MARVIX AI

INTERVENTIONAL NEPHROLOGY SOAP NOTE TEMPLATE

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1 PATIENT INFORMATION

NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

CREDENTIALS

MRN / PATIENT ID

VISIT TYPE: INTERVENTIONAL NEPHROLOGY CONSULTATION / PROCEDURE FOLLOW-UP

DIALYSIS UNIT / FACILITY

PRIMARY NEPHROLOGIST

REFERRING PROVIDER

CC CHIEF COMPLAINT

Primary interventional nephrology-related reason for the visit — dialysis access dysfunction, fistula/graft stenosis, thrombosis, catheter malfunction, catheter placement/removal, access infection concern, prolonged bleeding, difficult cannulation, poor dialysis clearance, arm swelling, steal symptoms, or access surveillance abnormality...

S SUBJECTIVE

3a REASON FOR INTERVENTIONAL NEPHROLOGY EVALUATION

AV fistula/graft dysfunction, access surveillance abnormality, thrombosis, stenosis, aneurysm/pseudoaneurysm, infiltration, bleeding, catheter dysfunction, catheter placement, catheter exchange, catheter removal, PD catheter issue, post-procedure follow-up:

3b DIALYSIS ACCESS HISTORY

Current access type, location, laterality, creation date, maturation status, prior interventions, prior thrombosis, prior fistulogram/angioplasty/stent, prior catheter use, prior access failure:

3c DIALYSIS TREATMENT CONCERNS

Poor blood flow rates, high venous pressures, high arterial pressures, recirculation, poor clearance, inadequate dialysis, frequent alarms, prolonged bleeding after needle removal, clot aspiration, difficult cannulation, access collapse, early treatment termination:

3d ACCESS SITE SYMPTOMS

Pain, swelling, redness, warmth, drainage, bleeding, bruising, aneurysmal enlargement, skin thinning, ulceration, numbness, tingling, coolness, weakness, hand pain, color change:

3e CATHETER-RELATED SYMPTOMS, IF APPLICABLE

Poor flow, inability to aspirate or flush, frequent catheter alarms, need for line reversal, exit-site pain, drainage, erythema, fever, chills, suspected catheter-related infection:

3f PERITONEAL DIALYSIS ACCESS SYMPTOMS, IF APPLICABLE

Poor inflow/outflow, abdominal pain, drainage issues, exit-site drainage, tunnel pain, catheter migration concern, leaks, hernia symptoms, cloudy effluent, peritonitis symptoms:

3g BLEEDING / ANTICOAGULATION HISTORY

Anticoagulant or antiplatelet use, bleeding history, prolonged access bleeding, easy bruising, coagulopathy history, recent medication changes:

3h INFECTION SYMPTOMS

Fever, chills, malaise, access site erythema, tenderness, drainage, purulence, positive cultures, recent antibiotics, hospitalization for access infection:

3i RELEVANT MEDICAL HISTORY

ESRD/CKD etiology, diabetes, peripheral vascular disease, heart failure, hypertension, hypercoagulable disorders, prior central venous stenosis, prior vascular surgery, transplant history, prior access complications:

3j PRIOR EVALUATION AND TREATMENT

Access ultrasound, fistulogram, angioplasty, thrombectomy, stent placement, catheter exchange, catheter lock therapy, cultures, antibiotics, vascular surgery evaluation, dialysis unit access monitoring:

3k PERTINENT NEGATIVES

Denial of red-flag symptoms when clinically relevant — fever, severe access pain, rapidly worsening swelling, uncontrolled bleeding, hand ischemia symptoms, loss of thrill/bruit, chest pain, severe dyspnea, syncope, or sepsis symptoms…

ROS INTERVENTIONAL NEPHROLOGY REVIEW OF SYSTEMS

ACCESS PAIN, SWELLING, REDNESS, WARMTH, DRAINAGE, OR BLEEDING

LOSS OF THRILL OR BRUIT

DIFFICULT CANNULATION, HIGH PRESSURES, POOR FLOW, OR INADEQUATE DIALYSIS

PROLONGED BLEEDING AFTER DIALYSIS

ARM SWELLING, HAND PAIN, NUMBNESS, COOLNESS, WEAKNESS, OR COLOR CHANGE

FEVER, CHILLS, MALAISE, OR INFECTION SYMPTOMS

CATHETER MALFUNCTION, EXIT-SITE DRAINAGE, TENDERNESS, OR ALARMS

PERITONEAL DIALYSIS CATHETER INFLOW/OUTFLOW ISSUES, CLOUDY EFFLUENT, OR ABDOMINAL PAIN

CHEST PAIN, DYSPNEA, DIZZINESS, SYNCOPE, OR VOLUME OVERLOAD SYMPTOMS

O OBJECTIVE

5a VITALS

TEMPERATURE

WEIGHT

BLOOD PRESSURE

PAIN SCORE

HEART RATE

OXYGEN SATURATION

RESPIRATORY RATE

5b EXAMINATION

GENERAL APPEARANCE (DISTRESS, ALERTNESS, VOLUME APPEARANCE, ABILITY TO TOLERATE PROCEDURE OR EXAMINATION)

CARDIOVASCULAR (RHYTHM, MURMURS, PERIPHERAL PERFUSION, EDEMA, PULSES, VOLUME OVERLOAD OR VASCULAR COMPROMISE)

PULMONARY (BREATH SOUNDS, WORK OF BREATHING, OXYGEN REQUIREMENT, CRACKLES, WHEEZING, RESPIRATORY DISTRESS)

EXTREMITIES / VASCULAR (UPPER EXTREMITY SWELLING, PULSES, CAPILLARY REFILL, HAND TEMPERATURE, COLOR, EDEMA, COLLATERAL VEINS, SKIN INTEGRITY, NEUROLOGIC STATUS, STEAL SYNDROME OR VENOUS HYPERTENSION)

SKIN (BRUISING, ULCERATION, ERYTHEMA, WARMTH, DRAINAGE, SKIN THINNING, SCABBING, INFECTION SIGNS, ANEURYSMAL SKIN CHANGES OVER ACCESS)

DA DIALYSIS ACCESS EXAMINATION

ACCESS TYPE (AV FISTULA, AV GRAFT, TUNNELED CATHETER, TEMPORARY CATHETER, PD CATHETER, OTHER)

ACCESS LOCATION AND LATERALITY

THRILL AND BRUIT PRESENCE, INTENSITY, AND LOCATION

PULSATILITY OR HYPERPULSATILITY

COLLAPSIBILITY WITH ARM ELEVATION

ANEURYSM OR PSEUDOANEURYSM FEATURES

CANNULATION SITES AND NEEDLE TRACK CONDITION

PROLONGED BLEEDING SITES

INFILTRATION, HEMATOMA, BRUISING, OR SWELLING

SIGNS OF STENOSIS, THROMBOSIS, INFECTION, ULCERATION, EROSION, OR SKIN COMPROMISE

DISTAL PULSES, HAND WARMTH, SENSATION, STRENGTH, AND CAPILLARY REFILL

CATHETER EXIT SITE, TUNNEL TENDERNESS, CUFF STATUS, DRESSING STATUS, DRAINAGE, OR ERYTHEMA

PD CATHETER EXIT SITE, TUNNEL, DRAINAGE, LEAKS, CUFF STATUS, AND ABDOMINAL FINDINGS

AD DIALYSIS ACCESS / TREATMENT DATA

RECENT BLOOD FLOW RATES

CANNULATION DIFFICULTY PATTERN

ARTERIAL PRESSURE TRENDS

PROLONGED POST-DIALYSIS BLEEDING DURATION

VENOUS PRESSURE TRENDS

CATHETER LINE REVERSAL REQUIREMENT

ACCESS RECIRCULATION RESULTS

TPA OR LOCK THERAPY USE

KT/V OR URR TRENDS

RECENT ACCESS SURVEILLANCE MEASUREMENTS

DELIVERED DIALYSIS TIME

DIALYSIS STAFF CONCERNS OR RUN SHEET FINDINGS

RECENT INFILTRATION EVENTS

PR PROCEDURES PERFORMED

Procedure name and indication:

Access site, laterality, consent, anesthesia/sedation:

Technique and findings:

Intervention performed, devices used, contrast use, fluoroscopy/ultrasound use:

Hemostasis, estimated blood loss, patient tolerance, complications if any:

Examples: fistulogram; angioplasty; thrombectomy; stent or stent-graft placement; tunneled dialysis catheter placement, exchange, or removal; temporary dialysis catheter placement; central venogram; ultrasound-guided access evaluation; peritoneal dialysis catheter evaluation; declot procedure; access flow study…

L LABORATORY AND DIAGNOSTIC RESULTS

Access Imaging (access ultrasound, Doppler, fistulogram, venogram, central venous imaging, CT venogram, prior procedural imaging):

Dialysis Adequacy / Access Data (Kt/V, URR, access flow measurements, recirculation studies, dialysis pressure trends, dialysis run sheets):

Laboratory Studies (CBC, platelet count, INR/PT/PTT, BMP, potassium, calcium, phosphorus, albumin, inflammatory markers, blood cultures, catheter cultures):

Infection Data (blood cultures, wound cultures, catheter tip cultures, exit-site cultures, antibiotic history, infectious disease recommendations):

Prior Records Reviewed (dialysis unit notes, access history, vascular surgery notes, prior fistulograms, prior access procedures, operative reports, catheter reports, hospitalization records, medication list, anticoagulation history):

A ASSESSMENT

Primary access diagnosis or working diagnosis. Access type, site, laterality, and functional status. Suspected stenosis, thrombosis, access immaturity, aneurysm/pseudoaneurysm, infection, catheter dysfunction, venous hypertension, steal syndrome, or central venous stenosis. Dialysis adequacy and access performance concerns. Bleeding, infection,

ischemia, or procedural risk assessment. Relationship of symptoms to access findings, dialysis data, imaging, catheter function, anticoagulation, or vascular disease. Need for access intervention, imaging, catheter management, vascular surgery referral, antibiotics, dialysis prescription adjustment, or urgent escalation...

P PLAN

Diagnostic plan (access ultrasound, fistulogram, venogram, catheter study, flow measurement, cultures, labs, dialysis unit data review):

Access intervention plan (angioplasty, thrombectomy, stent/stent-graft, catheter placement, exchange, removal, access revision referral, surgical evaluation):

Dialysis access use plan (whether access may be used, cannulation instructions, rest period, needle site recommendations, catheter use plan, alternate access plan):

Catheter management plan (lock therapy, tPA, exchange, removal, infection workup, dressing care, catheter avoidance strategy):

Infection management (cultures, antibiotics, catheter removal/exchange consideration, access infection evaluation, coordination with dialysis unit or infectious disease):

Bleeding and anticoagulation plan (medication review, anticoagulant hold/resume instructions, hemostasis precautions, post-procedure bleeding precautions):

Steal syndrome or venous hypertension plan (vascular imaging, surgical referral, access flow assessment, limb monitoring):

Coordination with dialysis unit, vascular surgery, transplant surgery, primary nephrologist, interventional radiology, infectious disease, or emergency care:

Patient education (access care, thrill/bruit monitoring, bleeding precautions, catheter care, infection warning signs, hand ischemia symptoms, when to seek urgent care):

F FOLLOW-UP

Follow-up timeframe and purpose — post-procedure check, access function reassessment, dialysis unit feedback, access imaging review, catheter management, infection response, repeat intervention planning, or vascular surgery referral follow-through:

TD TIME DOCUMENTATION, IF APPLICABLE

TOTAL TIME SPENT

DIALYSIS UNIT COORDINATION TIME, IF APPLICABLE

PROCEDURE TIME, IF APPLICABLE

RECORDS REVIEW TIME, IF APPLICABLE

COUNSELING / COORDINATION OF CARE TIME

TB BILLING CONSIDERATIONS

E/M LEVEL, IF SEPARATELY BILLABLE: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

PROCEDURE CODE(S), IF APPLICABLE

IMAGING GUIDANCE CODE(S), IF APPLICABLE

DIALYSIS ACCESS INTERVENTION CODE(S), IF APPLICABLE

BASIS FOR BILLING: PROCEDURE-BASED / TIME-BASED / MDM / CARE COORDINATION

PRIMARY DIALYSIS ACCESS / INTERVENTIONAL NEPHROLOGY DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO SIGNATURE

PROVIDER NAME

CREDENTIALS

SPECIALTY: INTERVENTIONAL NEPHROLOGY

DATE

TIME