SOAP Notes

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SOAP Notes

“If it ain’t written down, it did not happen!”

• Why Now
– Effective January 1, 2014 under The Affordable Care Act, women’s preventative and wellness services and chronic disease management are one of the essential benefits
  • (OBG Management, Sept. 2012, Vol. 24, No. 9)

SOAP Notes

– Efficiency of our medico-legal document has never been more important

SOAP Notes

• Notes are legal documents that are taken as the formal and complete record of the visit. (The lawyers and insurance companies don’t believe additional things that happen, that are not a part of the original documentation, and going back to change a note is regarded as very suspicious of fraud.)
  • (Kansas University Medical Center, Nov. 28, 2012)
SOAP Notes

- Notes improve dramatically if we work at developing this core clinical skill
- Statistically clinicians consistently gather significant amount of important information that we don’t enter into the note

SOAP Notes

- Electronic medical records promote the use of SOAP formatted notes because it can be tailored to any visit type
- It is our now and it is our future

SOAP Notes

- Essentials include:
  - Statement of visit or Statement of Problem (CC)
  - Subjective data
  - Objective data
  - Assessment diagnoses
  - Plan of care

SOAP Notes

- Note writing is the process of clinical decision making and organization
- The history of present illness / chief complaint / what is relevant today
- The examination / diagnostics
- The diagnoses / risk factors

SOAP Notes

- The orders / labs collected / plan of care / consults / referrals / patient education / follow-up / date of next appointment
SOAP Notes

• General appearance includes:
  – Appearance (WDWN)
  – Distress / pain (NAD)
  – General affect (friendly / flat / sad / anxious)
  – Specific individual issues relevant (high school freshman / multiple piercings / self-neglect)

Example

– 30 yo G1P1 WDWN female in NAD / talkative and friendly college student in for annual family planning exam

Problem List

• It is the direct recommendation by the American Congress of Obstetricians and Gynecologist for modern practice to include an accurate and effective problem list

Problem List

• Courts have held health professionals responsible for contacting their patients for follow-up needs
  – ACOG Committee Opinion No. 329, March 2006, updated 06/22/2010

Problem List

• The problem list enables:
  – A centralized location of patient medical problems
  – Enables improved communication with all other health professionals
  – Improves clinical decision making
  – Improves management of chronic conditions

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### Problem List

<table>
<thead>
<tr>
<th>Date</th>
<th>Condition / Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/12/2008</td>
<td>Hx. Of blood clots</td>
</tr>
<tr>
<td>10/11/2011</td>
<td>Hypertension / MD Consult</td>
</tr>
<tr>
<td>10/11/2012</td>
<td>Breast mass</td>
</tr>
<tr>
<td>10/17/2012</td>
<td>+700</td>
</tr>
<tr>
<td>10/18/2013</td>
<td>PCOS / MD Consult</td>
</tr>
<tr>
<td>10/21/2013</td>
<td>Abnormal Mamm</td>
</tr>
</tbody>
</table>

### Well - Woman Care

- Age categories recognized now by ACOG and many other professional organizations give organized guidance to total well - woman care

### Well - Woman Care

- Women’s preventative and wellness services and chronic disease management are one of the essential benefits effective January 1, 2014 under the Affordable Care Act

### Well - Woman Exam

- Four age recommendation intervals
  - The adolescent 13 - 18 years
  - The young woman 19 - 39 years
  - The mature woman 40 - 64 years
  - The older woman 65+ years

### Well - Woman Exam

- The adolescent 13 - 18 years
  - Screen / guide / immunize
  - Target your screening conditions
  - Anticipate adolescent development
  - Recommend immunizations
<table>
<thead>
<tr>
<th>Well - Woman Exam</th>
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</tr>
</thead>
<tbody>
<tr>
<td>- Menses evaluation - consider it as a ‘vital’ sign</td>
<td>- The young woman 19 - 39 years</td>
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<tr>
<td>- Non - sexually active vs. Sexually active</td>
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<tr>
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</thead>
<tbody>
<tr>
<td>- Immunization updates</td>
<td>- Mature woman 40 - 64 years</td>
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<tr>
<td>- Peak incidence of autoimmune conditions</td>
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</tbody>
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<thead>
<tr>
<th>Well - Woman Exam</th>
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<tbody>
<tr>
<td>- Osteoporosis awareness</td>
<td>- The older woman 65+ years</td>
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<tr>
<td>- Colorectal cancer screening</td>
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<tr>
<td></td>
<td>- Number one death risk is cardiovascular</td>
</tr>
<tr>
<td></td>
<td>- Respiratory illness risk</td>
</tr>
<tr>
<td></td>
<td>- Cervical cytology</td>
</tr>
<tr>
<td></td>
<td>• Considerations for discontinuing</td>
</tr>
<tr>
<td></td>
<td>- Annual mammography</td>
</tr>
</tbody>
</table>
Well - Woman Exam

- Colorectal cancer screening
- Osteoporosis
- Cognitive decline

Well - Woman Exam

- Concerns at any age:
  - Mental health issues
  - Sexual dysfunction
  - Domestic violence
  - Sexual assault
  - Follow-up, consult, and referral

Well - Woman Exam

- Ask the RIGHT Question(s)
  - Within the past year . . . ?
  - At any time has . . . ?

CONCLUSIONS

- From history taking to SOAP notes to identifying problems to Well-Woman Visits
- It is imperative that we focus on increased numbers of visits while maintaining the quality
- It will take the biggest team approach ever

CONCLUSIONS

- We have to support each other in this process
- We can only have success when there is a clear sense of mission
  - Our patients, share ideas, grow together, and commit to EXCELLENCE

Thank You