**King University MSN/NP Program**

**Clinical SOAP Note Format**

**Adult, Women, Geriatrics**

Student: Erica Miller      Course: NURS5004          Date: 10/26/23

SOAP Note #: Practice                                    Acute Visit

**Patient Information**

Initials: TJ Age: 28 Gender: F

DOB: 2/17/1995   LMP: 2 weeks ago

**(S)ubjective Data**

**CC:** SOB and wheezing following an asthma attack 2 days ago

**HPI for acute visit:**

Onset: 2 days ago

Location: At the patient's cousin's house

Duration: 5 minutes

Character: SOB, wheezing, and nonproductive cough

Aggravating/Associated: dust/ cats.

Relieving: Albuterol inhaler

Severity: 7/8 out of 10

**HPI for chronic visit:**Pt was diagnosed with asthma when she was 2 ½ years old

**HPI for annual physical or wellness exam:**Not provided

**Past Medical Hx**: Asthma, Type 2 Diabetes, Hypertension

**Past Surgical Hx**: None

**Family Medical Hx:** Mother- high cholesterol and BP father's blood pressure, cholesterol, and diabetes

**Personal & Social Hx:** Pt states she is currently not working, but will start new job soon. Denies smoking, and illicit drug use, and admits to occasional drinking.

**Immunization status:** Up to date

**Medications:** Inhaler daily 2x a day, Albuterol rescue inhaler PRN, metformin 800 mg daily, Birth control

**Allergies & Reactions:**  Dust and Cat's itchy watery eyes and shortness of breath

**Review of Systems**

  General Constitutional: denies fever, chills, sweats, fatigue, weight change

Skin, Hair, & Nails: denies rash, lesions, hair loss, admits to discoloration of the neck.

Head & Neck: denies headache, pain, masses, lesions

Eyes, Ears & Nose: denies ear pain, drainage, hearing loss, ringing in ears, vision changes, blurry vision, nasal discharge, post-nasal drip, nasal congestion

Throat & Mouth: denies sore throat, difficulty swallowing, gum, or dental pain

Lymphatic: denies lymph node enlargement or tenderness

Chest and Lungs: patient states she has shortness of breath, wheezing, denies night sweats, denies family h/o breast cancer

Breasts: denies pain, tenderness, lumps, swelling, nipple changes or discharge

Heart & Blood Vessels: denies chest pain, palpitations, h/o MI, h/o HTN, leg pain, swelling, or cramps with walking/claudication

Peripheral Vascular: denies edema, swelling of extremities, pain/claudication

Hematologic: denies easy bruising, bleeding

Gastrointestinal: denies n/v/d, abdominal pain, difficult swallowing, black stools, constipation, heartburn, indigestion

Diet: denies appetite changes, restrictions, vitamins, or supplements

Endocrine: denies polydipsia, polyphagia, polyuria, fatigue, weight changes, heat or cold intolerance, hair changes

Pregnancy: denies pregnancy

Genitourinary: denies vaginal itching, burning, and stinging. Denies flank pain.

Musculoskeletal: denies muscle weakness or cramping, pain, swelling, or difficulty with ROM

Neurologic: denies any seizures, tremors, headaches, dizziness, memory loss, loss of sensation, numbness, or tingling of extremities

Mental Health: denies any feelings of depression, anxiety, or difficulty sleeping. No suicidal or homicidal thoughts.

**(O)bjective Data**

**Vital signs**: Temp: 98.5   methods:       HR: 89   RR: 22    BP: 140/81 SP02:97%

Pain scale: not provided

BMI: 30.8      HT: not provided   WT: 89kg

General: well nourished, well developed, and in no acute distress. Alert and oriented x3

Mental Status: appropriate appearance, behavior, mood and affect, maintains eye contact, speech appropriate and non-slurred, coherent thought process

Skin: no rashes, lesions, or unusual bruising noted

HEENT: Head normocephalic and atraumatic Eyes: PERRL, EOM intact Ears: canal clear, no swelling, TM pearly grey w/o fluid, bulging, erythema Nose: nasal mucosa moist and pink, septum midline, nares patent Throat: oral mucosa pink and moist, good dentation, no tonsillar swelling or exudate

Neck: trachea midline, no enlargement, masses, or nodules, no bruits noted

Chest: symmetrical, without deformity, atraumatic in appearance, no tenderness upon palpation

Lungs:  auscultation revealed bilateral wheezing, no rales, or rhonchi, regular rate, and rhythm

Breasts: not pertinent

Heart & Blood Vessels: regular rate and rhythm, S1 and S2 noted, no murmur or extra heart sounds present.

Abdomen: round and non-tender, no suprapubic tenderness upon palpation, bowel sounds present x4 quads and normoactive,

Back: spine w/o deformity or abnormal curvature, no CVA tenderness noted

Genitalia: NA

Anus & Rectum: Not applicable

Lymphatics: no cervical lymph node enlargement noted

Musculoskeletal: no deformities, no edema, full ROM in bilateral upper and lower extemities

Neurologic: appropriate mood and affect, alert and oriented x 3, cranial nerves intact, no tremors noted

LAB Data: None provided

**(A)ssessment**

 Encounter for physical exam z00.00

Differentials: (this includes any diagnoses considered when forming final diagnosis listed above)

Asthma exacerbation J45.901, Bronchitis J20.9, Pneumonia J18.9

**(P)lan (**create an individual plan for each problem using the categories below)

**Treatment(s):**

Immunizations needed/ recommended: none at this time

Nonpharmacologic symptomatic care for an illness or problem: Avoid triggers.

Pharmacologic care of an illness or problem:

RX Medications:  Proventil 90 mcg per Puff Q 4 hrs PRN

OTC Medications: none at this time

**Diagnostics/ labs**:

**Referrals:** None at this time

**Follow-up instructions**: Return if symptoms worsen.

**Patient Education:** encouraged pt to keep filters in house changed and to avoid asthma triggers

**Preventive care recommendations**: (per USPSTF <https://www.uspreventiveservicestaskforce.org/webview/#!/> )

**Competency Reflections**

**TN Pain Competency**

Review the core competencies for pain and addiction at the website below. Identify a competency and how it was addressed while providing care for this patient

 <https://www.tn.gov/content/dam/tn/opioids/documents/PAME_Report_July2018.pdf>

**NONPF Competencies**

Discuss how you addressed at least 3 NONPF competencies during this visit. **Identify the competency area and the specific core competency for each.**  (See NONPF competency list available at     <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20170516_NPCoreCompsContentF.pdf> )

**Interprofessional Collaboration Competencies**

Provide a brief reflection for each competency. Discuss how you addressed or would address collaboration with another member of the health care team in relation to your patient’s care. Optimally, this should be someone other than a primary care provider and reflections should be completed on different interprofessional roles throughout the program.

Interprofessional Education Collaborative. (2016).*Core Competencies for Interprofessional Collaborative Practice: 2016 update*. <https://hsc.unm.edu/ipe/resources/ipec-2016-core-competencies.pdf>

**Competency 1 Values and Ethics for Interprofessional Care (VE1, VE3, VE4, VE5)**

**Competency 2 Roles/Responsibilities (RR2 & RR4)**

**Competency 3 Interprofessional Communication (CC2 & CC3)**

**Competency 4 Team/Teamwork (TT1, TT3. TT7, TT11)**