MARVIX AI

BRIEF HEAD-TO-TOE ASSESSMENT NOTE TEMPLATE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

1 PATIENT & ENCOUNTER DETAILS

PATIENT NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

LOCATION / UNIT

MRN / PATIENT ID

ROOM / BED

PRIMARY DIAGNOSIS / REASON FOR ADMISSION

2 REASON FOR ASSESSMENT

2 INDICATION FOR HEAD-TO-TOE ASSESSMENT

Routine daily assessment · ICU rounding · post-operative assessment · change in clinical status · transfer evaluation · respiratory decline · hemodynamic instability · neurologic change · infection concern · line / drain review · multidisciplinary plan review...

3 OVERNIGHT EVENTS

3 SIGNIFICANT INTERVAL EVENTS

Changes in neurologic status, hemodynamics, oxygen / ventilator requirements, pain control, fever, urine output, bowel function, bleeding · procedures, transfusions, new imaging or labs · medication changes · line / drain issues · nursing concerns · escalation or de-escalation of care...

V VITALS

4 CURRENT VALUES & 24-HOUR TRENDS

PARAMETER	RANGE (24 H)	CURRENT
Temperature		
Heart Rate		
Blood Pressure		
MAP		
Respiratory Rate		
Oxygen Saturation		

CURRENT OXYGEN REQUIREMENT

PAIN SCORE

N NEURO

5 NEUROLOGIC STATUS, SEDATION & PAIN

RASS

GCS

CAM STATUS

PAIN SCALE

SLEEP PATTERN

NEURO CHECK FREQUENCY

Sedation or analgesia drips (agent, dose, titration goal):

Hospital neurologic, psychiatric, sedating, analgesic, or sleep-related medications:

Relevant home neurologic, psychiatric, sedating, analgesic, or sleep-related medications:

RN update — mentation, delirium, agitation, pain control, mobility safety, restraints, neuro checks, overnight neurologic changes:

CV CARDIOVASCULAR

6 HEMODYNAMICS & CARDIOVASCULAR SUPPORT

EKG RHYTHM

CVP (IF MONITORED)

PA CATHETER DATA (IF PRESENT)

Vasopressor, inotrope, antiarrhythmic, antihypertensive, or other cardiovascular drips (agent, dose, trend):

Hospital cardiovascular medications:

Relevant home cardiovascular medications:

RN update — rhythm changes, blood pressure control, perfusion, edema, chest pain, vascular access, hemodynamic instability, response to interventions:

P PULMONARY

7 RESPIRATORY STATUS & SUPPORT

7a VENTILATOR / OXYGEN SETTINGS

SUPPORT TYPE / DEVICE

MODE

PEEP

TIDAL VOLUME

SET / ACTUAL RESPIRATORY RATE

FIO2

PEAK PRESSURE

PLATEAU PRESSURE

7b GAS EXCHANGE & IMAGING

ABG — PH

PACO2

PAO2

HCO3

BASE EXCESS

O2 SATURATION

FIO2 AT TIME OF ABG

ABG DATE / TIME

CHEST X-RAY FINDINGS / INTERVAL CHANGE

Respiratory medications (hospital):

Relevant home respiratory medications:

RN and RT update — secretions, suctioning, cough, work of breathing, ventilator synchrony, weaning readiness, oxygen requirement, airway concerns, respiratory events:

R RENAL

8 RENAL FUNCTION, FLUIDS & ELECTROLYTES

Current fluids (type, rate, indication):

Most recent electrolyte panel (Na, K, Cl, CO2, BUN, Cr, Ca, Mg, Phos; date/time):

INTAKE — LAST 24 H

OUTPUT — LAST 24 H

NET I/O — LAST 24 H

URINE OUTPUT (ML/KG/H)

8a CRRT / DIALYSIS, IF APPLICABLE

CRRT STATUS / MODALITY

BLOOD RATE

DIALYSATE FLOW RATE

ULTRAFILTRATION & FLUID GOAL

Hospital renal, electrolyte, diuretic, or fluid-related medications:

Relevant home renal, electrolyte, diuretic, or fluid-related medications:

RN update — urine output, catheter function, fluid balance, edema, electrolyte replacement, dialysis / CRRT issues, renal concerns:

GI GASTROINTESTINAL

9 NUTRITION, BOWEL & ENTERAL ACCESS

DIET / NUTRITION STATUS (NPO / TPN / TEN / ORAL)

PERCENT OF NUTRITIONAL GOAL ACHIEVED

CALORIE GOAL

PROTEIN GOAL

LAST ALBUMIN

PRE-ALBUMIN

CRP

DATE OF NUTRITION LABS

MALNOURISHED (Y / N — CRITERIA)

LAST BOWEL MOVEMENT

GI PROPHYLAXIS

ENTERAL ACCESS (NGT / DHT / PEG / J-TUBE)

SPEECH EVALUATION STATUS, IF INDICATED

Hospital GI, bowel regimen, nutrition, antiemetic, acid suppression, or motility medications:

Relevant home GI or nutrition-related medications:

RN update — feeding tolerance, residuals, nausea / vomiting, bowel movements, abdominal distension, aspiration risk, tube access, nutrition concerns:

H HEMATOLOGY

10 COUNTS, COAGULATION & PROPHYLAXIS

Most recent CBC (WBC, Hgb, Hct, Plt; date/time):

Most recent coagulation studies (PT / INR, aPTT, fibrinogen, anti-Xa, TEG if obtained):

ACTIVE TYPE & SCREEN DATE

DVT PROPHYLAXIS (AGENT / MECHANICAL)

Hospital anticoagulation, antiplatelet, transfusion-related, or hematology medications:

Relevant home anticoagulation, antiplatelet, or hematology medications:

Bleeding, clotting, transfusion, anemia, platelet, or coagulation concerns, if present:

ID INFECTIOUS DISEASE

11 FEVER TREND, CULTURES & ANTIMICROBIALS

TMAX (24 H)

CURRENT TEMPERATURE

ISOLATION PRECAUTIONS

WBC TREND

Culture data — blood cultures (date, source, result):

Urine cultures, respiratory cultures, and other relevant cultures if obtained:

Antibiotic, antiviral, or antifungal agents with start and end / stop dates and day of therapy:

Current infectious concerns, source control issues, fever trend, leukocytosis, response to antimicrobial therapy:

E ENDOCRINE

12 GLUCOSE & ENDOCRINE MANAGEMENT

BLOOD SUGAR RANGE (24 H)

CURRENT INSULIN REGIMEN / DRIP RATE

Steroids or other endocrine-relevant medications:

Relevant home endocrine medications:

Hypoglycemia, hyperglycemia, steroid-related glucose changes, insulin drip status, thyroid or adrenal concerns, diabetes management issues, if present:

W WOUNDS / DRAINS / LINES

13 INVASIVE DEVICES — NECESSITY & REMOVAL PLAN

DEVICE	STATUS / SITE	INSERTION DATE	CAN IT COME OUT?
Central Line			
Urinary Catheter			
Arterial Line			

Other lines, drains, tubes, wounds, surgical sites, dressings, pressure injuries, ostomies, or device-related concerns:

Drain output, wound appearance, dressing status, signs of infection, line necessity, and removal plan where applicable:

M MOBILITY

14 FUNCTIONAL MOBILITY & ACTIVITY GOALS

Yesterday's highest level of mobility:

Mobility goal for today:

Barriers to mobility (hemodynamic instability, respiratory status, sedation, pain, weakness, lines / drains, delirium, fall risk, therapy availability):

PT / OT involvement, nursing mobility plan, assist level, safety concerns:

D DISPOSITION

15 LEVEL OF CARE & TRANSITION PLANNING

CURRENT LEVEL OF CARE

ANTICIPATED DISPOSITION

TRANSFER READINESS (Y / N)

TARGET DATE, IF KNOWN

ICU, stepdown, floor, rehab, SNF, LTAC, home health, or discharge planning needs:

Barriers to disposition (oxygen / ventilator needs, hemodynamic instability, infection, nutrition, mobility, lines / drains, social needs, placement, pending studies):

A/P ASSESSMENT & PLAN

16 SYSTEM-BASED ASSESSMENT & DAILY PLAN

Overall clinical status and active problems by system:

Today's priorities and interventions planned for the day:

Medication changes:

Ventilator / oxygen plan · fluid and renal plan:

Nutrition / GI plan · infection and antibiotic plan:

Line / drain removal plan · mobility plan · disposition plan:

Team plan review and RN considerations (monitoring needs, safety concerns, mobility goals, medication timing, line / drain care, wound care, nutrition goals, family updates, escalation triggers):

T TIME DOCUMENTATION, IF APPLICABLE

17 TIME SPENT

TOTAL TIME SPENT

BEDSIDE ASSESSMENT TIME

CARE COORDINATION TIME

TEAM DISCUSSION TIME

FAMILY / CAREGIVER DISCUSSION TIME, IF APPLICABLE

CRITICAL CARE TIME, IF APPLICABLE

B BILLING CONSIDERATIONS

18 BILLING ELEMENTS

E/M LEVEL, IF APPLICABLE

CRITICAL CARE TIME, IF APPLICABLE

CARE COORDINATION CODE(S), IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / CRITICAL CARE / PROCEDURE-BASED / CARE COORDINATION

SO SIGNATURE

PROVIDER NAME	CREDENTIALS	SIGNATURE	DATE	TIME