SOAP NOTE

A SOAP note consists of the following elements:

1. Subjective information:

- Information obtained from the patient or the patient's family or significant others.

- Information including: Perception of his/her nutritional status, appetite, food intake, dietary habits, food preferences, allergies and food intolerance (Diarrhea, nausea, vomiting, or constipation), recent weight loss/gain, activity level, socio-economical, psychological, cultural information, and ability/disability such as vision and chewing problems in elderly.

eg:

- Pt. **stated; reported; claimed, or said** to have a poor appetite, and food intake. c/o vomiting X 3 since yesterday's evening.

- Pt. states that she has lost 4 kg in the last 2 months.

- Pt. was on 1400 Kcal Wt. reduction plan, not following it properly.

- Diet hx reflects an intake of an imbalanced diet of 2500-Kcal/day with ↑ intake of sweetened beverages.

- Pt. exercises regularly X 2 / week.

2. Objective information:

- Factual information relevant to the problem that can be confirmed by physical finding and observation, lab results and other parameters.

- Information including: anthropometric measurements (age, Ht, Wt, frame size, IBW, Adj.Wt, TSF, MAC, MAMC, % of body weight, %UBW. And for pediatrics: Ht/age, Wt/age, Wt/Ht, and Head circumference) diagnosis ,blood pressure, glucose levels, relevant (significant) lab results, diet order(physician order) , medications (significant to disease condition) and drug- nutrient interaction(relevant/significant).

eg:

- Nationality and gender
- Wt = …. Kg, Ht = …. cm,
  BMI = …. (under Wt/Ideal/over Wt.)
  IBW= …., % IBW= …..

- Labs: **(dd/mm/yy)**

Alb = …. (↓/ ↑), TG = …. (↓/ ↑),
Cholesterol = …. (↓/ ↑).

- Δ HTN, IDDM,CHD .. etc
- Medications:
  List all significant, drug-nutrient interaction(relevant only).
- Diet Rx: 1500 Kcal IDDM ,↓ salt diet.

3. Assessment:

- Interpretation of the patient status based on subjective and objective data.
- Evaluation of nutritional history as it is related to medical condition.
- Estimation of nutritional requirements and evaluation of the given diet order.
- Assessment of lab results as they apply to nutritional status.
- Assessment of DNI as they apply to nutritional status.
- Assessment of comprehension / motivation and anticipated problems affecting patient's compliance.
- Put in consideration the patients weight status, physical activity , and patients understanding of the diet Instructions regarding his/her disease condition (ex. DM on OHA or Insulin)

  eg:

  - A 46 Y/O Saudi ♀, known case of/newly diagnosed with ….....admitted for ……., grade II Obese. ¢ major food preferences. Motivated to lose Wt. but needs education regarding Wt. reduction plan.
  - Prolonged use of Lasix may correlates to the poor electrolyte balance.
  - Nutritional assessment:
    Kcal/day = …….. (Specify equation)
    CHO=……gm/kg (gm/day)……%
    CHON=…..... gm/kg (gm/day) ……..%
    Fat =…..... gm/kg (gm/day) …….%

Cover the following when needed according to disease condition :
Na+ = ….. gm/day
K+ = ….. gm/day
Fluids =…….mls/day

- Diet Recommendation:……..

4. Plan:

- Action to be taken
- Recommendation for nutritional care, or any modification in previous plans (ex. Changes in diet to a regular or tube feeding ….est).
- Further investigation/ work up , and monitor labs.
- Any referral suggested for dietitian clinic/social worker.
- Any suggested supplements for prescription.
- Counseling and education on diet.
- For patients on tube feeding (interal Feeding):

  1-Spesify Type of Formula
  2- Total Goal (Rate goal)
  3- Initial Rate
  4- Specify significant nutrients (ex. Kcal and CHON)

- Follow up plan.

  eg:
  - start pt. on 1200 kcal, ↓ salt, ↓ fat diet.
  - Monitor glucose level, Albumin, electrolytes.
  - Check on food intake and appetite, update food preferences, and modify diet as needed.
  - pt. was instructed on 1200 Kcal, ↓ salt, ↓ low fat diet, diet sheet and written materials were provided, check on compliance.
  - F/U in 3/7, RTC in 4/52.

Some Guidelines for documentation:

- Use black/blue pen. No soft, multicolored pens or pencils.
- Documentation should be complete, clear, legible ,complete , and accurate .
- Address service, date, and time. make sure that each page of the medical record has the patient's stamp or written name and hospital number.

- Start right after the last note in the chart . or start in a new page and strike out any space behind. Make sure all entries should be in a chronological order.
- keep writing in consecutive lines. No blank lines between texts.
- if you make a mistake, cross it out with a single line , write error, and initial it. Don't white-out or use adhesive labels.
- watch out for grammatical and error mistakes.
- personal positions, comments criticizing others should be avoided.
- at the end of your note, type your name , and sign it. Write your professional title or credentials.

Example:

Case studies OBESITY

Mohammad, 39 years old man heavy smoker, weighed 120 kg ,height 171cm with history of obesity , bipolar disorder, hypothyroidism and mild depression, Married ,a business man doesn't have time to do physical activity .He states that he had regained an enormous weight since diagnosed hypothyroidism , since then ,he experienced difficulties in losing weight and thus disappointed with no motivation.

On physical examination : TSH 11 unit/ml, FT3 150ng/dl, FT4 150ng/dl , Lithium .8 , HDL 35mg/dl, LDL 270mg/dl ,Cholesterol 390mg/dl, TG 410mg/dl

His medications are: lithium carbonate 1200mg/day, lamictal 200mg/day, thyroxine 100mcg/day, Zoloft (lustral) 200 mg/day .

His Health care practitioners have repeatedly advised weight loss , exercise and to stop smoking to improve his health status. He tried several dietary regimens provided from different diet centers, as he mentioned "I have tried everything, but I couldn't maintain what I lose in the beginning of the diet, where at this point, I feel disappointed and starts to overeat and regain what I had lost, there must be something wrong ".

He started (on his own) taking Orlistat 120mg 3 times daily, then shifted to sibutramine 15mg/day for 2months until he experienced palpitation and dryness of the mouth with immediate weight loss at the expense of feeling anxious. Weight always returned faster than it came off. At that point, He seeked a medical advice and underwent a gastric banding surgery in august 2008. After 9 months he had lost over 15 kg when he started to feel better and delighted, However weight loss rate declined and even regain some of the weight lost, he was eating anything he wants with no

restrictions as he states " I felt the the band is not working anymore " he consulted his gastric surgeon who took an appointment with for further tightening of the band .He was interviewed by his dietitian, where instructed regarding his dietary regimen .

Questions ;

How can you do a comprehensive nutritional assessment in case of Mohammad?

Based on your assessment, apply effective nutritional intervention & plan to help mohamad to overcome the difficulties he is facing regarding her weight management?

Do you think that mohammad is a good candidate for such bariatric surgery? And why?

Describe the mechanism of action & side effects of the medications taken by mohammad?,do you think that appetite suppressing drugs is a good choice for mohammad?and why ?

(AT CLASS; PREDICT WHAT ARE THE CONTENTS OF THE INTERVIEW BETWEEN MOHAMMAD AND HIS DIETITIAN WAS?)

MODEL ANSWER
OBESITY

Preliminary Information Sheet

Age=39yrs ,Sex= male ,Wt.=105kg , Ht.= 171cm, BMI= wt/ ht2= 105/(1.71)2= 35.9 kg/m^2 " obese class^2", IBW=24 x $(1.71)^2$= 70.2kg , % IBW= 105/ 70.2 x 100= 149.6 % " obese", adj wt.= 105-70.2x 0.25+70.2= 78.9 kg.

Diagnosis:

Bipolar disorder, hypothyroidism, obesity.

Medical hx:

Mild depression, heavy smoker.

Labs:

TSH= 11 unit/ml (H), FT3= 150 mg/dl (N) , FT4= 150 mg/dl, lithium= 0.8 (L), LDL= 270 mg/dl " high" , total chole.= 390 mg/dl " high" , HDL= 35 mg/dl (L), TG= 410 mg/dl (L)

Medication: Lithium carbonate, lamictal, thyroxin, Zoloft.

Nutrient – drug interaction: ø

Calculation

REE= 66.47 + 13.75(78.9)+ 5(171) - 6.76(39)=
= 1742.7 kcal/ day
TEE= 1742.7 x 1.3 = 2265.5 Kcal/ day
Pro.= 20% = 113 g/ day
Fat= 30% = 75.5 g/day
CHO = 50% = 283 g/day

Medication:

Medication	Indication	Side effect
Lithium carbonate	Used to treat depression in bipolar disorder	Frequent urination, mild thirst, nausea, diarrhea, vomiting.
lamictal	Anticonvulsant, may be used to delay the occurrence of mood problems in bipolar disorder.	Constipation, diarrhea, vomiting, nausea, stomach upset or pain, headache.
Thyroxin	hypothyroidism	Allergic reaction, appetite change.
zoloft	To treat depression.	Constipation, diarrhea, dry mouth, stomach upset, nausea, vomiting, loss of appetite.

Clinical notes (SOAP):

Date
24/2/09
11:00 am

S:
Pt. has regained wt. since diagnosed with hypothyroidism, he tried several dietary regimens but failed, he started taking orlistat then shifted to sibutramine & losing wt. , but he regained, he did gastric banding & lost 15 kg in 9 mo., but the wt loss decline & gain some wt., he is disappointed & eating anything with no restrictions, no PA.

O:
Age=39yrs ,Sex= male ,Wt.=105kg , Ht.= 171cm, BMI= wt/ ht^2= $105/(1.71)^2$= 35.9 kg/m^2 " obese class^2", IBW=24 x $(1.71)^2$= 70.2kg , % IBW= 105/ 70.2 x 100= 149.6 % " obese", adj wt.= 105-70.2x 0.25+70.2= 78.9 kg.

Pt. has Bipolar disorder, hypothyroidism, obesity.

Labs:
TSH= 11 unit/ml (H), FT3= 150 mg/dl (N) , FT4= 150 mg/dl, lithium= 0.8 (L), LDL= 270 mg/dl " high" , total chole.= 390 mg/dl " high" , HDL= 35 mg/dl (L), TG= 410 mg/dl (L)
Diet Rx: ø
Medication: Lithium carbonate, lamictal, thyroxin, Zoloft.
Nutrient – drug interaction: ø

A: 39 yrs old, Saudi male, obese grade 2 (BMI=35.9 kg/m^2), has bipolar disorder, mild depression, he experienced difficulties in losing wt., he tried dietary regimens, drugs, gastric banding, he is eating everything & no PA, he is at risk to CVD (LDL, Chole, TG, HDL, heavy smoker)

Nutritional assessment:
TEE= 2265.5 kcal, pro.= 113g, fat= 75.5g, CHO= 283g.

P:

- Provide 2265 kcal in regular diet, sex small frequent meals
- Provide pro.= 113g, fat= 75.5g, CHO= 283g, chole< 300 mg, fiber 25-35g, fluid 2-2.5 L.
- Encourage pt. to follow the diet & increase PA.
- Advice pt to stop smoking.
- f/u in 1/7

This SOAP NOTE GUIDELINES where prepared and reviewed by: *Ghalia Abdeen (Coordinator), Madawi Al-Dwhayan (Ass. Coordinator), Dara Al-Dissi, Jazi Bin Zaraa, Ghadeer Al-Juraiban , and Muneerah Al-Muhanna .*
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