

Neuro SOAP note template

Date, time

MS3PN

S: any complaints the pt has, how they are doing, what happened yesterday

O: Vitals (T^{\max} , Pulse (min-max), Respiration (min-max), BP (min-max), SaO_2)

Ins and Outs (over 24h). *note last BM when going to Dodd

Exam:

General: how does patient appear?

CV: RRR (regular rate and rhythm)?, normal S1 and S2?, no m/r/g

(murmurs/rubs/gallops)?, peripheral pulses 2+ bilaterally?, peripheral edema?

Lungs: CTAB (clear to auscultation bilaterally)?, no wheezes/rales/rhonchi?, no accessory muscle use?

Abd: soft?, NT/ND (nontender/nondistended)?, bowel sounds normal?, no palpable masses or organomegaly?

Mental Status: awake/somnolent/drowsy/arousable (to pain/name, etc?)/ comatose

CN : EOMI (extraocular mvts intact), PERRLA (pupils equally round and reactive to light and accommodation), face symmetric/droop, palate elevation symmetric/asymmetric, facial sensation intact ?/ tongue midline?

* what to test with CN's

II: visual acuity, fields, pupils

III, IV, VII: extraocular movements, corneal reflex (if you are mean)

V, VI: facial sensation, movement

IX, X, XII: palate tongue, gag reflex, shoulder shrug/SCM

Motor: tone (nl/spastic/flaccid)

Bulk: atrophy?

Strength:

SA/EF/EE/WE/WF/DI/HF/KE/DF/PF

R _____

L _____

*(shoulder abd, elbow flex, elbow ext, wrist flex, wrist ext, dorsal interossei, hip flex, knee flex, dorsiflexion, plantarflexion) scale of 1-5 (5 = normal)

Coordination: finger to nose, heel to shin, rapid alternating movements

Sensory: safety pin prick/vibration/proprioception/temperature

Gait: stance/stride/ arm swing/tandem walk/steadiness with feet together & eyes closed

DTR (deep tendon reflexes)

O

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*note biceps, triceps, brachioradialis, patellar, Achilles reflexes

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scale of 1 -4 (2 = normal)

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*annotate with arrows if toes are upgoing or downgoing.

Labs: Na | Cl | BUN / glucose \ Hgb /

K | CO_2 | Cr \ WBC / Hct \ plt

MRI, CT studies, consults, etc.

A/P: "one liner" about pt "Mr Murphy is a 45 y/o right handed WM with a history of ____ who presented with _____. Sometimes, make a comment about their condition if it has changed since admit "s/p (status post) TPA with improvement in left leg weakness"

Problem list (can be done by problems or by systems)

1. Neuro (a. problem or ddx/ b. diagnostic studies/ c. treatment plan)
2. Endo
3. Cardio
4. Etc.....

Joe Smith, MS3
346-xxxx (pager #)

DTRs:

Biceps = C5, C6

Dermatomes:

T4 = nipple line

Brachioradialis = C5, C6
Triceps = C6, C7
Patellar = L4
NO L5 reflex
Achilles = S1

T10 = umbilicus
L1 = inguinal ligament

Caloric eye testing - normal eye movements

COWS

Cold - Opposite

Warm - Same

MRI

T1 - image looks like brain - ie white matter is white, gray matter darker, CSF black, best for anatomy of brain

T2 - inverse of T1 - white matter is dark, gray matter lighter, CSF white, pathology stand out better (edema has a large water component)

DWI - diffusion weighted images - type of T2 sequence that can identify ischemic areas within minutes of onset

Glasgow Coma Score - out of 15

Verbal

5 - oriented
4 - confused
3 - inappropriate words
2 - incomprehensible
1 - no response

Eye opening

4 - spontaneous
3 - to voice
2 - to painful stim
1 - no eye opening

Motor

6 - follows commands
5 - localizes pain
4 - withdraws from pain
3 - flexion/decorticate posturing
2 - extension/decerebrate
1 - no response

Causes of delirium - MOVE, STUPID

Metabolic

Oxygen

Vascular

Endocrine/**E**lectrolyte

Seizures

Tumor/**T**rauma/**T**emperature

Uremia

Psycho**g**enic

Infection/**I**ntoxication

Drugs/**D**egenerative disease