SOAP Note

Using the data obtained from your Patient Self-Medication Consultation worksheet or your interview with the patient, please write a SOAP Note for each patient following the format provided.

SOAP Notes Guide

Subjective

- Information that the patient relates back to the health care practitioners regarding her/his conditions
- Perceived by the patient and not evident to the health care provider (i.e. pain, nausea, fatigue, dizziness)
- Ideas and opinions of the patient – often the chief complaint

Objective

- Quantifiable data the health care provider observes without bias
- All information that can be reproduced or verified
- Facts (i.e. laboratory tests, vital signs, diagnostic tests, medication profile)
- Should NOT include anything the patient has told the provider
    - However, may include information that supports the subjective information provided by the patient, for example:
      Subjective: "I'm depressed, I can't stop crying."
      Objective: The patient is tearful today.

Assessment

- Usually includes diagnoses noted by the physician or nurse practitioner
    - Pharmacists cannot diagnose a medical condition(s)
- Should be a complete assessment
    - Assessment of problem (with rationale)
    - Assessment of present therapy (with rationale)
- Pharmacy student SOAP notes should include their own evaluation of the subjective and objective information
    - For example:
      Subjective: "I feel dizzy whenever I stand up."
      Objective: Patient has been on atenolol 50 mg daily for 2 years and BP had been well controlled without dizziness until recently. Creatinine was 2 on admission. Baseline creatinine was 1.1. BP 110/70, P 80 lying down. BP 80/40 with P 120 standing up.
      Assessment: Patient's dizziness is likely related to orthostatic hypotension secondary to atenolol and its reduced clearance due the current change (decrease) in renal function. Estimated creatinine clearance is 30 mL/min.

Plan

- Strategy for treating / addressing the problem(s)
    - Include a SMART goal for each problem
    - Be specific. If making a recommendation to start a new medication, give the drug name, dose, route, and schedule.
- Must include 4 components
    - Specific recommendation for treatment (include dose, route, and frequency for drug therapy)
    - Rationale for your recommendation
    - Recommendation for specific monitoring (include safety and efficacy)
    - Patient education
- Discharge planning, immunizations, and counseling should be included.
- Based on the issues defined in the Assessment portion, define a plan of action for each issue, including non-pharmacologic and pharmacologic options. Be sure this is something that is within a pharmacist's scope of practice (i.e. use "Recommend increase dose to…" Not "increase dose to…")
    - i.e. for Atenolol example above:
      Plan: Recommending holding atenolol until orthostasis resolved and reinstitute atenolol at 25 mg daily once BP is up. Monitor BP, orthostatic BP, and symptoms of orthostasis such as lightheadedness/dizziness when getting up. Prior to discharge, will educate patient on the change in dose if this is implemented. Will also educate regarding methods to manage orthostasis including getting up slowly and dangling legs over the edge of the bed before standing.

Individual Assignment - SOAP Note Case

Read the SOAP Note Guidelines on page 33 of the IPPE-12 Workbook.

Complete the form on page 34 of the IPPE-12 Workbook using the following case (no other patient information is available)

Case:

MJ is a 67-year-old woman who presents to the emergency department complaining of abdominal pain and frequent diarrhea for the past 3 days. She also reports loss of appetite and is febrile, with a temperature of 101.1ºF. The patient has a history of multiple hospital admissions for urinary tract infections, with the most recent one being 3 weeks ago, after which she completed a 7-day course of levofloxacin. She also takes Atenolol 50mg, 1 QD and Levothyroxine 100 mcg, 1 QD. MJ's laboratory findings indicate a white blood cell count of 12,000 cells/mm3 and an albumin level of 3.2 g/dL (inflammation of the bowel wall allows leakage of albumin into the lumen). A urine culture is negative for bacterial growth; however, a glutamate dehydrogenase stool test for Clostridium difficile is positive and is confirmed by polymerase chain reaction assay. MJ's drug allergies include metronidazole. Her physician would like to initiate therapy with vancomycin and asks if a dose of 1 g intravenously (IV), every 24 hours, would be appropriate.

Due Date: 3/29/19 at 9pm

Send a pdf of your SOAP note (completed page 34) - upload to Canvas

SOAP Note / PPCP

PPCP	SOAP Note Instructions	SOAP Note
Collect	**Subjective** a. Information the patient describes regarding medical conditions. b. Symptoms perceived by the patient and not evident to the provider (pain, nausea, fatigue, dizziness) c. Ideas and opinions of the patient – often the chief complaint	HPI/CC: MJ is a 67 YO female presenting the ED with C/O abdominal pain, and frequent diarrhea for over 3 days, along with loss of appetite. PMH: multiple hospitalizations for UTIs; most recently 3 weeks ago with a course of levofloxacin for 7 days. Currently the MD is requesting an order for vancomycin 1gm IV Q 24 hours and wants to know if this is appropriate therapy.
	Objective a. Quantifiable data the provider observes b. All information that can be reproduced or verified c. Facts (Lab tests, vital signs, diagnostic tests, medication profile) d. Not including any information the patient told the provider • Objective info may support Subjective info. • Ex: Subjective: I'm depressed & can't stop crying. Objective: Patient is tearful today.	Allergies: metronidazole PE: febrile, with a temperature of 101.1ºF Medication profile: • Atenolol 50mg 1 tab po q day • Levothyroxine 100 mcg 1 tab po q day Lab Tests: • WBC: 12,000 cells/mm3 • Albumin: 3.2 g/dL (inflammation of the bowel wall allows leakage of albumin into the lumen) • Urine culture: negative for bacterial growth • Glutamate dehydrogenase stool test: positive C. diff growth and is confirmed by PCR assay
Assess	**Assessment** a. Usually includes diagnoses noted by the physician or NP. (RPh cannot diagnose) b. Should be a complete assessment: • Assessment of problem (with rationale) • Assessment of present therapy (with rationale) c. Pharmacy student SOAP notes should include their own evaluation of the subjective and objective info.	C. Diff Infection: per the 2018 IDSA and SHEA practice guidelines for the infection of C. Diff. the patient is defined as having a severe initial episode due to the fact that the patient has a WBC count >= 15000 cells/mL OR sCr > 1.5 mg/dL along with a confirmation of C. Diff growth and diarrhea is present. Per the guidelines mentioned above, the patient should either take PO vancomycin or PO fidaxomicin for antimicrobial therapy (strong recommendation with a high level of evidence).

Plan **Implement** **Follow Up**	**Plan** a. Strategy for treating / addressing the problem(s). • Include a SMART goal for each problem (Specific, Measurable, Achievable, Relevant/Realistic, & Timely) • Be specific. If **recommending** a new medication, give the drug name, dose, route, & schedule. b. Must include 4 components 1. Specific recommendation for treatment (dose, route, frequency) 2. Rationale for the recommendation 3. Recommendation for specific monitoring (include safety and efficacy) 4. Patient education c. Discharge planning, immunizations, and counseling should be included. d. Based on the issues defined in the Assessment portion, define a plan of action for each issue including non-pharmacologic and pharmacologic options. (only within a pharmacist's scope of practice) Ex: "**Recommend** increase dose to…"	C. Diff Infection: • Recommend starting Vancomycin 125 mg by mouth 4 times a day for 10 days (PO formulation does not cross gut wall and stays at the site of infection AKA the colon. Conversely IV Vanc will not pass through the gut wall and not reach the site of infection) • Encourage patients to wash hands and shower to reduce the burden of spores on the skin • Inform the patient that there is a 20% risk of reoccurrence for any confirmed C. diff infection. • Counsel on side effects which may include nausea, abdominal pain, vomiting, pyrexia, fatigue, urinary tract infection and headache • Follow up with the patient at approximately 1-4 weeks following therapy in order to reassess for any signs and symptoms of reoccurrence of C. diff infection.