

SOAP Note – Wilderness & Remote First Aid

Patient's Name	Current Location
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Subjective Assessment	Primary Complaint or Issue	
	Relevant Details/Circumstances	
	Signs & Symptoms	Onset
	Allergies	Provokes
	Medications	Quality
	Past Medical History	Radiating
	Last Food or Water	Severity
	Events Leading Up to	Timing

Objective Assessment	Time	LOC AVPU	Breathing			Pulse			Skin			Pupils		Glucose	Physical Injuries Observed
			Rate	Ryth.	Char.	Rate.	Ryth.	Char.	Color	Temp	Cond.	L	R		

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How serious is this situation overall?	 Minor <input type="checkbox"/>	 Urgent <input type="checkbox"/>	 Critical <input type="checkbox"/>
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Summarize the problems & how you plan to deal with them. Include patient condition, care, and transport options

Assessment Summary	
Plan	