DOCUMENT MEDICAL CARE: SOAP NOTE FORMAT

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLE: IV

REFERENCE: STP 8-68W13-SM-TG, Task: 081-833-0145, Document Patient Care Using Subjective, Objective, Assessment, Plan *(SOAP)*Note Format

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.

PRINCIPAL PURPOSE: To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.

ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.

DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. Soldier *(Last Name, First Name, MI)*

2. Date *(YYYYMMDD)*

SCENARIO:

While working at the forward operating base aid station, you encounter a conscious 66 year old male contractor relating a chief complaint of difficulty in breathing and chest pain. He says he fell down a flight of steps and his chest hurts. His airway is open and he is too short of breath to speak in full sentences. His respirations are 22, rapid and shallow. He has a radial pulse of 130 and his blood pressure is 90 over 60. There are bruises on his rib cage. Using the SOAP Note format, record the appropriate information.

GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
3. Performance Measures	P	F	P	F	P	F
a. Recorded the patient's name and rank, and the date and time.						
b. Wrote the subjective **(S)** data as related by the patient. *(Included history applicable to the chief complainant.)*						
c. Wrote the objective **(O)** data. *(Included a physical examination relevant to the chief complainant.)*						
d. Wrote assessment **(A)** data.						
e. Wrote the plan **(P)**.						
f. Corrected recording errors, if applicable.						
g. Finished the entry with signature, printed name, rank, and title.						

4. Demonstrated Proficiency　　Yes ☐　　No ☐

5. Start Time	6. Stop Time	7. Initial Evaluator
8. Start Time	9. Stop Time	10. Retest Evaluator
11. Start Time	12. Stop Time	13. Final Evaluator

14. Evaluator's Comments

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