The SOAP Note

Subjective – The "history" section
CC/HPI: include symptom dimensions, chronological narrative of patient's complains, information obtained from other sources. Pertinent past medical history. Pertinent review of systems. Current medications.

CC: Rash for 2 days
HPI: *TC is a 78 y/o man who resents with abdominal pain. He noticed a rash two days ago Tuesday night that began on his right mid abdomen and has since extended to his right flank. He does not recall scratching, being bitten or contact to the area with any new soaps, lotions, or other substances. By Wednesday he began to feel a burning and shooting sharp pain without itching, sweats, chills or fevers. The pain progressed in severity to 7/10 deterring his routine daily activities and sleep. The pain has not improved despite using calamine lotion,and 2 ibuprofen every 6 hours. Because he could not sleep he borrowed a friend's Vicodin last night to help him sleep but came in this morning for treatment of the pain. He has a 12 year history of hypertension for which he takes ramipril 5 mg daily.*

Objective – The physical exam and laboratory data section. Vital signs including oxygen saturation when indicated.
Focuses physical exam. All pertinent labs, x-rays, etc. completed at the visit.

General: *TC is a youthful gentleman who appears in moderate distress when he moves.*
VS: *BP-137/64 RR-18 HR-90 regular T-37˚*
Abdomen: *not distended, erthythematous clustered 2-4 mm vesicles many with a clear fluid and others open in appearance. The rash extends from the midline to the RIGHT posterior axillary line n a T12 dermatome distribution. Bowel sounds are normoactive, palpation of the unaffected abdomen was soft without tenderness or groin adenopathy.*

Assessment – A summary description of the patient and major problem. The likely supported diagnosis as well as a narrative or numerical problem list. You may wish to include your differential at this time.
Plan – to include testing, treatment, and follow-up. Include pharmacologic doses, consults you might consider should the condition worsen.

A/P: *Gradual onset of a painful rash in a dermatomal distribution. The most likely diagnosis is Shingles due to reactivation of varicella-zoster as herpes zoster because of the location, quality of pain,and character of the lesions. Less likely is drug reaction from the ACE inhibitor, contact dermatitis or cellulitis; because of the focal distribution for the former and no history ot injury and absence of fever in the latter.*

Vesicular painful abdominal rash H. Zooster
Local treatment of lesions with Burrows solution
Systemic treatment of zoster with valacyclovir 1 g q 8h x 7 days (symptoms began <72 hrs ago)
Systemic treatment of pain with flurbiprophin 100 bid # 30
Advised that he is contagious to others until all vesicle have crusted over
Return to clinic if pain does not resolve or rash worsens

Insomnia secondary to the pain
Tylenol® #3 1 tab HS prn pain # 10 disp

Hypertension controlled increased HR due to pain
Continue with ramipril 5 mg

Here is where you can make some points by footnoting your treatment plan with evidence based citations. Look up the diagnosis or symptoms and go back to the patient and asked what you might have missed.

Efficacy and tolerability of gastric-retentive gabapentin for the treatment of postherpetic neuralgia: results of a double-blind, randomized, placebo-controlled clinical trial. Clin J Pain. Mar-Apr 2009

Dworkin RH, Johnson RW, Breuer J, Gnann JW, et al. Recommendations for the management of herpes zoster. Clin Infect Dis. Jan 1 2007

Goh CL, Khoo L. A retrospective study of the clinical presentation and outcome of herpes zoster in a tertiary dermatology outpatient referral clinic. Int J Dermatol. Sep 1997