MARVIX AI

INTERVENTIONAL CARDIOLOGY SOAP NOTE TEMPLATE

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1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: INTERVENTIONAL CARDIOLOGY CONSULTATION / FOLLOW-UP / POST-PROCEDURE VISIT

CARE SETTING: OUTPATIENT / INPATIENT / TELEHEALTH / EMERGENCY / CATH LAB FOLLOW-UP

PRIMARY CARE PROVIDER, IF APPLICABLE

PRIMARY CARDIOLOGIST, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY INTERVENTIONAL CARDIOLOGY CONCERN

Primary interventional cardiology-related reason for the visit in the patient's own words when possible — chest pain, coronary artery disease, abnormal stress test, abnormal coronary CTA, post-PCI follow-up, stent surveillance, pre-procedure evaluation, peripheral vascular concern, structural heart concern, or post-cardiac catheterization follow-up...

S SUBJECTIVE

3 PATIENT-REPORTED CARDIOVASCULAR SYMPTOMS, PROCEDURAL HISTORY & TREATMENT RESPONSE

3a INDICATION & ANGINAL SYMPTOMS

Reason for Interventional Cardiology Evaluation (diagnostic angiography consideration / PCI evaluation / post-PCI follow-up / abnormal stress test / abnormal coronary CTA / refractory angina / ACS follow-up / structural heart or peripheral intervention evaluation / post-procedure complication assessment):

Chest Pain / Anginal Symptoms (onset, location, quality, severity, radiation, duration, frequency, exertional relationship, rest symptoms, associated dyspnea / diaphoresis / nausea, nitroglycerin response, progression, comparison to prior angina):

Dyspnea / Heart Failure Symptoms (exertional dyspnea, dyspnea at rest, orthopnea, PND, edema, weight gain, reduced exercise tolerance, fatigue, diuretic response):

3b CORONARY & PROCEDURAL HISTORY

Coronary Artery Disease History (prior MI, PCI, stent type / date / location, CABG, known coronary anatomy, prior catheterization findings, prior ischemia testing, restenosis or thrombosis history):

Post-Procedure Course, if applicable (recovery after catheterization or intervention, access-site pain, bruising, bleeding, hematoma, swelling, numbness, limb discoloration, chest pain recurrence, dyspnea, medication adherence, post-procedure restrictions):

Peripheral Vascular Symptoms, if applicable (claudication, rest pain, non-healing wounds, limb swelling, limb discoloration, cold extremity, prior peripheral intervention, vascular imaging abnormalities):

Structural Heart Symptoms, if applicable (dyspnea, syncope, angina, edema, fatigue, reduced exercise tolerance, palpitations, heart failure symptoms):

3c MEDICATIONS, RISK FACTORS & FUNCTIONAL STATUS

Medication History and Treatment Response (antiplatelet therapy, anticoagulation, statin, antianginal therapy, antihypertensives, heart failure medications, adherence, side effects, missed doses, bleeding concerns, medication access issues):

Risk Factors (hypertension, diabetes, hyperlipidemia, tobacco use, chronic kidney disease, obesity, sleep apnea, family history of premature CAD, inflammatory disease, prior radiation / chemotherapy, sedentary lifestyle):

Lifestyle and Functional Capacity (exercise tolerance, METs, cardiac rehab participation, diet, sodium intake, smoking status, alcohol use, occupational activity, limitations in daily activities, symptom-limited activity level):

Recent Testing / Hospitalizations (EKG, echocardiogram, stress test, coronary CTA, cardiac catheterization, vascular imaging, troponins, BNP, emergency visits, hospitalizations, procedures, medication changes):

Pertinent Negatives (active chest pain, severe dyspnea, syncope, access-site bleeding, rapidly expanding hematoma, limb ischemia symptoms, neurologic deficit, severe palpitations, decompensated heart failure symptoms):

ROS INTERVENTIONAL CARDIOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Chest pain, chest pressure, exertional symptoms, or nitroglycerin use	
Dyspnea, orthopnea, PND, edema, weight gain, or reduced exercise tolerance	
Palpitations, dizziness, presyncope, syncope, or irregular heartbeat	
Access-site pain, bruising, bleeding, swelling, numbness, or limb color change	
Claudication, rest pain, wounds, cold extremity, or peripheral vascular symptoms	
Bleeding, bruising, anticoagulation or antiplatelet issues	
Fatigue, diaphoresis, nausea, or exercise intolerance	
Tobacco, alcohol, stimulant, or substance use relevant to cardiovascular risk	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE	BLOOD PRESSURE
HEART RATE	RESPIRATORY RATE
OXYGEN SATURATION	WEIGHT
BMI	ORTHOSTATIC VITALS, IF OBTAINED

5a GENERAL, CARDIOVASCULAR & PULMONARY

General Appearance (distress level, work of breathing, body habitus, functional appearance, overall clinical condition):

Cardiovascular (rate, rhythm, murmurs, rubs, gallops, JVP, carotid bruits, peripheral pulses, capillary refill, edema, signs of poor perfusion or volume overload):

Pulmonary (breath sounds, crackles, wheezing, work of breathing, oxygen requirement, pleural effusion or pulmonary edema findings):

5b ABDOMEN, VASCULAR, SKIN & NEUROLOGIC

Abdomen (tenderness, distension, hepatomegaly, ascites, abdominal bruits, findings related to congestion or vascular disease):

Extremities / Vascular (pulses, edema, cyanosis, clubbing, limb temperature, capillary refill, wounds, claudication-related findings, venous changes, peripheral arterial disease findings):

Skin (pallor, diaphoresis, cyanosis, bruising, wounds, surgical scars, access-site findings, signs of vascular insufficiency):

Neurologic (mentation, focal deficits, gait concerns, findings relevant to stroke risk, anticoagulation, or post-procedure complications):

AS ACCESS SITE / PROCEDURE SITE EXAMINATION, IF APPLICABLE

6 CATHETERIZATION OR INTERVENTION ACCESS SITE

ACCESS SITE LOCATION: RADIAL / FEMORAL / BRACHIAL / OTHER

LATERALITY

DRESSING STATUS

DISTAL PULSES

LIMB TEMPERATURE, COLOR, SENSATION, STRENGTH

CAPILLARY REFILL

Tenderness, bruising, hematoma, swelling, erythema, drainage, bleeding, or pseudoaneurysm concern:

Bruit or thrill over access site if present:

Signs of infection, vascular compromise, or expanding hematoma:

L CARDIAC TESTING / DIAGNOSTIC RESULTS

7 RESULTS REVIEWED OR ORDERED

EKG (rhythm, rate, conduction abnormalities, ischemic changes, QTc, comparison to prior EKG):

Cardiac Biomarkers / Labs (troponin, BNP / NT-proBNP, BMP, magnesium, CBC, renal function, coagulation studies, lipid panel, A1c, medication monitoring labs):

Echocardiogram (EF, wall motion abnormalities, valve findings, chamber size, diastolic function, pulmonary pressures, pericardial effusion):

Stress Testing (modality, exercise capacity, ischemia findings, symptoms, EKG changes, perfusion findings, risk interpretation):

Coronary Imaging (coronary CTA, calcium score, invasive angiography findings, lesion location, stenosis severity, plaque characteristics, prior comparison):

Cardiac Catheterization / PCI (coronary anatomy, culprit lesion, intervention performed, stent details, balloon angioplasty, atherectomy, IVUS / OCT / FFR / iFR results, hemodynamics, contrast volume, complications):

Peripheral / Structural Imaging (vascular ultrasound, ABI, arterial duplex, venous duplex, CT / MR angiography, TAVR workup, valve imaging, structural heart imaging):

Prior Records Reviewed (hospital records, cardiology notes, cath reports, operative reports, stent records, imaging reports, medication history, lab trends):

A ASSESSMENT

8 INTERVENTIONAL CARDIOLOGY CLINICAL INTERPRETATION

Primary interventional cardiology diagnosis or working diagnosis. Coronary artery disease status and ischemic risk. Angina pattern and stability. Prior PCI / CABG status and current stent-related concerns. ACS risk or post-ACS recovery status. Access-site or post-procedure complication status. Structural heart or peripheral vascular disease status. Bleeding risk, antiplatelet / anticoagulation considerations, and medication adherence. Cardiovascular risk-factor control. Renal function and contrast-related risk if procedure is planned. Need for angiography, PCI, medical optimization, advanced imaging, structural intervention, vascular intervention, hospitalization, or close follow-up...

P PLAN

9 INTERVENTIONAL CARDIOLOGY MANAGEMENT BY PROBLEM

Coronary disease and angina plan (antianginal therapy, antiplatelet therapy, statin therapy, beta blocker or calcium channel blocker, nitroglycerin instructions, cardiac rehab, risk-factor modification). Diagnostic plan (EKG, labs, echocardiogram, stress testing, coronary CTA, invasive angiography, FFR / iFR, IVUS / OCT, repeat imaging). Procedure plan (coronary angiography, PCI, atherectomy, stent placement, structural or peripheral intervention, CABG / structural heart referral). Post-procedure plan (access-site care, activity restrictions, medication adherence, cardiac rehab, symptom monitoring, complication precautions). Antiplatelet and anticoagulation plan (DAPT duration, aspirin / P2Y12 inhibitor use, anticoagulant management, bleeding precautions, peri-procedural instructions, medication reconciliation). Contrast and renal protection plan. Risk-factor modification plan. Structural or peripheral disease plan. Referral and coordination plan. Patient education...

F FOLLOW-UP

10 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, medication response, post-procedure review, access-site check, lab monitoring, test result review, cardiac rehab progress, antiplatelet review, procedural planning):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME, IF APPLICABLE

TEST / CATH REPORT REVIEW TIME, IF APPLICABLE

PROCEDURE PLANNING TIME, IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PROCEDURE-BASED / TEST INTERPRETATION

E/M LEVEL: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

PROCEDURE CODE(S), IF APPLICABLE

DIAGNOSTIC TEST INTERPRETATION CODE(S), IF APPLICABLE

PRIMARY ICD-10 DIAGNOSIS CODE + DESCRIPTION

SECONDARY ICD-10 DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: INTERVENTIONAL CARDIOLOGY

DATE

TIME