

SOAP Note Example: Inpatient #001

**S:** Title – Intervention 001, Date, Time

86 y/o M admitted after being unresponsive and 'staring into space' at his care home. Upon admission, he was diagnosed with sepsis, with the thought he likely had a seizure. Patient reports PMH of seizures and rash from PCN.

**O:** Relevant labs upon admission 3/30:

WBC 19.9, 27% bands, temp 104 F, RR 24.

Blood culture on 3/31 reported gram neg rods

3/31 SCr 2.98, Ht 64.5", IBW 60.35kg, CrCL 15.2mL/min, BUN 67

Relevant outpatient medications per chart include levetiracetam 1,000mg BID, carbamazepine XR 200mg BID.

Relevant inpatient medication per chart include imipenem/cilastin 500mg given upon admission.

**A:** Wrong drug - imipenem/cilastin. Patient is at risk for increased seizures due to imipenem lowering seizure threshold.

Goals for efficacy: Treat active infection. Goal temp 97.5 - 99 F, HR 60-100, RR 12-20, WBC 4-11, Bands 0-6.

Goal for Safety: Prevent seizures and prevent allergic reaction to antibiotic (rash, anaphylaxis). Avoid further renal dysfunction (SCr 0.7-1.4, BUN 10-26, Ins=outs).

**P:** Suggest stopping any further doses of imipenem/cilastin. Select other antibiotic to cover gram neg rods until C/S is available. Options include: aztreonam, cefipime, ceftazidime, possibly ciprofloxacin. Aztreonam is found to have essentially no cross-reactivity with PCN allergy. 3rd and 4th generation cephalosporins have very slight cross-reactivity with PCN allergy, and cipro would have none. Aminoglycosides would not be advised due to patient's compromised renal state. Alter antibiotics if needed after C/S is available. Monitor infection status with repeat blood cultures after 5 days. Nursing will monitor temp, HR, BP, RR every shift. WBC and bands to be monitored via labs tests daily. To monitor kidney function, SCr and BUN will be monitored via blood tests daily. Ins and Outs monitored by nursing staff every shift. Follow-up daily with all monitoring parameters above.

Signed – Pharmacy Student, contact information (pager or phone number)

## SOAP Note Example: Community Pharmacy Patient #002

### **S:** Title – Intervention 002, Date, Time

A 24 year old female presented to the pharmacy with a cold sore on her lip. This was the first time the pt had ever had a cold sore and she wanted to know how to treat it. The pt was going to be in a wedding this weekend, thus was very concerned about treating the cold sore. Pt started feeling the sore on her lower lip and a tingling sensation the night before. The sore was present when she woke up [this morning](#). Pt thinks that she got the cold sore after sharing lip gloss with a friend who gets cold sores. Pt has no known allergies or health conditions. The pt's FH and SH are non-contributory. Pt reports she currently uses Tri-Sprintec, no OTCs, herbals or samples.

**O:** ROS: Mouth: Pt had a small red sore on lower lip.

**A:** Needs Additional Drug Therapy- Untreated Condition. Abreva (docosanol 10% cream) is the only FDA approved non-prescription product proven to reduce the severity and duration of symptoms of cold sores. Abreva reduces the size of the lesion as well as the tingling, burning, and itching caused by cold sores. Abreva works by inhibiting direct fusion between the herpes virus and the human cell plasma membrane, thereby preventing viral replication. Goal for Efficacy: Patient will experience reduction in the size of the lesion and relief of symptoms associated with cold sores including pain and irritation. Goal for Safety: Avoid side effects of Abreva including skin irritation.

**P:** Recommended Abreva for cold sore treatment. Counseled pt to rub in Abreva to the affected area five times daily until healed and to wash hands before and after application to prevent spreading the virus. Abreva works best if used at first signs of cold sore. Informed pt that Abreva will reduce the severity/duration of the symptoms by preventing viral replication. It is a good idea to use a skin protectant such as Carmex to keep lesion moist and prevent cracking. Lip and face sunscreen should be used due to outbreaks related to [sun](#) exposure. Avoid stress, [sun](#), and fatigue. Cold sores are caused by a viral infection that lasts a lifetime. The virus remains dormant in the body until an outbreak occurs, which is often induced by stress or [sun](#). Cold sores are self-limiting and should go away in 10-14 days. Reduced severity and duration of symptoms is the only way to treat cold sores. Cold sores are contagious and can be spread through direct contact with infected person or contaminated object. Informed pt of Acyclovir or Valtrex, both prescription anti-virals that reduce the duration/ severity of the symptoms by absorbing into the blood stream to prevent the viral replication. The pt should talk to her doctor if recurrent cold sores occur. Monitor for reduced lesion size and reduction in pain/irritation and side effects (skin irritation) of Abreva. Follow up will occur in 1 week to assess the efficacy (reduced lesion size and pain/irritation) and side effects (skin irritation) of Abreva.

Signed – Pharmacy Student, contact information (pager or phone number)