

**Miami Dade College
Medical Center Campus
Emergency Medical Technician**

S.O.A.P. Report Format

(S)ubjective: In this area you will document anything that the patient or family & friends tell you.

Things to include:

Chief complaint, MOI or NOI, SAMPLE including (PQRST), *pertinent negatives*.

(O)bjective: In this area you will document any physical findings that you actually see or find as part of your assessment. Things to include:

General appearance of the patient, how patient was found, vital signs (pulse, respirations, BP, SaO₂, glucose reading), complete head-to-toe assessment.

(A)ssessment: Your evaluation or assessment of what is wrong with the patient. YOU DO NOT DIAGNOSE. Examples include:

Possible MI, Neck pain secondary to MVA, SOB of unknown etiology

(P)lan: Anything that you do for the patient as far as treatment, and any changes in the patients condition as a result of your treatment or while enroute to the hospital. Examples include:

Vitals taken, O₂ @ 4LPM via nasal canula, manual immobilization, c-collar, backboard, patient's condition improved following treatment (identify which treatment)

SAMPLE REPORT

(S) - PT. states his chief complaint is a substernal chest pain lasting 2 hours. PT. states he was sitting at home watching the game as this pain came on acutely. PT. states he feels nauseous and weak. He describes the pain as a crushing pressure that radiates to his left arm and jaw. He states the pain is a 9/10 on the pain scale. Allergies: PCN. Meds: Lopressor, Syntroid and Inderal. PMHX: Hypertension and thyroid problems. LOI: Milk and cookies 2 ½ hours ago. PT. denies any SOB, LOC, abdominal pain, substance abuse or trauma.

(O) - Upon arrival Rescue found a 59 y/o male sitting upright in a chair AAOX3. Pt was in no acute distress but appeared anxious. MAE x 4 with FROM. Vitals: P-88/min strong & regular, R- 24/min regular & unlabored with clear BBS, BP- 148/92, SaO₂ – 97%. SKIN: Cool, Pale & Diaphoretic. HEENT: No visual trauma noted, PEARL, (-) JVD, trachea midline, (-) subcutaneous emphysema, facial features symmetrical. CHEST: no visual trauma noted, = rise & fall, -crepitus, - deformity, clear BBS. ABDOMEN: soft non-tender x 4 quadrants, (-) pulsating masses, (-) rigidity, No visual trauma noted. PELVIS: No visual trauma noted. stable & intact, (-) incontinence noted. UPPER EXTREMITIES: No deformities noted, distal pulses present and equal bilateral. Motor & sensory functions intact. Cap refill < 2 sec. bilateral. LOWER EXTREMITIES: No deformities noted, distal pulses present equal & bilateral, Motor & sensory functions intact. (-) pedal edema noted. BACK: No trauma or deformities noted upon palpation or visual inspection.

(A) - Possible myocardial infarction

(P) - Physical exam, vitals taken, O₂ @ 4LPM via nasal canula, IV normal saline TKO, NTG X 3, EKG: NSR. PT's condition improved after treatment with O₂ and nitro and was transported to hospital for further care.