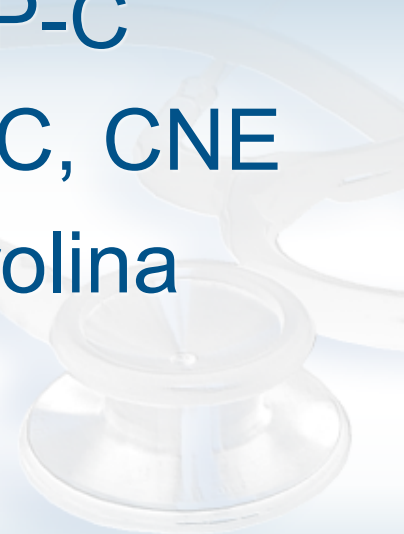
The SOAP Note: a new look at an old friend

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Objectives

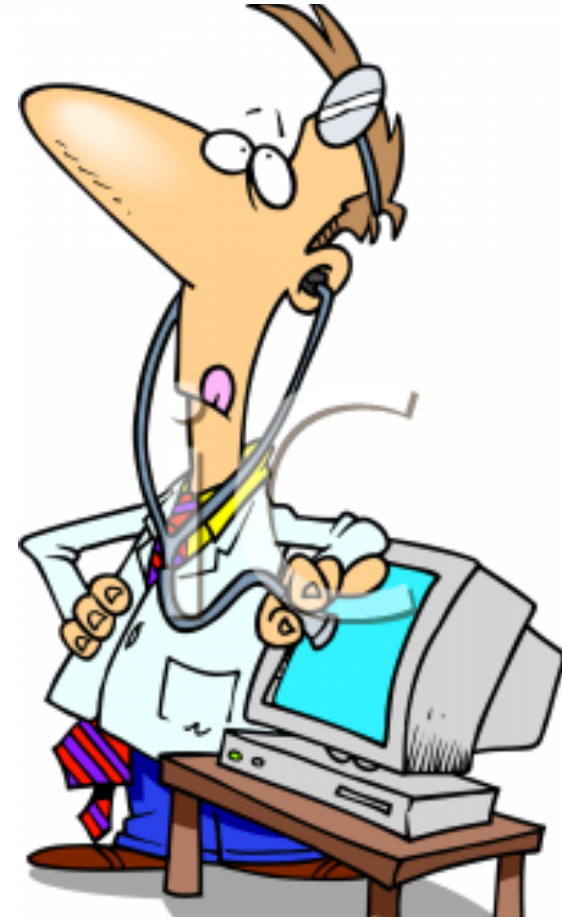
- Outline the history and value of the SOAP note.
- Define the elements of the refined SOAP note for online instruction.
- Identify expectations of students writing a SOAP note.
- Describe how to create a “go-to worksheet”.

SOAP Note

- Created by Dr. Lawrence Weed in the 1960's.
- Provides order and structure to the clinical data.
- Succinct and clear.
- Identifies clinical data that is relevant and supports the clinicians clinical decision making and assessment and plan.

What's to become of the SOAP note ?

- Implementation of the Electronic Healthcare Record.
- Coding and billing requirements.



Online Problem Based Learning (PBL)

- Online discussion evolving over two weeks.
- Case opens with a chief complaint.
- Discuss likely working hypotheses.
- Casebook (complete H & P) opens.
 - Subjective (HPI, PMH, PSH, FH, Social, Medications, Allergies, ROS)
 - Objective (Vital signs, physical exam, diagnostics)

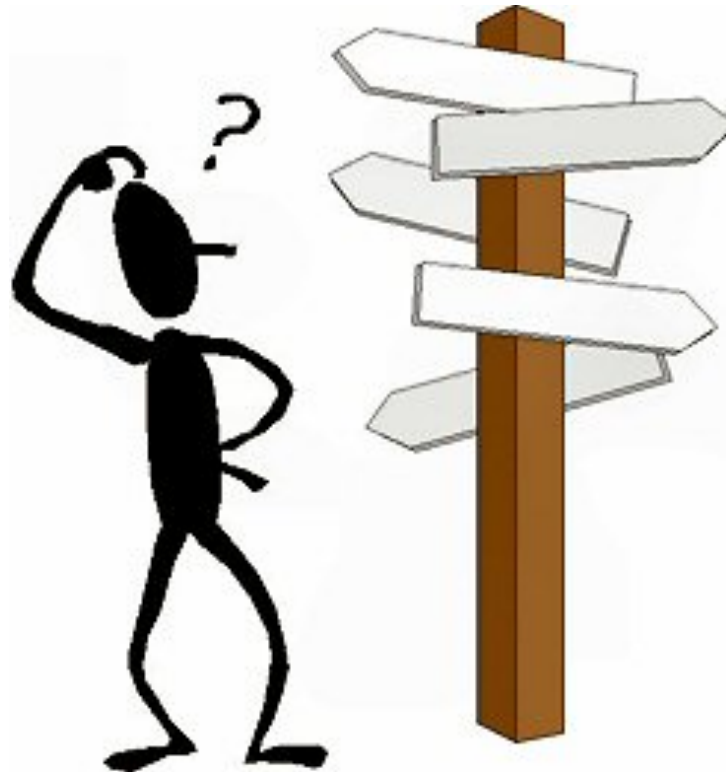
Online Problem Based Learning (PBL)

- Dialogue continues regarding ruling-in or ruling-out the working hypotheses based on casebook findings.
- Discuss the assessment and plan.
- Individual SOAP note assignment following the PBL case discussion.

SOAP Note Assignment

- Succinct note that recreates the patient encounter and a glimpse into the student's understanding.
- Goldmine for evaluating NP students' critical thinking, diagnostic reasoning and ability to apply their knowledge to a patient scenario.
- Teaches NP students to think like a primary care provider.

So how does this work?



Chief Complaint

- Mr. Slim is a 45 year old white male who complains of chest pain.

Excerpt from Casebook

HPI: Attribute of a Symptom

Onset – Sudden

Location – Left side of chest

Duration – Lasted a few minutes after I sat down and then went away. Happened a few weeks ago when I was working out at the gym. Pain seems to occur with activity.

Characteristics – Pressure-like pain on the left side of my chest. The pain does not move.

Aggravating – Activity makes it worse, such as mowing the lawn or working out.

Relieving – Goes away if I sit down for about 5 minutes.

Temporal – Happened a few weeks ago and for the last 24 hours.

Severity – 8/10 at its worst.

ROS

HEENT

Denies difficulty with vision or double vision, eye pain, inflammation, discharge, lesions, history of glaucoma or cataracts. Does not wear corrective lenses. Denies hearing loss or difficulty, earaches, infections now or as a child, discharge, tinnitus, vertigo, or exposure to environmental noise. Denies nasal discharge, sinus pain, nasal obstruction, epistaxis, or allergy. Denies mouth pain, bleeding gums, toothache, sores or lesions in mouth, dysphagia, or hoarseness, or sore throat. Denies neck lumps or swollen glands.

Excerpt from Casebook

Exam

HEENT

Head: Normocephalic. No lesions, lumps, scaling, parasites, or tenderness.

Face: symmetric, no weakness, no involuntary movements.

Eyes: Acuity by Snellen chart; OD 20/20; OS 20/30. Visual fields full by confrontation; EOMS intact; no nystagmus, ptosis, discharge, or crusting. Conjunctivae clear; sclera white without lesions or redness, PERRLA. Fundi: discs flat with sharp margins; vessels present in all quadrants without crossing defects. Background has even color without hemorrhage or exudates.

Ears: Pinna without masses, lesions, scaling, discharge, or tenderness to palpation.

Canals clear; tympanic membranes pearly gray with landmarks intact; no perforation.

Whispered words heard bilaterally; Weber does not lateralize. Rinne AC>BC.

Nose: No deformities or tenderness to palpation. Nares patent; mucosa pink without lesions. Septum midline without perforation. No paranasal sinus tenderness.

Mouth: Teeth in good repair. Mucosa and gingivae pink without lesions or bleeding.

Tongue symmetric, protrudes midline, no tremor. Posterior pharynx pink without exudates; uvula rises midline on phonation; tonsils 1+.

SOAP Note

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.

SOAP Note

[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.

So, what was I thinking about?

Working hypotheses	What you learned in the history	What the exam tells us
Factors contributing or related to cardiovascular disease	History of HTN, hyperlipidemia, heart murmur, problems with sexual dysfunction (male sexual dysfunction is an indicator of small vessel disease), tobacco use	BP is high 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. He does not have a arrhythmia 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
Important lifestyle factors	Smokes 1 ppd/25 years	

Go-to Worksheet

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.

References

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