MARVIX AI

DIALYSIS / RENAL CARE SOAP NOTE TEMPLATE

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1 PATIENT INFORMATION

NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

CREDENTIALS

MRN / PATIENT ID

VISIT TYPE: DIALYSIS / RENAL CARE VISIT

DIALYSIS UNIT / FACILITY

NEPHROLOGIST

PRIMARY CARE PROVIDER, IF APPLICABLE

CC CHIEF COMPLAINT

Primary dialysis or renal care-related reason for the visit — routine dialysis follow-up, dialysis adequacy review, access concern, volume overload, hypotension during dialysis, electrolyte abnormality, anemia management, missed dialysis, transplant referral discussion, or renal replacement therapy planning...

S SUBJECTIVE

3a DIALYSIS MODALITY AND SCHEDULE

Hemodialysis, peritoneal dialysis, home hemodialysis, CRRT, or other modality. Schedule, treatment frequency, duration, dialysis unit, adherence:

3b DIALYSIS TOLERANCE

Cramps, intradialytic hypotension, dizziness, nausea, vomiting, headache, chest pain, dyspnea, fatigue, access pain, post-dialysis weakness, early treatment termination:

3c MISSED OR SHORTENED TREATMENTS

Missed sessions, shortened runs, reasons for nonadherence, transportation barriers, access malfunction, hospitalization, patient refusal, scheduling issues:

3d VOLUME STATUS SYMPTOMS

Edema, dyspnea, orthopnea, weight gain, fluid overload, thirst, high interdialytic weight gain, low blood pressure, dehydration symptoms, cramping related to ultrafiltration:

3e BLOOD PRESSURE HISTORY

Pre-dialysis, intra-dialysis, post-dialysis, and home blood pressure trends. Hypertensive or hypotensive symptoms and medication timing:

3f DIALYSIS ACCESS SYMPTOMS

AV fistula/graft pain, swelling, bleeding, prolonged bleeding after needle removal, poor flow, cannulation difficulty, infection signs, catheter malfunction, exit-site drainage, loss of thrill/bruit:

3g RESIDUAL KIDNEY FUNCTION / URINE OUTPUT

Urine output, changes in urine volume, diuretic use, urinary symptoms, residual renal function:

3h DIET AND FLUID ADHERENCE

Adherence to renal diet, sodium restriction, potassium restriction, phosphorus restriction, protein intake, fluid restriction, appetite, nutritional concerns:

3i MEDICATION ADHERENCE AND SIDE EFFECTS

Phosphate binders, potassium binders, antihypertensives, diuretics, vitamin D analogs, calcimimetics, ESA therapy, iron therapy, anticoagulation, renal vitamins, other renal medications:

3j SYMPTOMS OF UREMIA OR DIALYSIS COMPLICATIONS

Pruritus, nausea, anorexia, metallic taste, sleep disturbance, restless legs, confusion, weakness, muscle cramps, neuropathy, bleeding, pericarditis symptoms:

3k HOSPITALIZATIONS / INTERVAL EVENTS

Recent emergency visits, admissions, infections, transfusions, procedures, access interventions, medication changes, changes in dialysis prescription:

3l TRANSPLANT / MODALITY PLANNING

Transplant referral status, listing status, donor evaluation, home dialysis interest, modality education, palliative renal care discussions:

3m PERTINENT NEGATIVES

Denial of red-flag symptoms when clinically relevant — chest pain, severe dyspnea, syncope, fever, access infection signs, uncontrolled bleeding, severe hyperkalemia symptoms, confusion, or missed dialysis with volume overload symptoms…

ROS DIALYSIS / RENAL CARE REVIEW OF SYSTEMS

FATIGUE, WEAKNESS, POOR APPETITE, NAUSEA, VOMITING, PRURITUS, OR SLEEP DISTURBANCE

DYSPNEA, ORTHOPNEA, EDEMA, CHEST PAIN, PALPITATIONS, DIZZINESS, OR SYNCOPE

MUSCLE CRAMPS, RESTLESS LEGS, NEUROPATHY, HEADACHE, OR POST-DIALYSIS WEAKNESS

ACCESS PAIN, SWELLING, BLEEDING, DRAINAGE, ERYTHEMA, OR CANNULATION DIFFICULTY

DECREASED URINE OUTPUT, URINARY SYMPTOMS, OR RESIDUAL URINE CHANGES

FEVER, CHILLS, INFECTION SYMPTOMS, OR RECENT HOSPITALIZATION

DIET, FLUID, MEDICATION, OR DIALYSIS ADHERENCE CONCERNS

O OBJECTIVE

5a VITALS

TEMPERATURE

WEIGHT

BLOOD PRESSURE

DRY WEIGHT

HEART RATE

PRE-DIALYSIS WEIGHT, IF APPLICABLE

RESPIRATORY RATE

POST-DIALYSIS WEIGHT, IF APPLICABLE

OXYGEN SATURATION

INTERDIALYTIC WEIGHT GAIN

5b EXAMINATION

GENERAL APPEARANCE (DISTRESS, ALERTNESS, NUTRITIONAL STATUS, VOLUME APPEARANCE)

CARDIOVASCULAR (RHYTHM, MURMURS, JVP, EDEMA, PERFUSION, VOLUME OVERLOAD/DEPLETION)

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

ABDOMEN (TENDERNESS, DISTENSION, ASCITES, PD CATHETER SITE, SIGNS OF PERITONITIS)

EXTREMITIES (EDEMA, PULSES, WOUNDS, SKIN CHANGES, ACCESS EXTREMITY, ISCHEMIA OR STEAL SYNDROME)

SKIN (PRURITUS, EXCORIATIONS, BRUISING, WOUNDS, CALCIPHYLAXIS CONCERN, CATHETER SITE CHANGES, INFECTION SIGNS)

NEUROLOGIC (MENTATION, WEAKNESS, ASTERIXIS, NEUROPATHY, UREMIA OR ELECTROLYTE DISTURBANCE)

DA DIALYSIS ACCESS EXAMINATION

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

LOCATION AND LATERALITY

THRILL AND BRUIT

CANNULATION SITES

CATHETER EXIT-SITE APPEARANCE

SIGNS OF STENOSIS, ANEURYSM, INFILTRATION, INFECTION, SWELLING, ERYTHEMA, DRAINAGE, TENDERNESS, OR PROLONGED BLEEDING

CATHETER CUFF VISIBILITY, DRESSING STATUS, TENDERNESS, DRAINAGE, OR MALFUNCTION CONCERN

PD CATHETER EXIT-SITE CONDITION, TUNNEL TENDERNESS, DRAINAGE, ERYTHEMA, OR CUFF ISSUES

NEED FOR ACCESS IMAGING, INTERVENTION, VASCULAR SURGERY REFERRAL, OR CATHETER EXCHANGE

DP DIALYSIS PRESCRIPTION / TREATMENT DETAILS

DIALYSIS MODALITY

ULTRAFILTRATION GOAL

FREQUENCY AND SCHEDULE

DRY WEIGHT

TREATMENT DURATION

ANTICOAGULATION USED DURING DIALYSIS

DIALYZER TYPE, IF AVAILABLE

KT/V OR URR IF AVAILABLE

BLOOD FLOW RATE

RECENT ADEQUACY CONCERNS

DIALYSATE FLOW RATE

DIALYSATE POTASSIUM, CALCIUM, BICARBONATE, AND SODIUM BATH

PD DWELL VOLUMES, EXCHANGES, DIALYSATE CONCENTRATION, CYCLER SETTINGS, DWELL TIMES, AND ULTRAFILTRATION, IF APPLICABLE

L LABORATORY AND DIAGNOSTIC RESULTS

Kidney Function and Adequacy (BUN, creatinine, eGFR if applicable, Kt/V, URR, residual kidney function):

Electrolytes / Acid-Base (sodium, potassium, chloride, bicarbonate, calcium, phosphorus, magnesium, anion gap):

Volume / Nutrition (albumin, prealbumin, normalized protein catabolic rate, weight trends, dietary markers):

Anemia Labs (hemoglobin, hematocrit, iron studies, ferritin, TSAT, ESA dosing, iron dosing, transfusion history):

CKD-Mineral Bone Disease Labs (calcium, phosphorus, PTH, vitamin D, alkaline phosphatase):

Infection / Access Labs (CBC, blood cultures, catheter cultures, peritoneal fluid cell count/culture, inflammatory markers):

Imaging / Access Studies (fistulogram, access ultrasound, Doppler, chest X-ray, catheter placement imaging, echocardiogram):

Prior Records Reviewed (dialysis run sheets, unit notes, access procedure reports, hospitalization records, lab trends, medication lists, transplant records, vascular surgery notes):

A ASSESSMENT

ESRD or advanced CKD status and current dialysis modality. Dialysis adherence and adequacy. Volume status and dry weight appropriateness. Blood pressure control and intradialytic hemodynamic issues. Dialysis access function and infection risk. Electrolyte and acid-base status. Anemia management status. CKD-mineral bone disease status. Nutritional status and albumin trend. Medication adherence and renal dosing concerns. Recent hospitalizations, infections, or complications. Transplant candidacy, modality planning, or goals-of-care considerations. Need for prescription adjustment, access evaluation, medication changes, diet counseling, referral, or hospitalization...

P PLAN

Dialysis prescription plan (treatment time, frequency, dialysate bath changes, ultrafiltration goals, adequacy monitoring, modality adjustments):

Volume management (dry weight adjustment, fluid restriction, sodium restriction, ultrafiltration strategy, diuretics if residual output, daily weights):

Blood pressure management (medication timing around dialysis, home BP monitoring, antihypertensive adjustment, intradialytic hypotension or hypertension):

Dialysis access plan (monitoring, access care, fistulogram, ultrasound, vascular surgery referral, catheter care, infection evaluation, removal/exchange):

Electrolyte and acid-base management (potassium bath adjustment, bicarbonate management, binders, dietary counseling, repeat labs):

Anemia management (ESA dosing, iron therapy, transfusion considerations, lab monitoring):

CKD-mineral bone disease management (phosphate binders, vitamin D analogs, calcimimetics, calcium/phosphorus/PTH monitoring, renal diet counseling):

Nutrition plan (protein intake, renal diet adherence, albumin monitoring, dietitian referral, poor appetite or malnutrition):

Infection management (cultures, antibiotics, catheter/access evaluation, peritonitis management, infection prevention education):

Medication review (renal dosing, nephrotoxin avoidance, phosphate binder adherence, medication reconciliation, coordination with prescribers):

Transplant or modality planning (referral, listing follow-up, donor evaluation, home dialysis education, palliative renal care discussion):

Patient education (dialysis adherence, fluid and diet restrictions, access care, medication use, warning signs, when to seek urgent care):

F FOLLOW-UP

Follow-up timeframe and purpose — dialysis adequacy review, lab monitoring, dry weight reassessment, access evaluation, blood pressure review, anemia/CKD-MBD monitoring, transplant planning, or post-hospital follow-up:

TD TIME DOCUMENTATION, IF APPLICABLE

TOTAL TIME SPENT

COUNSELING / COORDINATION OF CARE TIME

DIALYSIS UNIT REVIEW TIME, IF APPLICABLE

RECORDS REVIEW TIME, IF APPLICABLE

TB BILLING CONSIDERATIONS

E/M LEVEL, IF APPLICABLE

DIALYSIS MANAGEMENT CODE(S), IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

BASIS FOR BILLING: MONTHLY DIALYSIS MANAGEMENT / E/M / TIME-BASED / MDM / PROCEDURE-BASED

PRIMARY ESRD / CKD / DIALYSIS DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO SIGNATURE

PROVIDER NAME

CREDENTIALS

SPECIALTY: NEPHROLOGY / DIALYSIS CARE

DATE

TIME

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