

HEALTH CAREER INSTITUTE

PATIENT CARE REPORT AND SOAP NARRATIVE

Student: _____ **Shift Date:** ___ / ___ / ___

Agency/ Hospital: _____ **Instructor/ Preceptor:** _____

ETHNICITY	M	F	AGE	MEDICAL COMPLAINT	TRAUMA COMPLAINT
African American	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Abdominal	<input type="checkbox"/> OD-Poison
American Indian	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Cardiac	<input type="checkbox"/> Psychiatric
Asian	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> CVA	<input type="checkbox"/> Respiratory
Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	◇ Ped 0-12	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Seizure
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	◇ Adult 13-70	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Sepsis
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	◇ Ger > 70	<input type="checkbox"/> Other _____	<input type="checkbox"/> Multi-system _____
				<input type="checkbox"/> Head/Face	<input type="checkbox"/> Neck/Back
				<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen
				<input type="checkbox"/> Extremities	
				<input type="checkbox"/> Pelvis	
				<input type="checkbox"/> Musculoskeletal	

MISC. INJURY INFORMATION

- None Driver MVC Passenger MVC Auto-Pedestrian
 Motorcycle Fall/Jump Airbag Seatbelt Entrapment Ejection Rollover Blunt
 Penetrating Injury – Type _____ Other _____

MEDICATIONS:

PAST MEDICAL HX:

ALLERGIES: NKA

Time: BP	Pulse	Resp	A	V	P	U

Time: BP	Pulse	Resp	A	V	P	U

Eyes Open Spontaneous 4 To Voice 3 To Pain 2 None 1 **Glasgow Score =** _____
Verbal Oriented 5 Confused 4 Inappropriate 3 Garbled 2 None 1
Motor Obey Comm. 6 Pain/Local 5 Pain/Withdraw 4 Pain/Flexion 3 Pain/Ext 2 None 1

BLS AIRWAY NC NRB Nasal airway Oral airway BVM @ _____ L/Min
 Other: _____

ALS AIRWAY PTL Surgical Nasal ET Oral ET Attempts X _____ Success Y N ET size ____

Pulse Ox on room air ⇒ _____ % **After O2** ⇒ _____ % **Glucometer** ⇒ _____

IV / IO Attempts: _____ Success: Y N Site: _____ Gauge: _____
 Solution: _____

Rhythm strips must be attached for all monitored patients.

ELECTRICAL THERAPY	ENERGY LEVELS	STUDENT	TEAM	EKG INTERPRETATION	STUDENT	TEAM
MANUAL/AUTO DEFIBRILLATION		<input type="checkbox"/>	<input type="checkbox"/>	Rhythm 1	<input type="checkbox"/>	<input type="checkbox"/>
TRANSCUTANEOUS PACING		<input type="checkbox"/>	<input type="checkbox"/>	Rhythm 2	<input type="checkbox"/>	<input type="checkbox"/>
SYNCHRONIZED CARDIOVERSION		<input type="checkbox"/>	<input type="checkbox"/>	Rhythm 3	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	Rhythm 4	<input type="checkbox"/>	<input type="checkbox"/>

