



Clinic Tips

Volume XIII Number 8
August 2016

CHARTING – THE “SOAP” METHOD

Patient safety is a critical concern for Pregnancy Medical Clinics (PMCs). Communication is a core aspect in creating a climate of patient safety. Whenever medical services are provided, there must always be a documented patient record. Documentation provides evidence of appropriate care. If a procedure is not documented it is considered not done. Documented patient records are important to provide safety in care and protection from future disciplinary or legal problems.

The patient chart or health care record is a legal document, which can be subpoenaed in the event of investigation or litigation. Therefore, anyone who writes in a patient record should be educated on how to appropriately document. Documentation includes past medical history and present condition. Since the patient's record presents evidence of appropriate care, it must be accurate and complete.

When communicating with your Medical Director about a patient, complete records are necessary to enable them to provide appropriate advisement. This is especially important in the PMC setting where most physicians are not on-site seeing patients. Standardized tools and expected behaviors are effective strategies to enhance teamwork and reduce the risk of patient harm.

The “SOAP” method of charting is a structured and acceptable method for documenting patient encounters. Clinic personnel are presented with a significant amount of client information which needs to be gathered and sorted through before carrying out specific interventions. Thus, the information needs to be documented in a concise, orderly, and

structured format so that other team members and the overseeing physician can understand and do their part in caring for the patient.

NIFLA's Policy and Procedure Manual has sample forms for Patient Assessment which, in a systematic manner, covers numerous areas of assessment. This assessment is necessary to determine if a sonogram is appropriate and if the patient presents with symptoms necessitating immediate care beyond the services of the PMC, such as significant pain and bleeding. Once the patient visit is completed, further patient communication should be documented. The “SOAP” method of charting is an acceptable form to follow.

“SOAP” Charting Basics

‘S’ (Subjective) describes what the patient is experiencing or feeling in their own words. This usually includes why the patient is in your facility, her concerns, and any complaints of discomfort. PMC personnel should avoid using their own personal or subjective comments, judgments, opinions, or speculations. Examples for charting:

- “Patient stated she had not had a normal period for 2 months.”
- “Patient complained of a severe pain on the lower right side of her abdomen.”
- “Patient explained she was worried about the possibility of pregnancy and wanted to obtain an abortion.”

‘O’ (Objective) states what the medical professional observes in the patients. It includes facial expressions, body language,

services provided and test results. Some examples include:

- Vital signs, measurements, such as age and weight of the patient
- What activities occurred while in the PMC—this does not need to be detailed if done “per protocol” in PMC Policy and Procedure Manual
- Findings from physical examinations if done, such as posture, bruising, and abnormalities
- Results from laboratory—such as positive pregnancy test

‘A’ (Assessment) means that the medical professional will make assumptions about what is going on with the patient based on the information obtained. While an assessment does not constitute a medical diagnosis, it identifies important problems or issues that need to be addressed. **NIFLA** provides a detailed assessment in its Policy and Procedures, which may be used for patients, covering six areas of patient assessment -- psychological, physiological, sociological, developmental, cultural, and spiritual. **Non-medical personnel should not provide medical assessments.**

‘P’ (Plan) is developed from the information gathered by Medical personnel and on how to provide care based on the patient's specific needs and abilities. The plan itself includes various components such as:

- What procedures and interventions are provided during the visit, along with materials and precautions.
- Referrals, any follow-up, return appointment if planned.
- Physician notified and advisement if given.
- Patient education component, materials given.
- Disposition, which includes discharge, directives and/or letter.
- Contact for follow up should be documented and instructions given to patients.

Summary Regarding Best Charting Practices

NIFLA urges every PMC to provide initial and annual in-service training for all staff and volunteers on how to chart appropriately. Utilizing a structured method such as “SOAP”, charting will facilitate growth in communication skills across all services.

A helpful exercise for an in-service would be for the client services director and nurse/clinic manager to review numerous patients’ records. This review will identify objective and complete charting examples, along with any need for improvement. Learning methods of charting from exemplary and poor examples can be highly effective in understanding the proper “how to’s.” Patient identifying information and the names of the personnel who contributed to the chart should not be used.

All PMC personnel, both medical and non-medical, should use only standardized, approved abbreviations. **NIFLA’s** Policy and Procedure Manual includes sample abbreviations. For late entries, record both original date and current date. Record date and time of telephone calls and information discussed. Every entry must include patient name and date, with a signature of the person writing it and their credential, if applicable.

A good rule of thumb when charting is to consider that everything in the chart may be one day used as evidence in a court case. If personnel are unsure of how to input information into patient records, knowledgeable staff will need to be available for questions and instruction.

By Thomas Glessner, President, **NIFLA**
Audrey Stout, Vice President of Medical Services
admin@nifla.org / astout@nifla.org

©2016 – All Rights reserved. The contents of this “Clinic Tips” are copyrighted. Any reproduction in whole or in part without written or verbal permission from Thomas A. Glessner is strictly prohibited; except for internal use by member Pregnancy Resource Centers and Pregnancy Medical Clinics.