

S.O.A.P. Note (Blank Template)

January 1, 2050

Joe Sample

S: subjective

O: objective

- Vitals
- General Exam
- Lower Extremity Exam
- Radiographs & Labs

A: assessment

- Diagnosis
- Comorbidities (Diabetes, hypertension, etc.)

P: plan

- Educate patient
- Medication
- New exams (lab or x-ray)
- Return to clinic or discharge

S.O.A.P. Note

(Learn in Detail)

January 1, 2050

Joe Sample

Subjective

NLDOCAT:

Nature – Do you have burning, tingling, shooting or numbness pain?

Location – Can you point with one finger where it hurts?

Duration – Months, weeks days?

Onset – Did this happen gradually or all at once?

Course – Getting better or worse? Radiating to other parts of the foot?

Aggravated – What makes it worse? Walking, certain shoes, resting?

Treatment – What have you tried to make it better?

Does he have any fevers, chills, nausea, or vomiting? Shortness of breath? Any trauma? If trauma, know when last time he ate?

Objective

VITALS:

1. Temperature – (36.5-37.6 C)
2. Heart Rate – (80-100 beats/min)
3. Respiratory Rate – (12-22 breaths/min)
4. Blood Pressure – (100-160 mmHg systolic)
5. Pulse Oximetry – (95-100 SpO₂)
6. Pain Scale – (scale of 1-10)

GENERAL EXAM:

- Awake, alert, oriented.
- Well groomed.
- Dressing are dry and intact. No strikethrough.

LOWER EXTREMITY EXAM:

Neurologic

- Light touch – 10g Semmes Weinstein Monofilament (5.07)
- Vibratory – 128 Hz Tuning Fork
- Sharp/dull – the blunt end and sharp end of a swab stick
- Proprioception – move hallux up or down in space
- Deep Reflexes – Achilles (L5-S2) and Patellar (L2-L4) with a reflex hammer
- Superficial Reflexes – Babinski sign with a curved stroke of the reflex hammer

Vascular

- Pulses -Dorsalis Pedis (DP) and Posterior Tibialis (PT) palpable
- Doppler Ultrasound - Mono-, Bi-, Triphasic
- Capillary refill - <3 seconds or >3 seconds
- Digital hair – (+/-) presents (hair in toes = good blood flow)
- Varicosities – (+/-) presents
- Edema (pitting edema vs non-)
 - 1+ minima, 2+ moderate, 3+ severe
- Skin temperature - is (cold/warm) to the touch
 - Hot – inflammation or infection
 - Warm – normal healthy
 - Cold – poor blood flow

Muscular

- Foot type – pes cavus, pes rectus, pes planus
- Digital deformity – bunion, claw toe, hammer toe, mallet toe, hallux limitus. Any previous amputations
- Range of Motion (ROM) – Adequate ROM to MTPJ, STJ, and AJ without crepitus, slight pain at end range of motion
- Muscle Strength – 5/5 on all quadrants
- Equines
 - Gastroc equinus
 - Gastroc-soleus equinus
 - Pseudoequinus
- Biomechanics
 - Gait Analyses
 - WB vs non-

Dermatologic

- Nails
 - Onychauxis – thickened, long nail
 - Onycholysis – separated nail
 - Onychocryptosis – ingrown nail
 - Onychogryphosis – ram's horn nail
 - Onychomycosis – fungal nail
- Skin
 - No hyperkeratotic lesions, verruca tissue, foreign body. Mild edema, erythema but no open lesions, abrasions, or interdigital maceration. No varicosities, telangiectasias, pigmented lesion, or venous stasis. Adequate fat padding to the plantar aspect of the foot.
- Ulcer
 - (length x width x depth) location?
 - Granular or fibrotic base?
 - Roofing/undermining?
 - Tracking? tunneling? macerated or hypertrophic border?

- Probes to a bone?
- Sanguineous or serous drainage?
- Periwound erythema or edema?
- Malodor present?
- Type: decubitus, ischemic, venous, neuropathic ulcer?

LABS: CBC, BMP, PT/INR, culture, gram stain

RADIOGRAPHS:

- Radiograph – 3 views of foot, 3 views of ankle x-ray
- CT Scan (Computerized Tomography Scan)
- MRI (Magnetic Resonance Imaging)
- MRA (Magnetic Resonance Angiogram)

Assessment

- Comorbidities
 - DMII, HTN, Afib, RA, Anemia, smoker
- Think diagnosis or differential diagnosis
 - Hammertoe, ankle fracture, neuropathic ulcer, etc.
- Think ICD 10 codes, if comfortable

Plan

- Educate patient
- Medication dispensed
- New exams (labs or x-ray)
- Weight bearing status: WB, non-WB, or partial-WB
- Pt. will return to the clinic in _ weeks

S.O.A.P. Note

(Sample 1)

January 1, 2050

Joe Sample

S:

A 65-year-old Male Diabetic type 2 (DMII) presents to podiatry clinic for **(nature)** throbbing pain (7/10) on the bottom of his **(location)** LEFT foot. He points at his big toe that is red, this started about **(duration)** 3 days ago, **(onset)** overnight all at once, **(course)** getting worse. He states that it is very **(aggravated)** sensitive even when putting on shoes or walking. He has **(treatment)** tried Tylenol, triple antibiotics cream, and soaking it but not helping. He denies any FCNV or SOB. Denies any recent trauma. States he was watching a football game eating wings, and drinking beer the night of the event.

O:

- Vitals
 - Temperature – (36.6 C)
 - Heart Rate – (89 beats/min)
 - Respiratory Rate – (19 breaths/min)
 - Blood Pressure – (129/81 mmHg)
 - Pulse Oximetry – (93 SpO2)
 - Pain Scale – (7/10)
- General Exam
 - Patient presents alert, awake, oriented. Well – groomed. Presents wearing flip-flops and a cane.

- Lower Extremity Exam
 - **Neurologic** – Epicritic sensation intact, no LOPS with 5.07 SWMF
 - **Vascular** – DP/PT palpable pulses, Cap refill <4 sec, digital hair present, local edema +1 on Left 1st MTPJ. No cyanosis.
 - **Muscular** – Pes planus, 5/5 on all 4 quadrants, no digital deformities
 - **Dermatologic** – Thick yellow, discolored, dystrophic, elongated nails x10. Local edema, and erythema to Left 1st MTPJ. No hyperkeratotic lesions, verruca tissue, foreign body. Mild edema, erythema but no open lesions, interdigit maceration. No varicosities, telangiectasis, pigmented lesion, venous stasis. Adequate fat padding to the plantar aspect of the foot
- Radiographs & Labs
 - LEFT foot AP and Lateral shows 1st MTPJ punch out lesion with an overhanging edge (Martel’s sign), and cloudy radiolucency in 1st MTPJ space. My impression is acute gouty arthritis of LEFT 1st MTPJ.

Assessment:

- Diagnosis: A 65-year-old Male DMII with Left 1st MTPJ acute gout – stable.
- ICD 10: (optional)
 - Left foot pain
 - DM II
 - Gouty arthritis
 - onychomycosis

Plan:

- **Educate** patient on a proper healthy food diet, avoid high cholesterol and fatty foods. Educate on reoccurrence of gouty

attacks if continued diet. Educate patient on proper diabetic palliative care; will send with diabetic foot care flyer and order new diabetic shoes/socks.

- **Medication:** Rx Colchicine 1.2 mg PO at first sign of a flare, then 0.6 mg 1 hr later
- **Exams:** Evaluated x-ray radiographs of Left foot AP, and Lateral view in clinic
- **Dispensed:** Fitted for Diabetic shoe gear with wide toe box. Dispensed diabetic white socks.
- **Procedure:** Sharp debridement of nails x10, without incidence.
- **Return to clinic** in 3 weeks or sooner if problems arise.