

# SOAP NOTE

Psychological First Aid Specific

<b>Date:</b>	<b>Time:</b>	<b>Location:</b> (Common Name, Grid Reference or Lat/Long)	
<b>Patient Name:</b>		<b>Biological Sex:</b>	<b>DOB:</b>
Preferred Emergency Contact: Phone Number:		Preferred Pronoun:	
Individuals Involved:		Relation:	

PATIENT ASSESSMENT	
<b>MOI (Mechanism Of Injury):</b>	
<b>Chief Complaint:</b>	
<b>Signs of Stress Impact:</b> (Mechanism, involved parties, direct threats to life, perceived threats to life)	

Plan	Treatment	Assessment (Pt's Responsiveness)
Safety	<input type="checkbox"/> Safe language <input type="checkbox"/> Shield Pt from negative details <input type="checkbox"/> Tangible evidence of survival	
Calm	<input type="checkbox"/> Model calm <input type="checkbox"/> Decrease arousal <input type="checkbox"/> Give positive feedback <input type="checkbox"/> Support calming breathing	
Connection	<input type="checkbox"/> Connect with Pt <input type="checkbox"/> Connect Pt to others <input type="checkbox"/> Pt Engaged in mission	
Efficacy/Engagement	<input type="checkbox"/> Pt assigned task <input type="checkbox"/> Emphasize Pt role in rescue	
Hope	<input type="checkbox"/> Emphasize solid team <input type="checkbox"/> Operational debrief with Pt	

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Do you see a trend?		VITALS			(Address 5 – 60 min)
Time:					
HR (Palp):					
RR / Lung Sounds (Auscultate):					
Skin (CTM):					
Maslow's needs met (Support food/water intake and bathroom, temperature needs):					

### REFLECTION

Engagement Narrative:

Tools that worked:

Tweaks for next time:

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