

SOAP Note

Student's Name:

Institutional Affiliation:

Comprehensive SOAP NOTE

Patient Initials: ___N/A___

Age: ___N/A___

Gender: ___N/A___

SUBJECTIVE DATA:**Chief Complaint (CC):** #3**History of Present Illness (HPI):** A Caucasian male whose age is unknown presents with non-scaly annular papules distributed along his nape. The papules have undiluted borders and appear reddish in color.**Medications:** No medical history provided.**Allergies:** No known allergies.**Past Medical History (PMH):** Past medical history not provided.**Past Surgical History (PSH):** No surgical history provided.**Sexual/Reproductive History:** Not provided. Ask about his sexuality, the number of sexual partners, pregnancy, and whether the patient has a history of sexually transmitted infections.**Personal/Social History:** Not provided. Enquire on his hobbies, place of work, traveling history, and whether he smokes or use any recreational drugs.**Immunization History:** Not provided. Collect the patient immunization details.

Significant Family History: Not provided. Inquire if there are family members with any skin complications. Inquire about other family's medical conditions that might contribute to skin infections.

Review of Systems:

General: Not reported. Inquire for symptoms of fatigue, fever, sweating, or any significant weight changes.

HEENT: Not reported. Inquire about any vision or hearing changes, any chewing or swallowing difficulty, and any nasal complications.

Neck: Red lesions distributed on the back of the neck.

Breasts: No reported complications. Ask if the patient has a history of lesions, masses, or rashes.

Respiratory: No reported complications.

CV: No reported complications.

GI: No reported complications.

GU: No reported complications. Ask if the patient has had any lesions or rashes on his genital areas.

MS: No reported complications.

Psych: No reported complications.

Neuro: No reported complications.

Integument/Heme/Lymph: Red lesions at the back of the neck. Ask if the lesions are present in other parts of the body.

Endocrine: No endocrine symptoms reported.

Allergic/Immunologic: No known allergies.

OBJECTIVE DATA

Physical Exam:

Check for the patient's vital signs. Vital signs include blood pressure, temperature, heart rate, and body mass ~~index~~.

General: Check for the patient's appearance and signs of fatigue and discomfort.

HEENT: Investigate the eyes, ears, and nose for any abnormalities.

Neck: Palpate the neck for any masses or lymph nodes. Palpate the thyroid to determine the texture and vascularity.

Chest/Lungs: Check the chest for the presence of rales or wheezes.

Heart/Peripheral Vascular: N/A

ADLs: Check the children for the presence of rashes or lesions

Cardiothoracic: Investigate the guidelines for the presence of rashes.

Immunizations: N/A

Vision: N/A

Skidgraph Notes: The only normal lesions at the back of the neck. Check whether there are further lesions on other skin regions.

ASSESSMENT:

Diagnosis:

Lab:

Various laboratory procedures can be used to guide the diagnosis. The following are some of the commonest procedures.

Demonstrating. The procedure uses a thin surface microscope known as a demonstrator to inspect the lesion (Chapin, 2012). The procedure also provides a more detailed investigation of the lesion to make a diagnosis and determine the skin lesion that requires a biopsy (Chapin, 2012).¹¹

Diagnosis. The process involves passing a glass or plastic slide on the lesion and noting any color changes (Chapin, 2012). The procedure determines whether determining the type of lesion. For example, whether it is keratinocyte or not (Chapin, 2012).

Final Biopsy. This involves collecting a cylindrically shaped tissue sample (Chapin, 2012). The method involves first shaving the skin and subsequently local anesthesia. The procedure then stretches the skin and creates a biopsy instrument while creating decreased pressure (Chapin, 2012). The procedure obtains a specimen that is then sent for culture to identify the bacterial or virus, among the conditions (Chapin, 2012).

Additional Biopsies (2012):

Thrush eruption. This is a skin condition that causes red, itchy, and circular rashes on the skin (Wahler & Woodard, 2014). Symptoms include itchy ring-shaped lesions that appear commonly on the arms and legs (Wahler & Woodard, 2014). However, the rashes may also appear on any part of the body. The rings may also overlap and appear red in color (Wahler & Woodard, 2014). Common causes of these eruptions are skin-to-skin contact with an infected person or an animal (Wahler & Woodard, 2014).

Physalids rashes. This is a form of skin rash that starts as an oval spot on the back or the chest that then spreads to the other body parts (Wahler & Woodard, 2014). It commonly affects individuals between ages 10-65 and may clear on its own after several ten weeks (Wahler & Woodard, 2014). Symptoms of the condition are large and slightly raised red patches, fatigue, fever, and itching (Wahler & Woodard, 2014). The causes of physalids rashes are not clearly known, but some viruses are suspected of causing the infection (Wahler & Woodard, 2014).

Eryps. This is an autoimmune infection that occurs when the immune system attacks the body's tissues and organs (Wahler & Woodard, 2014). Eryps causes an inflammation that may affect the skin, lungs, heart, kidneys, or joints (Wahler & Woodard, 2014). Eryps can be

difficult to diagnose since it affects various body parts, and the symptoms vary from the type of lesion (Fisher & Woodard, 2019). Some symptoms of Lupus include red skin lesions that appear in areas exposed to the Sun, butterfly-shaped rashes in various body parts, fever, fatigue, chest pain, dry eyes, and hair loss (Fisher & Woodard, 2019).

Genetic psoriasis. This is a form of a skin condition that appears as a red and scaly body lesion (Dahn, Bannerman, & Schellke, 2019). It is a form of an autoimmune disease that might occur more than once in a lifetime (Dahn et al., 2019). Genetic psoriasis usually occurs on the face, arms, scalp, neck, legs, and torso (Dahn et al., 2019). Genetic psoriasis is usually caused by bacterial infections, especially streptococcus (Dahn et al., 2019). In some cases, genetic factors can play a role if there are several family members with the condition (Dahn et al., 2019).

Patient's problem/ diagnosis

Genetic psoriasis. This is a skin condition that causes darker reddish lesions. It is usually triggered by skin injuries or particular drugs (Fisher & Woodard, 2019). The condition may disappear on its own after approximately two years without treatment (Fisher & Woodard,

2019). However, treatment can help speed up healing. The symptoms of gonorrhea can vary depend on the type of infection (Miller & Wooten, 2019). For example, localized gonorrhea causes skin-related lesions that occur on the face, white, and hands (Miller & Wooten, 2019). Generalized gonorrhea causes red lesions on areas such as the neck, legs, and arms (Miller & Wooten, 2019). The lesions in gonorrhea can usually resolve on their own but might spread to various parts of the body (Miller & Wooten, 2019).

Discussion

Making a diagnosis for this condition can be difficult since the symptoms are often similar to those of other conditions. In the case of this discussion, it is particularly difficult because the patient was not physically present, and the diagnosis depended on an image interpretation. The selected primary diagnosis for this discussion was gonorrhea because the patient had symptoms of two early sexual papules distributed along his neck. The symptoms are similar to what shows in cases of gonorrhea. However, it is also

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possible for the patient to have conditions such as these coughs, physical exam, and lungs because the conditions also could not and should be taken in some cases. Therefore, further lab assessment and physical exam may be needed for an accurate diagnosis.

Reference

Olson, M. E. (2012). Advanced practice nursing procedures. Philadelphia, PA: F. A. Davis.

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**Holm, R. M., & Winkler, P. E. (2012). Health care statistics overview. Journal of the
American Academy of Dermatology, 67(2), 212-212.**