

# Disease Non-Battle Injury



# OVERVIEW

- Standard Form 600
- SOAP note
- List of examinations
- Presenting to a provider
- Self-questioning techniques
- Signs of improvement or deterioration

# LEARNING OBJECTIVES

Please Read Your

Terminal Learning Objectives

And

Enabling Learning Objectives





# HISTORY

Until World War I, disease took a far greater toll of manpower than did enemy fire

During the Civil War, more than twice as many men in both the Union and Confederate armies died from disease as from battle wounds

History shows that disease and injury, as military problems are factors for which the military leader must plan

# HEALTH CARE TEAM

Navy Hospital Corpsmen are vital members of the Health Care Delivery Team

As an FMF Corpsman, sick call will be one of your primary duties

It will take practice and experience to become familiar with this duty





# Standard Form 600

- Chronological Record of Care
- Used to document the SOAP note



# SOAP Note

- Standard for documentation
- Designed to allow easy reference for follow-up care.



(U.S. Navy photo by Jacob Sippel / Released).

# SOAP Note

Ensure patients follow sick call routine

\*\*All personnel working in the sick call area must be able to recognize patients who require immediate care\*\*

Must realize own limitations and seek assistance from preceptor when any doubt exists

Patients may request a provider

# SOAP Note

Use SOAP format when evaluating a patient

Consult with the supervising medical provider prior to the patient leaving the treatment facility

Have 100% of their records reviewed by the supervising medical provider and countersigned

Order labs based upon local clinical guidance or policy

# Conditions Treated Under Provider's Direction

- Minor headaches
- Uncomplicated upper respiratory infections
- Uncomplicated HEENT conditions
- Minor dermatological conditions
- Uncomplicated minor musculoskeletal problems
- Uncomplicated gastrointestinal conditions



# Conditions Treated Under Provider's Direction

- Minor wounds not requiring suturing, interval examination, or dressing changes
- Hypertension (limited to serial blood pressure checks requested by a referring provider)
- Suture removal
- Staple removal

# Assist the Provider with the Following:

- General Head, Ears, Nose, Throat (HEENT) complaints
- General respiratory complaints
- General cardiovascular complaints
- General gastrointestinal complaints
- General genitourinary complaints
- General neurological complaints

## Assist the Provider with the Following:

- General musculoskeletal complaints
- General skin, hair and nail complaints
- General endocrine system conditions
- Environmental illnesses and injuries
- Mental health complaints

## Higher Level of Care Referrals:

- Rashes/dermatitis
- Vaccinations
- Urinary tract infections
- Ear infections
- Labs outside of local policy
- Wellness exams



## Higher Level of Care Referrals:

- Screenings
- Medication refills
- Abnormal vital signs
- Contaminated wound
- Animal/human bites
- Puncture wounds

\*Any procedure you are uncomfortable with\*



# MEDICAL ETHICS

- Universal Medical Ethics Principles

- Autonomy

- the right of competent individuals to make informed decisions free from coercion

- Beneficence

- requires that health care professionals act in the patient's best interest

- Nonmaleficence

- requires that the health care professional do no harm or not impose unnecessary or unacceptable burdens on the patient

# MEDICAL ETHICS

- Justice two principles:
  - Formal (similar cases treated similarly)
  - Material (determines if cases are similar)



# THE CONCEPT OF MORAL INJURY

- Military personnel serving in combat zones will be confronted with
  - numerous ethical challenges
  - moral challenges
- Transgressions can arise
  - from individual acts of commission or omission
  - the behavior of others
  - by bearing witness to intense human suffering

# ETHICAL ISSUES

- Military health care professionals:
  - Serve in a variety of settings
  - Face the same ethical dilemmas found in the civilian health care sector
  - Cannot always resolve ethical conflicts alone

# ETHICS EDUCATION AND TRAINING

- Stimulate the moral imagination
  - The ability to gain a feel for the lives of others
  - Insight how moral viewpoints influence
  - Broaden the moral imagination
- Recognize Ethical Issues
  - Structure perceptions
  - Consider possible moral issues

# ETHICS EDUCATION AND TRAINING

- Develop analytical skills
  - use concepts in constructing defensible arguments
- Elicit a sense of moral obligation and responsibility
  - replace assumptions and beliefs
- Cope with moral ambiguity
  - we must learn to tolerate disagreements





# SOAP NOTE: Subjective

The Subjective is the information gathered from interviewing the patient. You should ask the following questions in a sequential format:

- Chief Complaint (CC)
- History of Present Illness (HPI)
- Past medical history (PMHx)
- Family history (FHx)



[http://www.militaryblood.dod.mil/ViewContent.aspx?con\\_i](http://www.militaryblood.dod.mil/ViewContent.aspx?con_i)

## SOAP NOTE: Subjective

- Social history (SHx)
- Depression Screening
- Suicidal Ideation/Homicidal Ideation (SI/HI)
- Review of systems

# SOAP NOTE: Subjective

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## Chief Complaint

- Questions that are asked during the interview
  - What is your reason for seeking care?
  - What can I do for you?



[http://www.militaryblood.dod.mil/ViewContent.aspx?con\\_i](http://www.militaryblood.dod.mil/ViewContent.aspx?con_i)

# History of Present Illness

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- OLD CARTS
- Onset
- Location
- Duration
- Character
- Aggravating and Associated Factors
- Relieving Factors
- Temporal Factors
- Severity

# PMHx

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- Hospitalizations and/or surgery (including outpatient surgery)
- Serious injuries
- Medications
- Allergies



# FHx

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- List any family history of major health or genetic disorders



(U.S. Navy photo by Mass Communication Specialist 1st Class Erica R. Gardner/Released)



# SHx

- Alcohol consumption and intake
- Exercise
- Tobacco use
- Nutrition
- Sleep pattern (number of hours/night)
- Work stress and anxiety
- Education: highest level achieved
- Occupation
- Religious barriers to care
- Travel/deployment history
- Sexual history/activity

# Depression Screening

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**Over the last two weeks have you felt:**

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless
- Trouble falling or staying asleep or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself
- Trouble concentrating on things
- Moving or speaking so slowly that other people could have noticed
- Thoughts that you would be better off dead

# SI/HI

- Suicidal and homicidal ideations need to be recognized early in the interview process.
- Columbia-Suicide Severity Rating Scale is used during patient interviews.

COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen Version		
SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are <b>bolded</b> and <u>underlined</u> .	YES	NO
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u><b>Have you actually had any thoughts of killing yourself?</b></u>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it." <u><b>Have you been thinking about how you might kill yourself?</b></u>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <u><b>Have you had these thoughts and had some intention of acting on them?</b></u>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u><b>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b></u>		
<b>6) Suicide Behavior Question:</b> <u><b>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b></u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <b>If YES, ask: <u>How long ago did you do any of these?</u></b> • Over a year ago? • Between three months and a year ago? • Within the last three months?		

For inquiries and training information contact: Kelly Posner, Ph.D.  
 New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu  
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# Constitutional Symptoms

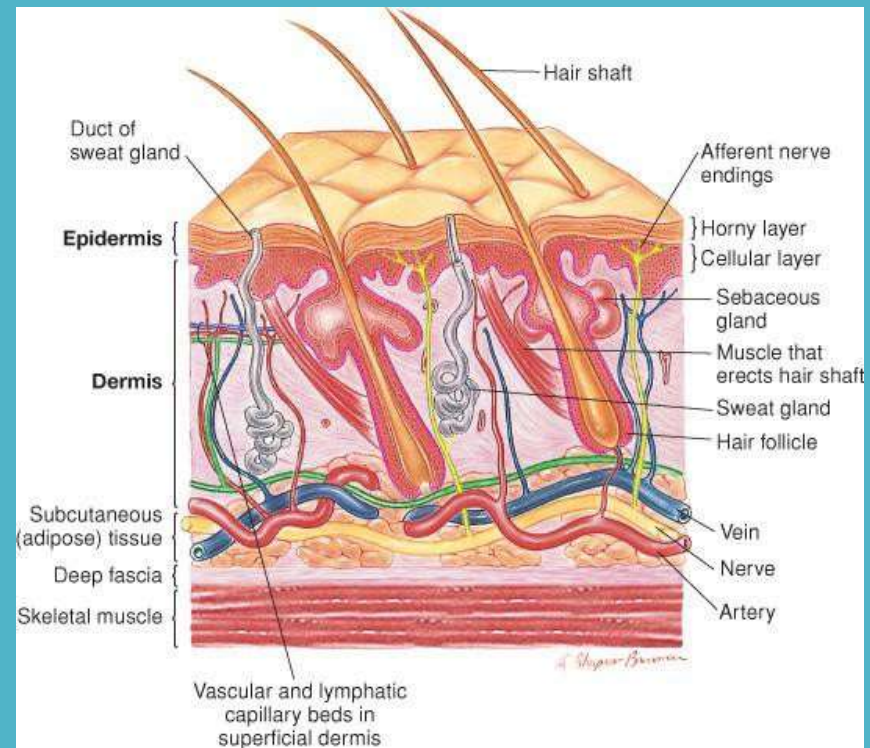
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- Pain
- Fatigue
- Fever
- Night sweats
- Chills
- Weight loss or gain
- Malaise

# Skin, Hair and Nails

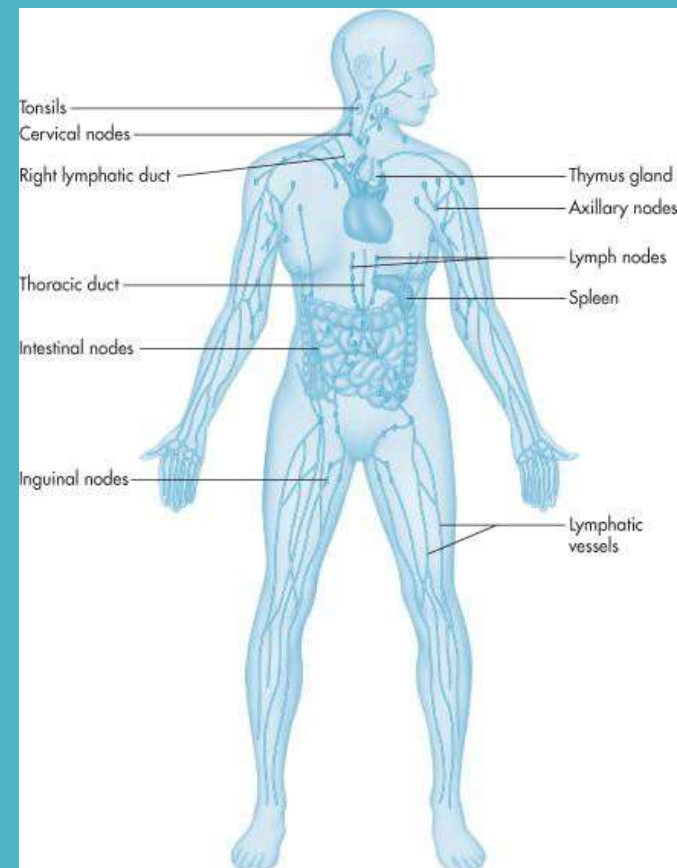
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- Rash
- Itching
- Pigmentation change
- Texture change
- Abnormal hair or nail growth



# Blood and Lymphatic

- Frequent infections
- Anemia
- Difficulty healing from cuts/scrapes
- Easy bruising
- Lymph node enlargement
- Fatigue or lack of energy

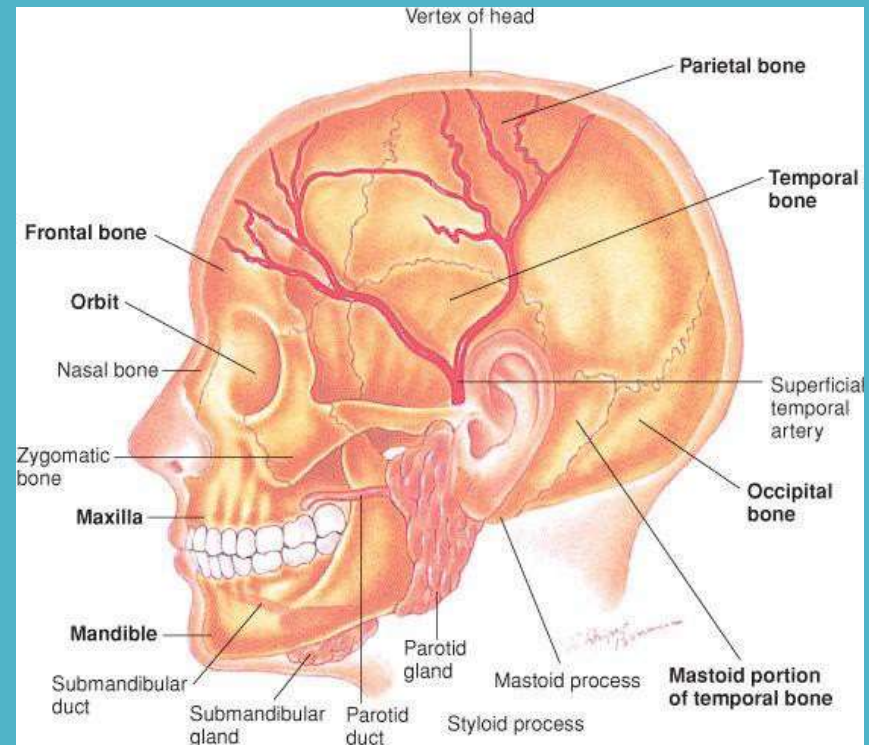


Wound Management: Principles and Practice - 3rd Ed. (2012)

# Head and Neck

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- Headaches
- Dizziness
- Syncope
- Loss of consciousness
- Neck stiffness
- Light headedness



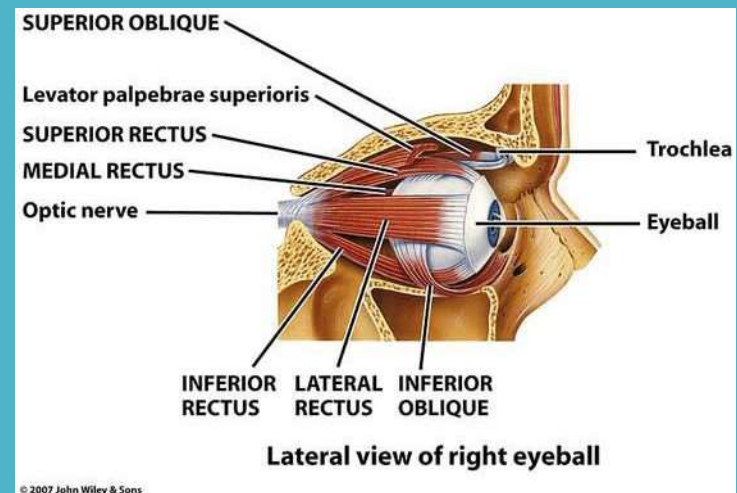
(From Bates' Guide to Physical Examination and History Taking, 12<sup>th</sup> Ed.)



# Eyes

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- Visual acuity
- Blurring
- Diplopia
- Photophobia
- Pain
- Change in vision
- Glaucoma
- Use of glasses or contacts
- Use of eye drops or medications
- History or trauma



# Ears and Nose

## Ears

- Hearing loss
- Pain
- Discharge
- Tinnitus
- Vertigo

## Nose

- Sense of smell
- Frequency of colds
- Obstruction
- Epistaxis
- Postnasal discharge
- Sinus pain

# Throat and Mouth

- Hoarseness or change in voice
- Frequency of sore throats
- Bleeding or swelling of gums
- Recent tooth abscesses or extractions
- Soreness of tongue or buccal mucosa
- Ulcers
- Disturbance of taste

# Lymph Nodes

- Enlargement
- Tenderness
- Suppuration

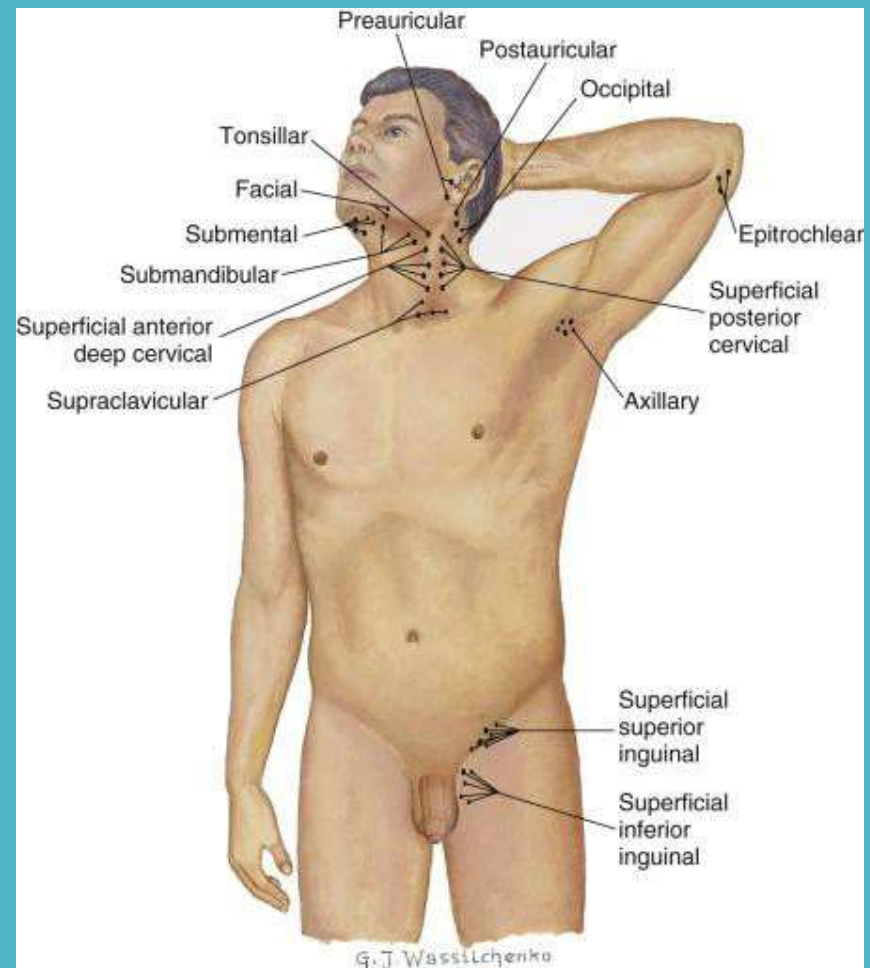


Fig 10.14 Seidel's Guide to Physical Examination 9th Edition

# Chest and lungs

- Pain related to respiration
- Dyspnea
- Cyanosis
- Wheezing
- Cough
- Sputum
- Hemoptysis
- Exposure to Tuberculosis
- Past Chest X-Ray

# Cardiovascular

- Chest pain or distress
- Palpitations
- Orthopnea
- Edema
- Hypertension
- Previous myocardial infarction
- Exercise tolerance
- Previous cardiac tests
- Tendency to bruise or bleed

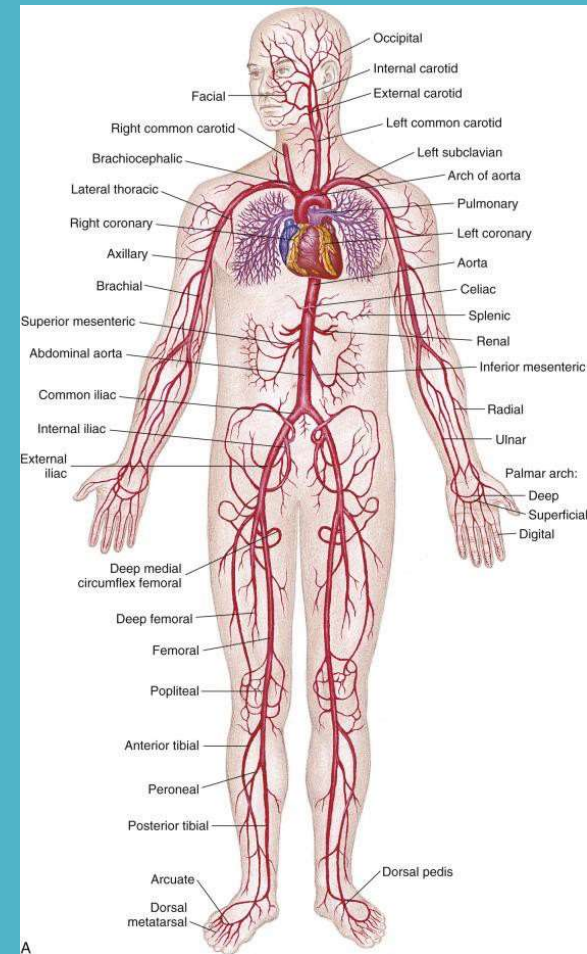
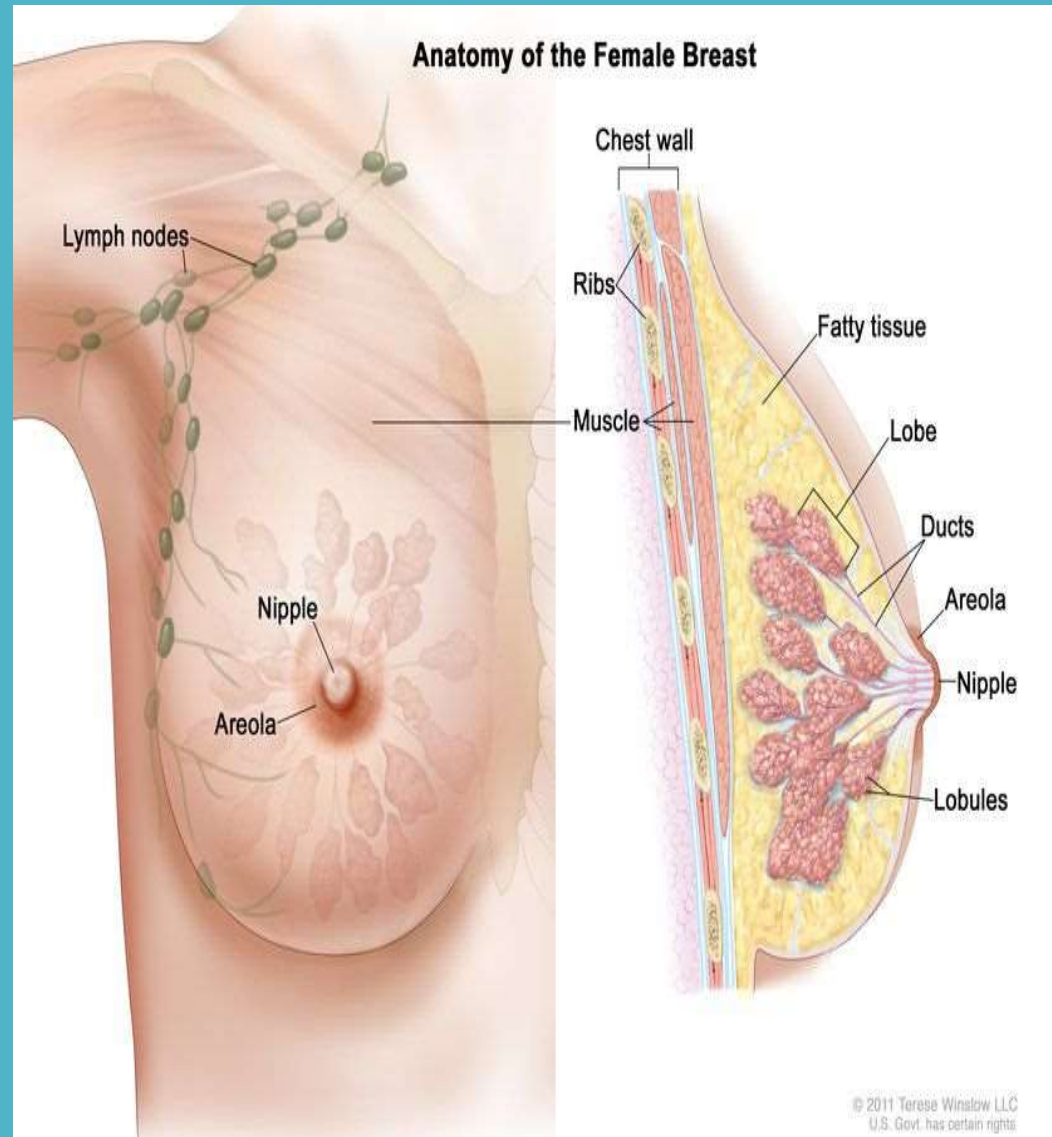


Fig 16.3 Seidel's Guide to Physical Examination 9th Edition



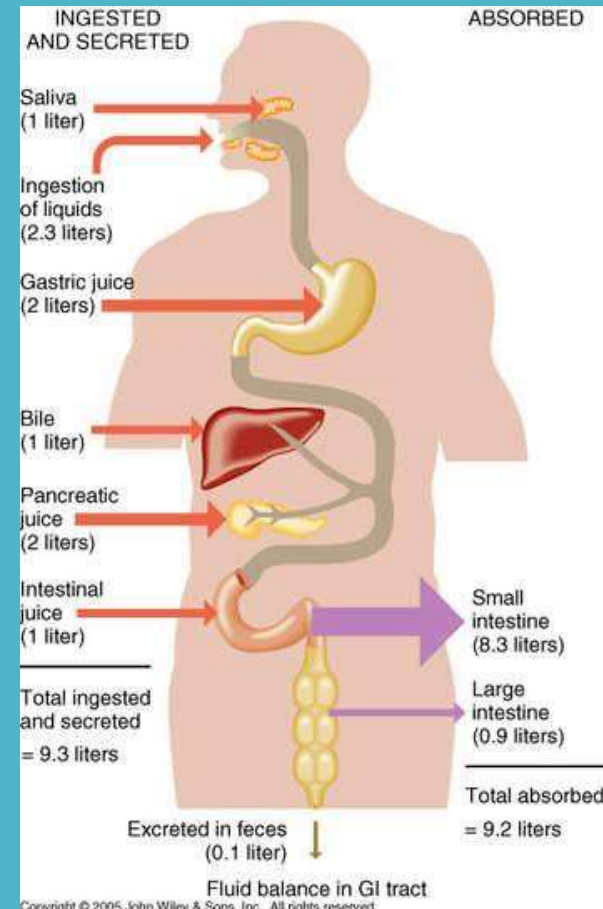
# Breasts

- Pain
- Tenderness
- Discharge
- Lumps
- Galactorrhea
- Past mammograms
- Frequency of breast exams



# Gastrointestinal

- Appetite
- Digestion
- Heartburn
- Nausea
- Vomiting
- Constipation
- Diarrhea
- Hemorrhoids
- History of ulcers
- Gallstones
- Polyps
- Tumors
- Past diagnostic images or tests



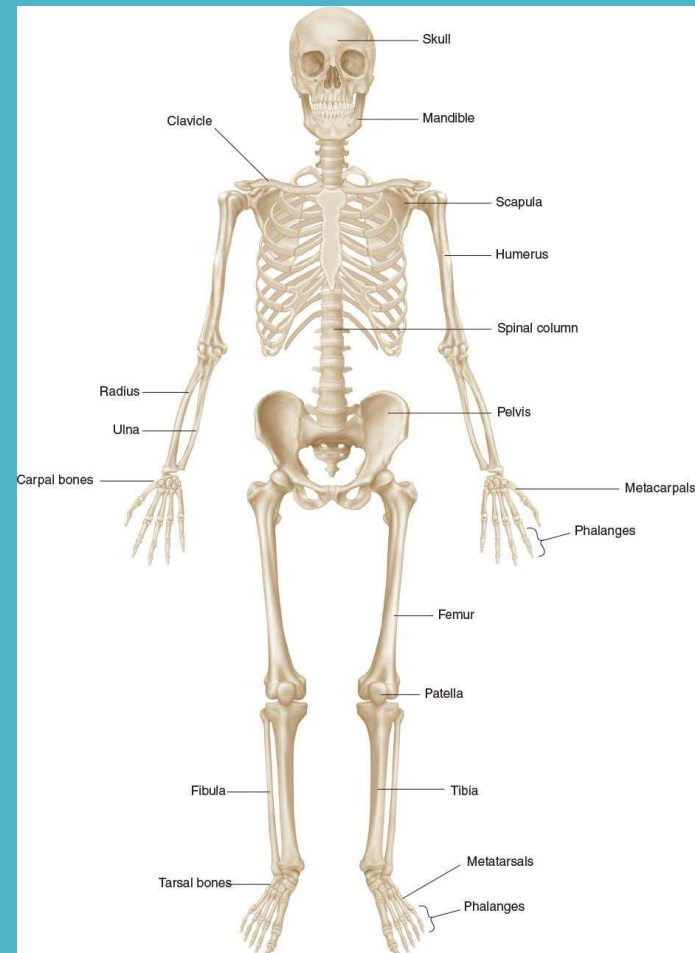
# Genitourinary

- Dysuria
- Flank or suprapubic pain
- Urgency and frequency of urination
- Nocturia
- Hematuria
- Polyuria
- Dark or discolored urine
- Hesitancy
- Dribbling
- Loss in force of stream
- Passage of stone
- Stress incontinence
- Hernias
- STD's

# Musculoskeletal

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- Joint stiffness
- Pain
- Restriction of motion
- Swelling
- Redness
- Heat
- Bony deformity



ESSENTIALS OF MUSCULOSKELETAL CARE - 5th Ed. (2016)

# Neurological

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- Syncope
- Seizures
- Weakness or paralysis
- Abnormalities of sensation or coordination
- Tremors
- Loss of memory
- Ability to concentrate

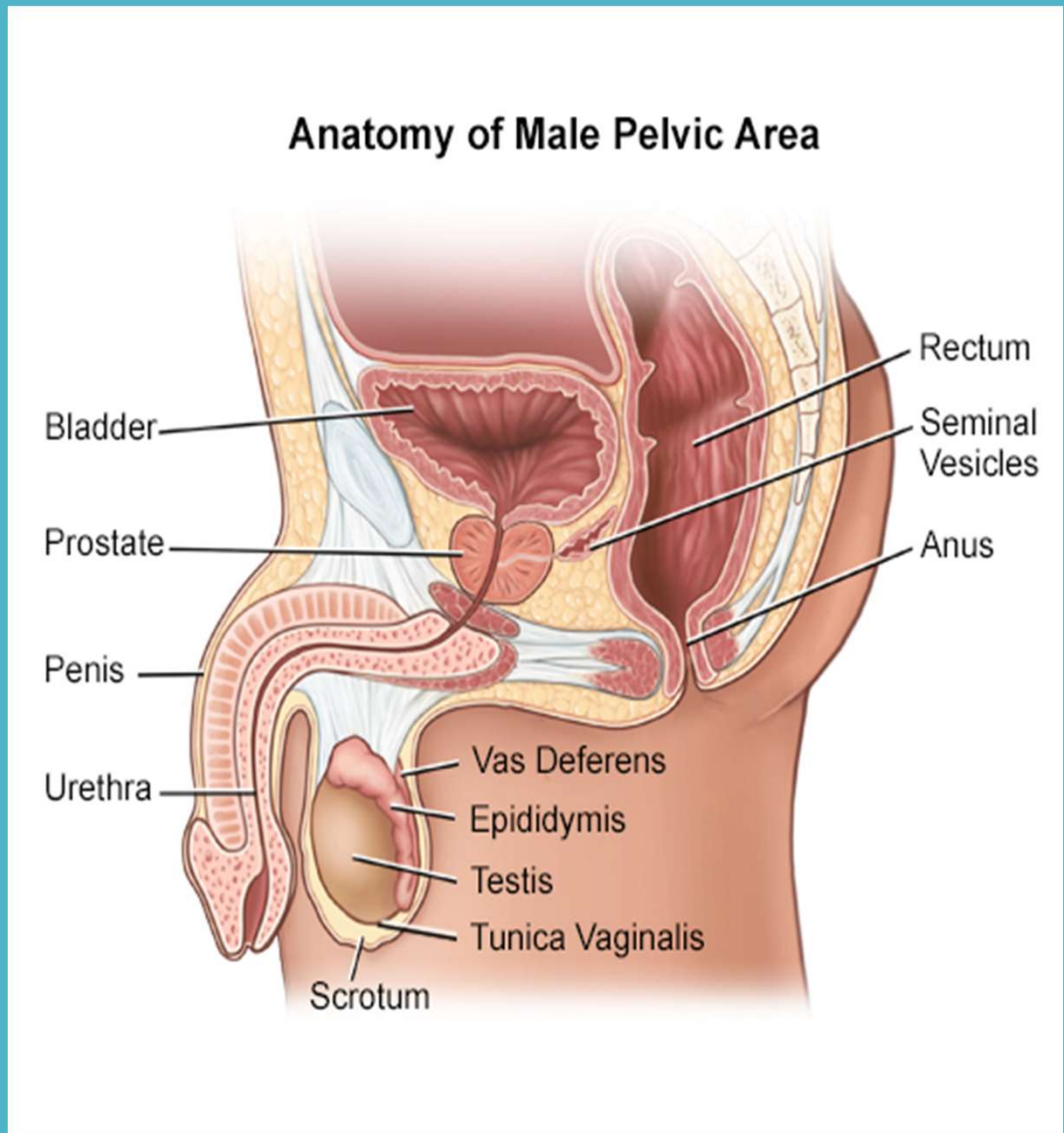
# Psychological

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- Depression
- Mood changes
- Difficulty concentrating
- Anxiety
- Agitation
- Tension
- Suicidal thoughts
- Irritability
- Sleep disturbances

# Male Specific

- Difficulty with erections
- Penile discharge
- Testicular pain
- Scrotal masses
- Epididymitis





# Female Specific

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- Menses

- Age at menarche, regularity, duration and amount of flow, and last menstrual period

- Pregnancies

- Number, living children, multiple births, miscarriages, abortions, duration of pregnancy, each type of delivery, any complications during any pregnancy or postpartum period

- Abnormal bleeding or discharge

- Itching

- Date of last Pap Smear

- Pain during intercourse

- Date of menopause



# Objective SOAP

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- Observations
  - General appearance
  - Indications of obvious distress
- Physical findings
  - Pertinent physical findings
  - Vital Signs
- Relevant laboratory results
- Relevant X-ray studies



<http://navymedicine.navylive.dodlive.mil/archives/11631>



(U.S. Navy photo by Mass Communication Specialist Seaman  
Jermaine M. Ralliford/Released)



# Assessment SOAP

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- The Corpsman reflects the results of the examination.
- A credentialed provider makes the patients diagnosis.
- There may be one or several diagnosis.



Hospital Corpsman 3rd Class Spencer Martin, a corpsman with Naval Branch Health Clinic Naval Air Technical Training Center, examines an ankle of patient as part of the Connected Corpsmen in the Community (CCC) concept implemented by Naval Hospital Pensacola

# Plan SOAP

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- This portion of the note includes all:
  - Medications prescribed
  - Treatments
  - Physical limitations, if any
  - Follow-up care, if needed
  - Patient education
  - Disposition



(U.S. Navy photo by Mass Communication Specialist 3rd Class Andrew Schneider/Released)





# Presenting a Patient

- The presentation is passing the pertinent history and findings from the Corpsman to the provider
- Use effective communication
- Assists with providing continuity of care and ensuring patient safety

# Presenting a Patient

- Rapport
  - Introduce yourself if it is the first time working with your provider
- General information
  - Rank / Title
  - Name
  - Age
  - Gender



(U.S. Navy photoReleased)



# History of Present Illness

- Report the chief complaint
- Pertinent information from the HPI using OLDCARTS
  - Onset
  - Location
  - Duration
  - Characteristics
  - Aggravating factors
  - Relieving factors
  - Temporal factors
  - Severity

# Supporting History

- Discuss any pertinent interval history from:
  - Past medical history
  - Surgical history
  - Family history
  - Social history



(U.S. Navy photo Released)

# Review of Systems

- Report all positive and negatives from the review of systems
- Report all positive and negatives from the constitutional symptoms

# Objective

- Report your positive and negative findings from your physical examination of the patient.
  - General impression
  - Physical Examination - By systems and usually from head to toe in a sequential order
  - Vital signs

# General Impression

- Report your general impression of the patient taking note of:
  - Signs of distress
  - Mental status
  - Gross deformities
  - Facial expressions
  - Body language
  - Gait abnormalities

# Physical Examination

- Report your findings by system from head to toe in a sequential order
- Avoid jumping around body systems in your report
- Provide the patient's vital signs and whether they were taken manually

# Assessment

- Provide assessment based upon the patient's history, your general observations and your physical examination
- Some provider may ask for possible differentials, it is wise to think of a few possibilities prior to presenting the patient

# Plan

- The plan may include:
  - Pt education and reassurance
  - Medications
  - Rest
  - Stretches, salt water gargles, elevation, ice
  - Follow up instructions
  - Duty status/disposition



# Barriers to Reporting

- Unnecessary information
- Lengthy report
- Language barriers
- Missed information
- Lack of standardization
- Interruptions

# Disease Non-Battle Injury

