

#3) SOAP Notes

One other way PECS users are able to customize the Encounter Note is through Options/SOAP. This feature allows PECS users with system administrator access to set aside an area of every patient's Encounter Note for handwritten notes. This area can be formatted to display text, (for example, Subjective, Objective, Assessment, Plan) vertically listed for the provider to write in a SOAP note.

1. In **Options**, click on **SOAP**.
2. Place a check mark after, Display SOAP notes
3. To make a 2-page encounter note with SOAP notes being first, set the Height of SOAP Notes section to 7 inches
4. To add your own text, leave the Display SOAP Letters checkbox blank
5. Place a check in the "Display SOAP text lines" check box, and set the font size to 8, and check the "Bold" check box.
6. Some health centers want to add Nurse and Provider signature lines to their encounter notes, as well as spell out the SOAP lines. To do this, fill in the SOAP text lines accordingly (see screen shot below).

The screenshot shows the 'PECS - Options' dialog box. The 'SOAP' section is highlighted with a red circle. The settings are as follows:

- Display SOAP notes:
- Height of SOAP notes section: 7 inches
- Display SOAP letters:
- SOAP letters font: Arial, Size: 9, Bold:
- Display SOAP text lines:
- SOAP lines font: Arial, Size: 8, Bold:

The SOAP text lines are:

- S: Nurse Signature _____
- O: Subjective _____
- O: Objective _____
- A: Assessment _____
- P: Plan _____
- Provider Signature _____

You will now have a two-page encounter note, the first page will only contain SOAP Notes, Demographics, and Vitals. See the Encounter note on the next two pages:

Encounter Note

Community Health Inc

Vitals	Last Visit	This Visit	Hr	<input type="checkbox"/>	<input type="checkbox"/>
Date	4/22/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	220.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height	5' 1.0"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resp Rate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temp		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Systolic BP</u>	133	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Diastolic BP</u>	82	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI	41.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Encounter Provider		<input type="text"/>				Encounter Type		<input type="text"/>	
Chart #	2000	Last	Diabetes	First	Jane	MI		Age	53
DOB	1/1/1952	Sex	Female	Address	2 Two St	City	New Haven		
State	CT	Zip	06513		Phone #				
Language					Emer Contact				
Emer Contact #			PCP	Red	Case Manager				
Race	White	Insurance	Uninsured		Homeless	Not Homeless			
Migrant	Not Migrant	Fed Pov Lvl			Clinic	CHI			

Nurse Signature _____

Subjective

Objective

Assessment

Plan

Provider Signature _____

Encounter Note

Community Health Inc

Chronic Conditions

Consults and Education

Diagnosed Conditions	Dx Date	D/R	Cons/Edu	Date	PRef	Ref	Dec
CAD	5/1/02	<input type="checkbox"/>	Dental Exam		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DM Type 2	5/1/02	<input type="checkbox"/>	Depression Scrn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyslipidemia	5/1/02	<input type="checkbox"/>	Foot Exam	9/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephropathy	5/1/02	<input type="checkbox"/>	MedSMTtraining		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PVD	5/1/02	<input type="checkbox"/>	Retinal Exam	8/31/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinopathy	5/1/02	<input type="checkbox"/>	SM Goal Set	9/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dx Date=diagnosis date, D/R=diagnosis resolved

Other Notes

Medications

SM Goal Desc:

Class	Name	Date	D/C	C/I	Dec	Reminders
ACE Inhibitor	Class	5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LDL 3
Antiplat/thrombASA		5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise wk 5
Diuretic	Class	1/2/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fibrate	Class	9/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insulin	Class	5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Statins	Class	5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other Medications to Consider Add C/I Dec

ARB	Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta Blocker	Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D/C=discontinue, C/I=contra-indicated, Dec=declined

Laboratory Test Results

Test	Value	Date	PRef	Ref	Dec
ALT	33	5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chol	200	9/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creat	1.8	5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1c	8.2	4/22/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HDL	44	9/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LDL	110	9/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MiAl/Cr	1000.	5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triglyc	240	9/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRef=previous referral, Ref=referral, Dec=declined

Other Diagnostic Tests

Vaccinations and Immunizations

Vac/Imm	Date	PRef	Ref	Dec
Flu Vac	11/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPV23	11/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Factors

Behaviors		C	P	N
SM BG	current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TobUse/Smoke	past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C=current, P=past, N=never, Y=yes, N=no, U=unknown

Other Measures

Test	Value	Date	PRef	Ref	Dec
LVEF	55	5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>