

SAMPLE OF PROGRESS NOTES: S.O.A.P. FORMAT

Date _____

S _____ Low back pain, frequent urination and chills, temp: 101.2

O _____ Elevated temp x 2 days, elevated RBC's/WBC's (lab results attached)

A _____ Lower urinary tract infection

P _____ 1. Rx for Keflex 250 mg q 6 hours
_____ 2. Urine sample for culture/sensitivity
_____ 3. Pt. instructed on fluid intake
_____ 4. Follow up visit scheduled in 10 days

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