**King University MSN/NP Program** 

**Clinical SOAP Note Format**

**Pediatrics**

Student Denver Moses Course NURS 5023 Date 2/15/23

SOAP Note # 2 Acute

**Patient Information** (information gathered from chart/ provider/ parent)

Initials: MH Age: 6 Gender : female DOB: 2/14/2016

LMP: N/A Accompanying adult: Father

**(S)ubjective Data**

**CC: Cough**

**HPI for acute visit:** note must include:

Onset - 3 days

Location- chest and throat

Duration- 3 days

Character- clear mucus and a consistent hacky cough

Associated/Aggravating factors- laying down makes cough worse.

Relieving actions- cough drops and robitussin

Severity 5/10 per father

**Past Medical Hx: None**

**Medical equipment:** (O2, trach, g-tube, port, orthotics, wheelchair, etc.) None

**Past Surgical Hx: None**

**Family Medical Hx: Mother- unknown father- type 2 diabetes**

**Personal &Social Hx: currently attends 1st grade and lives with his father. No smoking in the home.**

**Birth History: pt was delivered via a natural vaginal delivery with no complications noted**

**Specialists Providers**: None

**Immunization status**: PT is up to date on all immunizations. Declines flu vaccine at this time.

**Medications**: none currently

**Allergies & Reactions**: none

**Review of Systems**

General Constitutional: denies fevers, chills, weight changes

Skin, Hair & Nails: Denies lesions, rash, or itching

Head & Neck: denies lesion masses or headaches

Eyes, Ears & Nose: denies vision changes, tinnitus or difficulty hearing, nose bleeds admits to congestion, denies any drainage

Throat & Mouth: denies sore throat, hoarseness, or difficulty swallowing

Lymphatic: denies lymph node enlargement

Chest and Lungs: denies wheezing, SOB, admits to a dry cough that is non productive

Breasts: denies pain tenderness or lumps

Heart & Blood Vessels: denies chest pain or palpitations

Peripheral Vascular: denies extremity edema or pain

Hematologic: denies any abnormal bruising or bleeding

Gastrointestinal: denies NVD or abdominal pain, no constipation

Diet: N/A

Endocrine: denies weight changes or cold intolerance

Gender Related: N/A

Pregnancy: N/A

Genitourinary: denies pain with urination, urgency and frequency

Musculoskeletal: denies weakness, cramping, swelling of the joints admits to muscle pain in the lower back

Neurologic: denies headaches tremors, dizziness, loss of sensation

Mental Health: denies feeling of anxiety, depression, no SI or HI

Sleep hygiene and pattern: per father patient has a good sleep routine and gets about 10 hours of sleep each night

Attainment of developmental milestones per parent: patient appears to of met all milestones, patient can count five objects, count to 10, follow directions.

**(O)bjective Data**

**Vital signs**: Temp 98.9 method oral HR 66 RR 17 BP 95/74 Pain scale 0/10 O2- 99%

BMI 92% HT 42 in Growth chart 94% WT (22 kgs. & 50.5 lbs.) Growth chart 95% \*Growth charts must be attached with **each** SOAP note (well or sick).

General: (include hygiene) Pt appears appropriate for developmental age, is well dressed. Clean and very well groomed

Mental Status: (include behavior) alert behavior appears appropriate .

Skin: (include tattoos/piercings) clean, dry, intact. No abrasions, bruising or wounds noted. No petechia, not diaphoretic

HEENT: head is normocephalic, ears canals patent with no redness noted, tympanic membrane pearly gray, PERRLA, Nares patent with no exudate noted. Throat patent and appears pink in color, negative for any drainage or lesions. Tonsils appear to be a 1.

Neck: no lymph node swelling noted, no JVD, trachea midline

Chest: Symmetrical expansion

Lungs: lung sounds were clear to auscultation. Cough noted upon exam

Breasts: (include Tanner Staging) Tanner stage 1

Heart & Blood Vessels: no murmurs noted upon auscultation. S1 and S2 present with auscultation

Abdomen: soft, nontender, nondistended. bowels sounds present in all 4 quadrants

Genitalia: (include Tanner staging) NA

Anus & Rectum: NA

Lymphatics: no lymph node swelling noted

Musculoskeletal: No muscle weakness, appropriate ROM in all extremities

Neurologic: Alert, Oriented x3, speech appropriate for developmental age

Developmental Milestones: patient appears to of met all milestones, patient can count five objects, count to 10, follow directions.

Erickson’s Developmental Stage per provider with explanation. Is the stage appropriate or delayed? Industry vs inferiority. Appropriate.

LAB Data: include results (if obtained) FLU and RSV negative. Covid positive

If labs not obtained what is recommended by the APA for the patient’s age? (Reference the periodicity schedule at Bright Futures. <https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.aspx> )

**(A)ssessment** (List as many diagnoses as indicated.)

Include ICD 10 code -<http://www.icd10data.com/ICD10CM/Codes>

1. U00 Covid 19

2. R05 cough

3.

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

1. J01.90 sinusitis

2. J20.9 bronchitis

3. J03.90 tonsillitis

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

**Treatment(s): Symptomatic treatment with OTC products is recommended. As pt doesn’t not have a bacterial infection**

Immunizations needed/ recommended: none

Non pharmacologic symptomatic care for an illness or problem: vick’s vapor rub, cough drops

Pharmacologic care of an illness or problem:

Medications recommended: none

**Diagnostics/ labs**: covid- positive, flu and RSV both negative swabs.

**Referrals:None**

**Follow-up instructions**: follow up as needed. If symptoms worsen please return or go the ER if experiencing difficulty breathing.

**Age Appropriate Education/Anticipatory Guidance:** Monitor oxygen levels if they drop below 90% go to the ER . If PT experiences SOB or respiratory distress go to the ER. Quarantine for 5 days and watch family for symptoms. Give Tylenol or Motrin if a fever occurs.

​ **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>

 I do not feel this competency is needed as the patient had no complaints of pain.

**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> )

Policy- Policy guidelines were followed in the treatment and diagnoses of this patient.

Ethics- ethics were addressed during the assessment of the patient and developing a treatment plan

Practice inquiry- The patients symptoms were investigated to develop an appropriate diagnosis and treatment.

**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)**

Discuss how cultural diversity, individual values, and interests of the health care team (including the patient) may have impacted care decisions.  The patient was underinsured and father was living on a tight budget. Although not exactly a cultural difference having low income was addressed in diagnostic and treatment options.

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

Recognizing your own scope of practice, what elements of treatment, health promotion or disease prevention could another member of the health care team offer your patient that you can’t?  With the number of sick patients that we have seen it would be very difficult to swab all of them ourselves. The nursing staff carry out diagnostic testing. Although it is a step we could technically do it is important to have a strong team to work together.

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

What communication strategies can be used to ensure understanding of information, treatment, and care decisions between patients, families, and other health care team professionals?

Direct and honest communication is the best approach with any communication between the parents in the healthcare team.

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

What principles of teamwork can be used to effectively plan, deliver, and evaluate care given to the patient?  When the provider, staff and parents all work together for the best outcome for a sick child we will get the best outcome. We all become part of the same team working together for the best results.

