SOAP NOTES

S  Subjective statements that positively reflect on the patient’s communication status. Do not discuss depression or mental status.

O  Objective statements that are written in measurable skilled terms to report the patient’s weekly progress toward achieving treatment goals and functional outcomes noted by staff and family. This section is used to document conferences with staff and family, attendance at care planning meetings, and other services billed.

A  Assessment of progress based on the subjective and objective data. Note the factors that affected performance during the week. Include prompts and cues used during therapy. This section answers the question “why”.

P  Plan the focus of treatment for the next week. If minimal progress, how will you change cues or goals to facilitate success? Introduce new goals? New recommendations? If need discharge, develop maintenance or restorative nursing program.