

# S.O.A.P. Note

## (Sample 1)

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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.