

Asthma SOAP note

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S - Subjective

The patient is a 28 year female presents to the emergency department because of acute worsening of her asthma symptoms. She reports a history of asthma since childhood but mentions that her symptoms have been well-controlled for the past year. She now complains of not only severe shortness of breath, coughing, wheezing, but also chest tightness that began yesterday evening and have progressively worsened. Although patient denies any recent illnesses, exposure to known allergens, or changes in medication use.

O - Objective:

On examination, the patient appears comparatively distressed and is using accessory muscles for breathing. She has not only audible wheezing but also decreased breath sounds bilaterally. Her initial oxygen saturation on room air is 88%, which improves to 94% during supplemental oxygen via a nasal cannula. Peak flow measurements are significantly decreased compared to her baseline. Vital signs indicate tachycardia and tachypnea.

A - Assessment:

The patient is experiencing a severe asthma exacerbation characterized by acute worsening of symptoms, including not only severe shortness of breath, wheezing, but also decreased oxygen saturation. Her physical examination findings and decreased peak flow measurements confirm the severity of the exacerbation.

P - Plan:

1. **Immediate Treatment:** The patient will receive immediate treatment to relieve her acute symptoms. This includes multiple doses of inhaled short-acting beta-agonists (SABA) and systemic corticosteroids to reduce airway inflammation and bronchoconstriction.
2. **Oxygen Therapy:** Oxygen supplementation will be provided to maintain oxygen saturation above 90%.
3. **Monitoring:** Continuous monitoring of the patient's vital signs, oxygen saturation, and response to treatment will be carried out. Serial peak flow measurements will be performed to assess improvement.
4. **Nebulized Medication:** If the patient's response to initial treatment is inadequate, she will receive nebulized SABA for more sustained bronchodilation.

5. **Chest X-ray:** In some cases, a chest X-ray may be ordered to rule out other potential causes of respiratory distress.
6. **IV Fluids:** Intravenous (IV) fluids may be administered to ensure hydration and support in cases of severe exacerbation.
7. **Consultation:** The patient may be evaluated by a pulmonologist for further assessment and recommendations, especially if her response to initial treatment is suboptimal.
8. **Asthma Action Plan:** The patient will receive education on the importance of adhering to her prescribed asthma controller medications and developing an asthma action plan for future exacerbations.
9. **Disposition:** The patient's disposition will depend on her response to treatment. If her symptoms improve significantly and her oxygen saturation stabilizes, she may be discharged with instructions for home care and follow-up. If she does not respond well, hospital admission may be necessary.
10. **Follow-up:** A follow-up appointment will be scheduled within a week to assess her asthma control, adjust her treatment plan if necessary, and provide further education on asthma management and trigger avoidance.

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