

A SOAP Note on Bronchitis

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Subjective Information

- Date: 06/23/2019
- Source of information: Patient
- Gender: Female
- Age: 45 years old
- Location: Clinic
- Level of reliability: High

C/C: "I have been coughing for two weeks."

HPI: This is a 45-year-old African American female who presents here today with complaints of cough 8/10. The patient reports chest discomfort 7/10 severity and chills X2 a day. Over the past two weeks, she has noticed the production of white mucus several times. A week ago, she had a fever of 101 with relief of over-the-counter Tylenol 500 mg two times every five hours that day. Associated symptoms include expressive fatigue and occasional shortness of breath. The patient denies nausea, vomiting, headache, abdominal pain, or blood in the mucus. She is sexually active; the last OB/GYN exam was in February.

PQRST: The patient was tending to flowers in her garden at the time of onset. She describes the cough as "barking" and says that she has been feeling much worse over the past three days. The pain is in the chest, but it radiates to the lungs. The patient rates her pain at 8/10, and discomfort – at 7/10. She reports having had the symptoms for two weeks, and she has noticed that drinking cold water makes the cough worse.

Review of Systems

GENERAL: The patient does not report any major health changes apart from the cough.

HEENT: Eyes: near-sightedness. Ears, Nose, Throat: normal hearing, no throat pain, no abnormal nose discharge.

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S Ashworth



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Respiratory Care: Patient Assessment and Care Plan Development David C. Shelledy, Jay I. Peters, 2016 For all students and clinicians assessing or caring for patients with cardiopulmonary disorders. Respiratory Care Patient Assessment and Care Plan Development is a must have resource. As the most comprehensive reference available it is a guide to the evaluation of the patient and the development and implementation of an appropriate evidence based respiratory care plan. Respiratory Care Patient Assessment and Care Plan Development describes the purpose of patient assessment and then guides the reader through the process of the reviewing existing data in the medical record, conducting the patient interview, performing the physical assessment and finally evaluating the diagnostic studies needed and implementing a respiratory care plan. Bridging the gap between patient assessment and treatment the reader will learn how to apply assessment skills to the development and implementation of respiratory care plans. Integrated throughout each chapter are Clinical Focus exercises, RC Insights and Key Points to help readers refine critical thinking and problem solving skills as well as strongly grasp important concepts. Chapter 1 Introduction to Patient Assessment Chapter 2 Development and Implementation of Respiratory Care Plans Chapter 3 Review of the Medical Record Chapter 4 Patient History Chapter 5 Physical Assessment Chapter 6 Assessment of Oxygenation Chapter 7 Assessment of Ventilation Chapter 8 Blood Gas Analysis Hemoximetry and Acid Base Balance Chapter 9

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