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# Sick Call Screener Course

## SOAP Note (1.3)



# Enabling Objective

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- 1.5 Document a patient encounter



# SOAP Note

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- Standard for documentation
- Designed to allow easy reference for follow-up care.



(U.S. Navy photo by Jacob Sippel / Released).



# Subjective

The Subjective is the information gathered from interviewing the patient. You should ask the following questions in a sequential format:

- Chief Complaint (CC)
- History of Present Illness (HPI)
- Past medical history (PMHx)
- Family history (FHx)
- Social history (SHx)
- Depression Screening
- Suicidal Ideation/Homicidal Ideation (SI/HI)
- Review of systems



[http://www.militaryblood.dod.mil/ViewContent.aspx?con\\_id\\_pk=2505](http://www.militaryblood.dod.mil/ViewContent.aspx?con_id_pk=2505)



# Chief Complaint

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- Questions that are asked during the interview
  - What is your reason for seeking care?
  - What can I do for you?



# History of Present Illness

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- **Onset**
- **Location**
- **Duration**
- **Character**
- **Aggravating and Associated Factors**
- **Relieving Factors**
- **Temporal Factors**
- **Severity**



# PMHx

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- Hospitalizations and/or surgery (including outpatient surgery)
- Serious injuries
- Medications
- Allergies



# FHx

- List any family history of major health or genetic disorders



(U.S. Navy photo by Mass Communication Specialist 1st Class Erica R. Gardner/Released)

R<sup>3</sup>

Relevant, Responsive, Requested

1.3-2-8



# SHx

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- Alcohol consumption and intake
- Exercise
- Tobacco use
- Nutrition
- Sleep pattern (number of hours/night)
- Work stress and anxiety
- Education: highest level achieved
- Occupation
- Religious barriers to care
- Travel/deployment history
- Sexual history/activity



# Depression Screening

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## Over the last two weeks have you felt:

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless
- Trouble falling or staying asleep or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself
- Trouble concentrating on things
- Moving or speaking so slowly that other people could have noticed
- Thoughts that you would be better off dead



# SI/HI

- Suicidal and homicidal ideations need to be recognized early in the interview process.
- Columbia-Suicide Severity Rating Scale is used during patient interviews.

COLUMBIA-SUICIDE SEVERITY RATING SCALE  
Screen Version

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are <b>bolded and underlined</b> .	YES	NO
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></i>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <i><b>Have you actually had any thoughts of killing yourself?</b></i>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it." <i><b>Have you been thinking about how you might kill yourself?</b></i>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <i><b>Have you had these thoughts and had some intention of acting on them?</b></i>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <i><b>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b></i>		
<b>6) Suicide Behavior Question:</b> <i><b>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b></i> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <b>If YES, ask: How long ago did you do any of these?</b> • Over a year ago? • Between three months and a year ago? • Within the last three months?		

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# Constitutional Symptoms

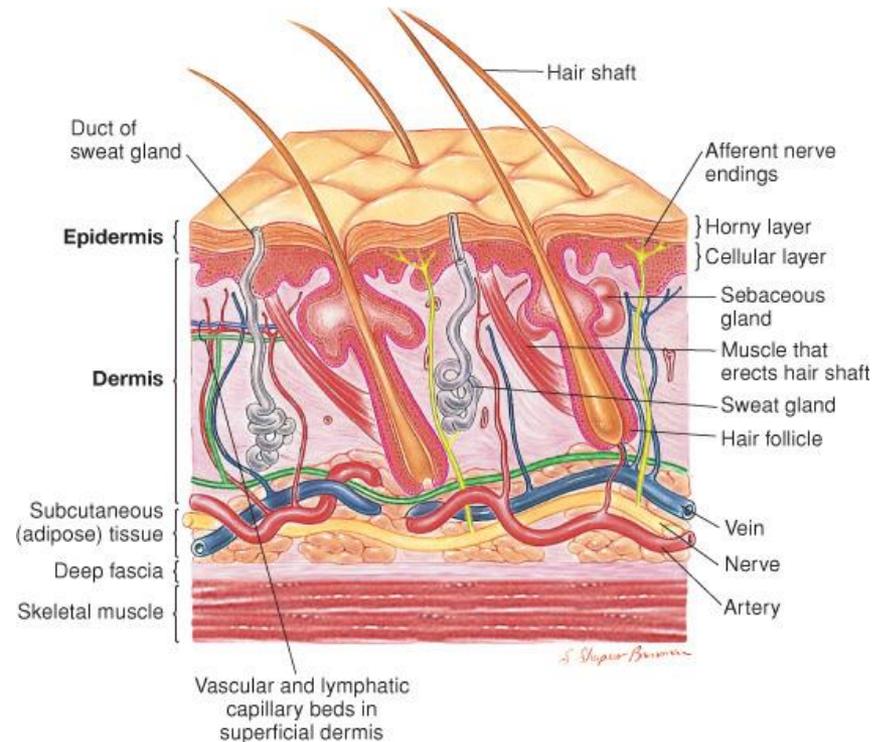
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- Pain
- Fatigue
- Fever
- Night sweats
- Chills
- Weight loss or gain
- Malaise



# Skin, Hair and Nails

- Rash
- Itching
- Pigmentation change
- Texture change
- Abnormal hair or nail growth

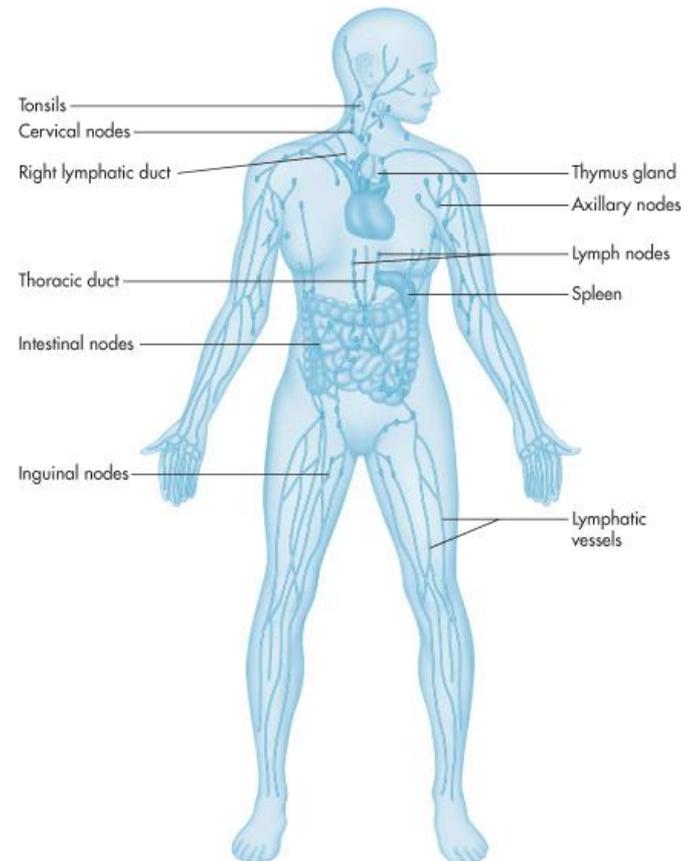


Bates' Guide to Physical Examination and History Taking - 12th Ed. (2017)



# Blood and Lymphatic

- Frequent infections
- Anemia
- Difficulty healing from cuts/scrapes
- Easy bruising
- Lymph node enlargement
- Fatigue or lack of energy

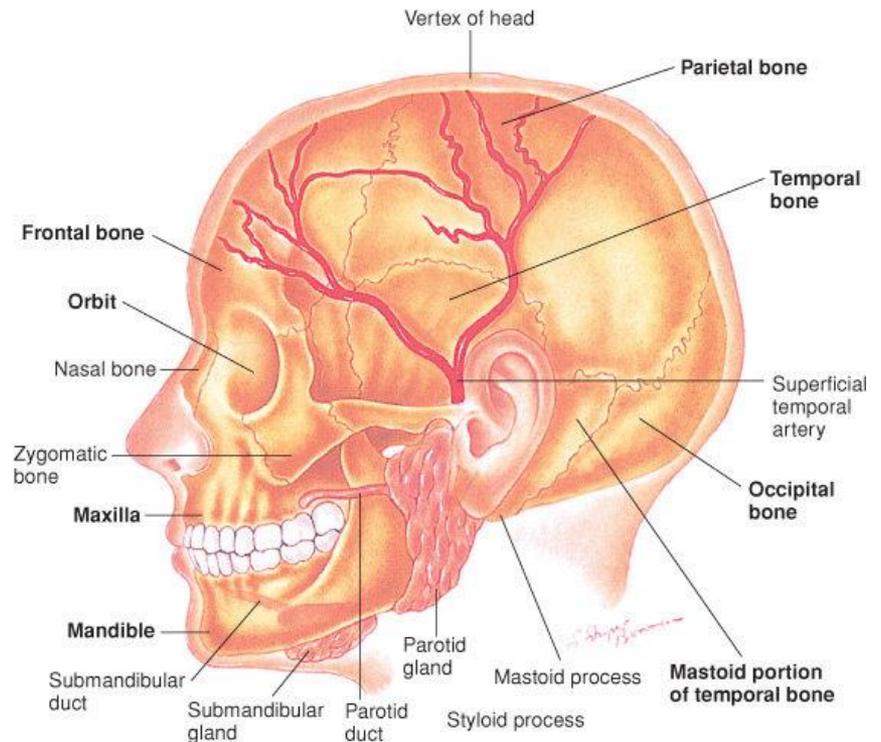


Wound Management: Principles and Practice - 3rd Ed. (2012)



# Head and Neck

- Headaches
- Dizziness
- Syncope
- Loss of consciousness
- Neck stiffness
- Light headedness

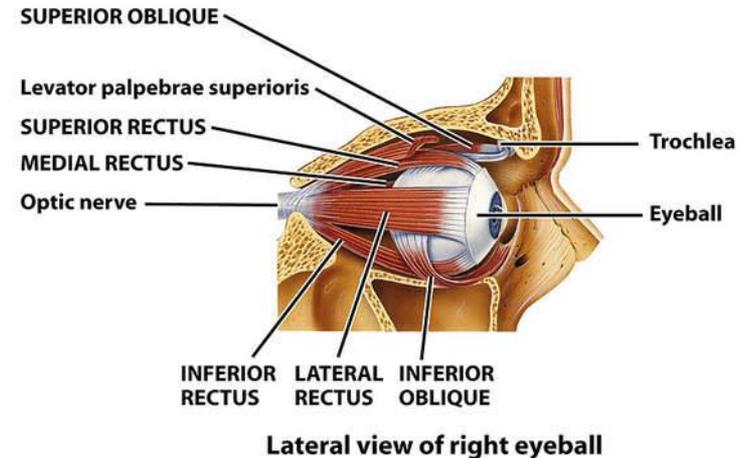


(From Bates' Guide to Physical Examination and History Taking, 12<sup>th</sup> Ed.)



# Eyes

- Visual acuity
- Blurring
- Diplopia
- Photophobia
- Pain
- Change in vision
- Glaucoma
- Use of glasses or contacts
- Use of eye drops or medications
- History or trauma



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# Ears and Nose

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## Ears

- Hearing loss
- Pain
- Discharge
- Tinnitus
- Vertigo

## Nose

- Sense of smell
- Frequency of colds
- Obstruction
- Epistaxis
- Postnasal discharge
- Sinus pain



# Throat and Mouth

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- Hoarseness or change in voice
- Frequency of sore throats
- Bleeding or swelling of gums
- Recent tooth abscesses or extractions
- Soreness of tongue or buccal mucosa
- Ulcers
- Disturbance of taste



# Lymph Nodes

- Enlargement
- Tenderness
- Suppuration

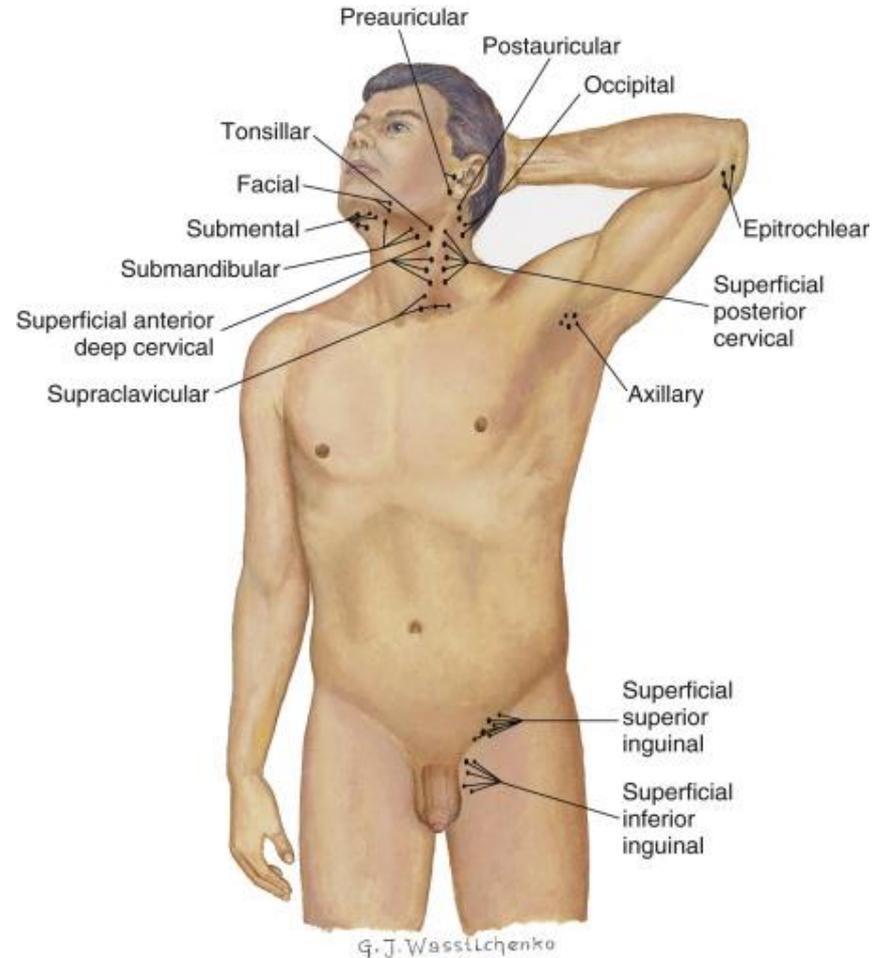


Fig 10.14 Seidel's Guide to Physical Examination 9th Edition



# Chest and lungs

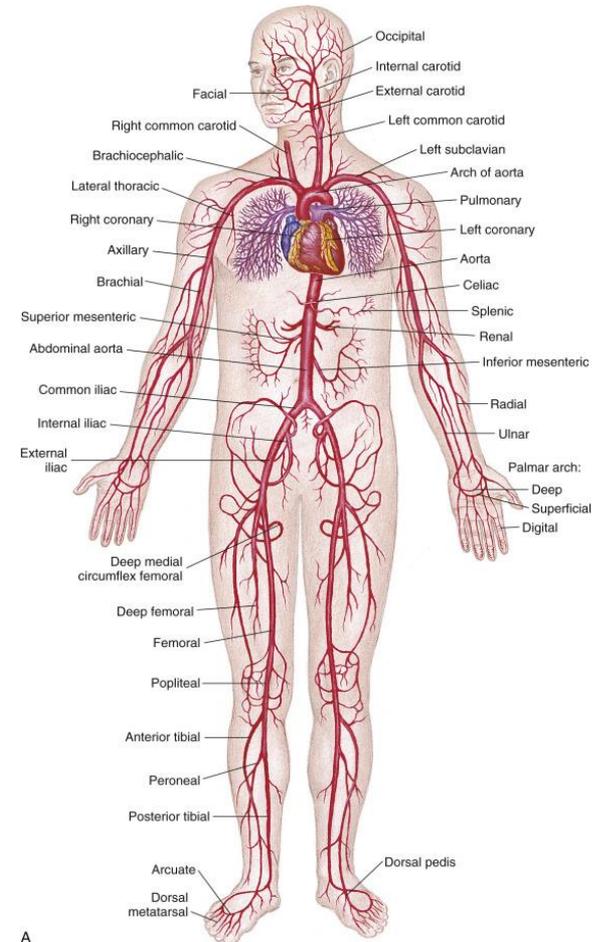
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- Pain related to respiration
- Dyspnea
- Cyanosis
- Wheezing
- Cough
- Sputum
- Hemoptysis
- Exposure to Tuberculosis
- Past Chest X-Ray



# Cardiovascular

- Chest pain or distress
- Palpitations
- Orthopnea
- Edema
- Hypertension
- Previous myocardial infarction
- Exercise tolerance
- Previous cardiac tests
- Tendency to bruise or bleed



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Fig 16.3 Seidel's Guide to Physical Examination 9th Edition



# Breasts

- Pain
- Tenderness
- Discharge
- Lumps
- Galactorrhea
- Past mammograms
- Frequency of breast exams

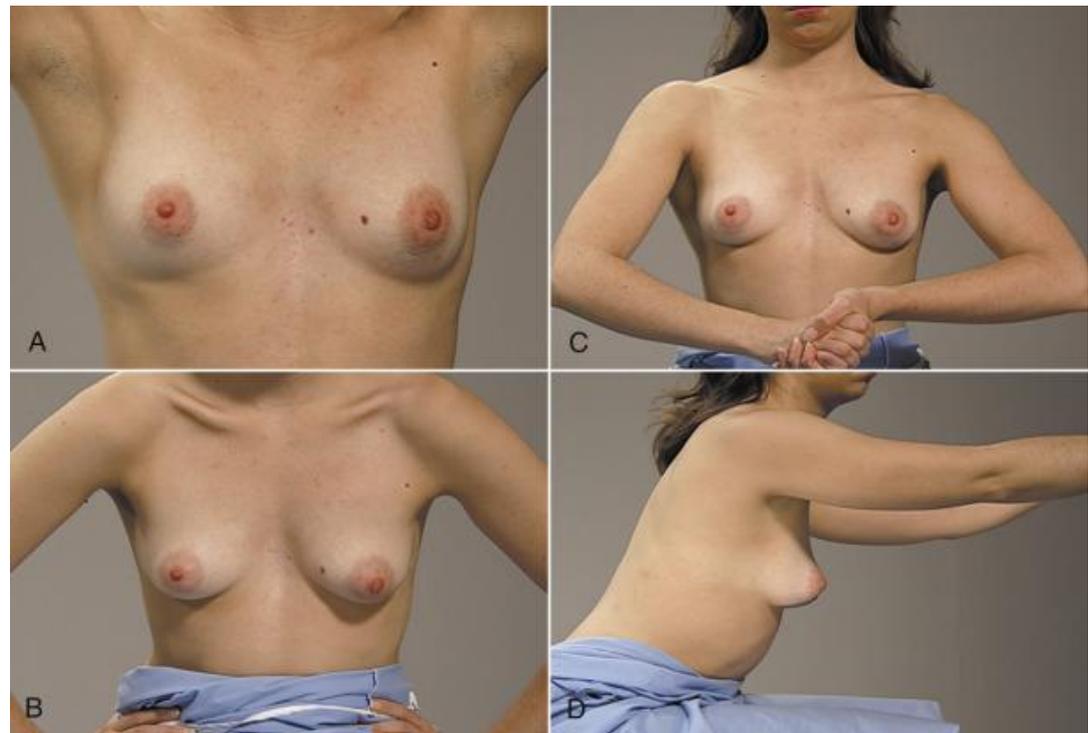
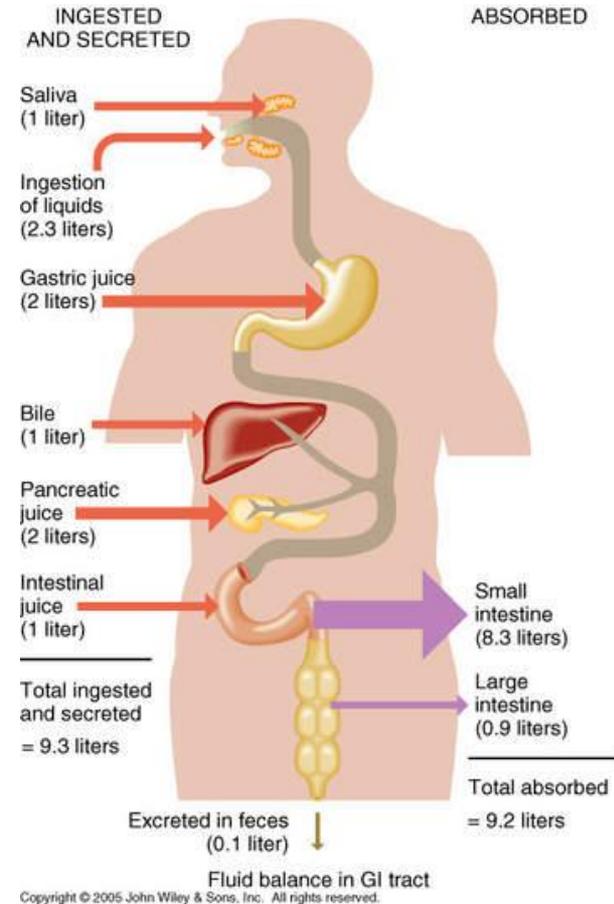


Fig 17.12 Seidel's Guide to Physical Examination 9th Edition



# Gastrointestinal

- Appetite
- Digestion
- Heartburn
- Nausea
- Vomiting
- Constipation
- Diarrhea
- Hemorrhoids
- History of ulcers
- Gallstones
- Polyps
- Tumors
- Past diagnostic images or tests



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R<sup>3</sup>

Relevant, Responsive, Requested

1.3-2-23



# Genitourinary

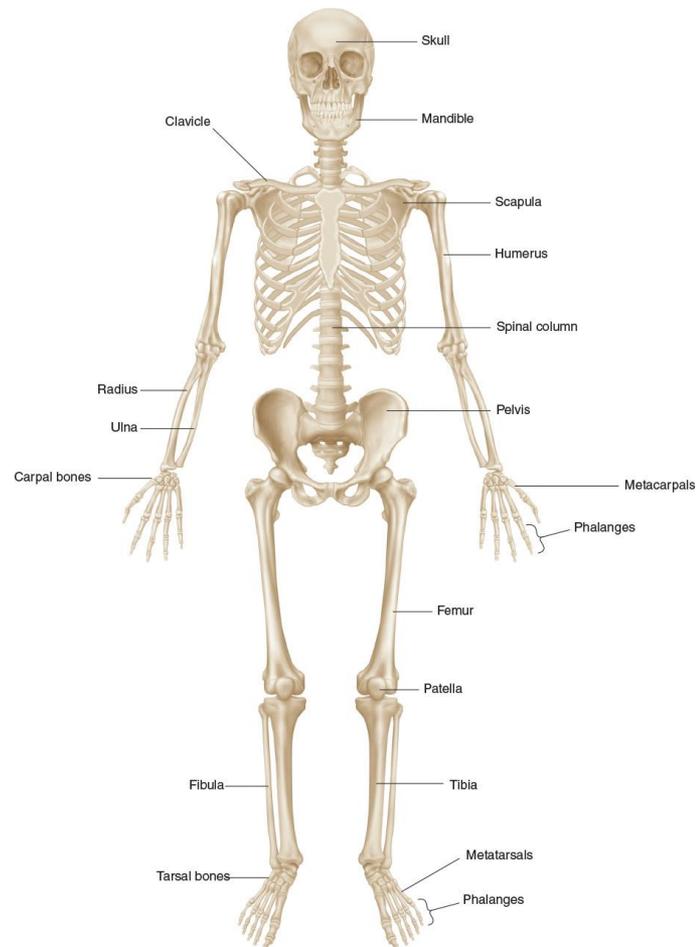
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- Dysuria
- Flank or suprapubic pain
- Urgency and frequency of urination
- Nocturia
- Hematuria
- Polyuria
- Dark or discolored urine
- Hesitancy
- Dribbling
- Loss in force of stream
- Passage of stone
- Stress incontinence
- Hernias
- STD's



# Musculoskeletal

- Joint stiffness
- Pain
- Restriction of motion
- Swelling
- Redness
- Heat
- Bony deformity



ESSENTIALS OF MUSCULOSKELETAL CARE - 5th Ed. (2016)



# Neurological

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- Syncope
- Seizures
- Weakness or paralysis
- Abnormalities of sensation or coordination
- Tremors
- Loss of memory
- Ability to concentrate



# Psychological

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- Depression
- Mood changes
- Difficulty concentrating
- Anxiety
- Agitation
- Tension
- Suicidal thoughts
- Irritability
- Sleep disturbances



# Male Specific

- Difficulty with erections
- Penile discharge
- Testicular pain
- Scrotal masses



Fig 20.5 Seidel's Guide to Physical Examination 9th Edition



# Female Specific

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- Abnormal bleeding or discharge
- Itching
- Date of last Pap Smear
- Pain during intercourse
- Date of menopause
- Menses
  - Age at menarche, regularity, duration and amount of flow, and last menstrual period
- Pregnancies
  - Number, living children, multiple births, miscarriages, abortions, duration of pregnancy, each type of delivery, any complications during any pregnancy or postpartum period



# Objective

- Observations
  - General appearance
  - Indications of obvious distress
- Physical findings
  - Pertinent physical findings
  - Vital Signs
- Relevant laboratory results
- Relevant X-ray studies



<http://navymedicine.navylive.dodlive.mil/archives/11631>



(U.S. Navy photo by Mass Communication Specialist Seaman Jermaine M. Ralliford/Released)

R<sup>3</sup>

Relevant, Responsive, Requested

1.3-2-30



# Assessment

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- The Corpsman reflects the results of the examination.
- A credentialed provider makes the patients diagnosis.
- There may be one or several diagnosis.



Hospital Corpsman 3rd Class Spencer Martin, a corpsman with Naval Branch Health Clinic Naval Air Technical Training Center, examines an ankle of patient as part of the Connected Corpsmen in the Community (CCC) concept implemented by Naval Hospital Pensacola



# Plan

- This portion of the note includes all:
  - Medications prescribed
  - Treatments
  - Physical limitations, if any
  - Follow-up care, if needed
  - Patient education
  - Disposition



(U.S. Navy photo by Mass Communication Specialist 3rd Class Andrew Schneider/Released)



# Summary and Review

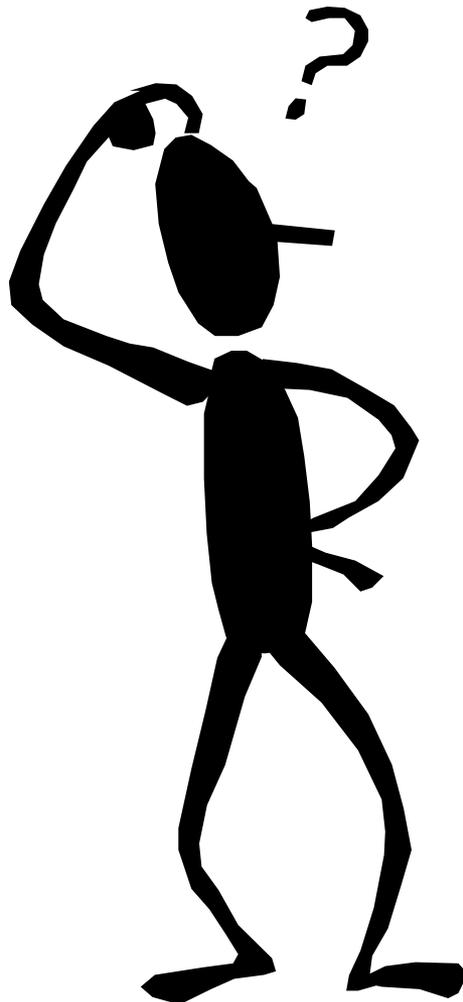
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- 1.5 Document a patient encounter



# Questions

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**R<sup>3</sup>**

Relevant, Responsive, Requested

1.3-2-34



# Application

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- Job Sheet SCSC 1.3-3, SOAP Note Lab
- SCSC Performance Test 1