

Patient Assessment Record – SOAP Note

Venture Crew 80

| | | | | |
|--------------------------------|-------------------------|--------------------|----------------------------------|----------------------------------|
| Notified Date & Time | On Scene Time | Scene Safe? | Incident Occurred Time | Notify 9-1-1? Y N Time |
|--------------------------------|-------------------------|--------------------|----------------------------------|----------------------------------|

Airway **B**reathing **C**irculation (Chunk) **D**isability **E**nvironment

| | | | |
|--------------|----------------|------|------|
| S Age | Sex M F | Name | Unit |
|--------------|----------------|------|------|

| | |
|---|---------------------|
| Health Form - Permission to treat? Y N | Address, or contact |
|---|---------------------|

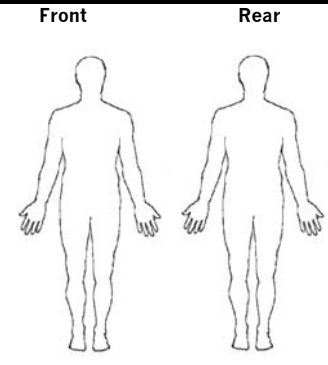
| | |
|--------------------------------|-----------------|
| MOI Mechanism Of Injury | City, State ZIP |
|--------------------------------|-----------------|

| |
|--------------------------------------|
| C/C Patient's Chief Complaint |
|--------------------------------------|

| |
|---|
| HPI Hx of Present Illness: Location, Onset, Duration, Frequency, Quality, Quantity, Exacerbations, Reliefs, Prior Hx of same |
|---|

Vitals (*OMIT sections you are not trained/certified to complete*)

| O | Time → | | | | | | |
|---------------------------------|--------|--|--|--|--|--|--|
| LOR A+O ^x VPU | | | | | | | |
| Skin c t m | | | | | | | |
| H R r q | | | | | | | |
| R R r q | | | | | | | |
| Pupils perrla | | | | | | | |
| BP | | | | | | | |



| |
|---|
| Patient exam locations of pain, tenderness, injuries, Circulation Sensation Motion |
| |
| |

| |
|---|
| Signs / Symptoms |
| Allergies |
| Meds Rx, OTC, Rec. |
| Past Pertinent Med Hx |
| Last Oral Intake, Outputs |
| Events leading to accident/illness |

| A Assessment (problems) | R Y G |
|-------------------------|-------|
| 1 Possible | R Y G |
| 2 Possible | R Y G |
| 3 Possible | R Y G |
| 4 Possible | R Y G |

| |
|---|
| P Plan for each problem and for getting help |
| 1 |
| 2 |
| 3 |
| 4 |

Monitor Interval

| | | |
|------------------|-------------|-----|
| EVAC? Y N | Date & Time | By: |
|------------------|-------------|-----|

| | | |
|----------|----------|--|
| Care by: | Care by: | |
| Care by: | Care by: | |

*If patient is transported, send a **copy** with the patient*