MARVIX AI

PEDIATRIC GASTROENTEROLOGY 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 _____ PARENT / GUARDIAN PRESENT _____

VISIT TYPE: PEDIATRIC GASTROENTEROLOGY CONSULTATION / FOLLOW-UP / PROCEDURE FOLLOW-UP / TELEHEALTH

CARE SETTING: OUTPATIENT / INPATIENT / TELEHEALTH / PEDIATRIC GI CLINIC

INFORMANT / COLLATERAL SOURCE _____ REFERRAL SOURCE _____

PRIMARY CARE PROVIDER, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY GASTROINTESTINAL CONCERN

Primary pediatric gastroenterology-related reason for the visit in the patient's or caregiver's own words when possible — abdominal pain, vomiting, diarrhea, constipation, reflux, poor weight gain, feeding difficulty, blood in stool, dysphagia, nausea, abnormal liver tests, jaundice, inflammatory bowel disease, celiac disease, food intolerance, or GI follow-up...

S SUBJECTIVE

3 REPORTED GI SYMPTOMS, NUTRITION & TREATMENT RESPONSE

3a REASON FOR EVALUATION & SYMPTOM PATTERN

Reason for Pediatric Gastroenterology Evaluation (initial evaluation, follow-up, abdominal pain, constipation, diarrhea, vomiting, reflux, feeding difficulty, poor growth, abnormal labs, liver concern, inflammatory bowel disease, celiac disease, eosinophilic GI disease, functional GI disorder, post-procedure follow-up):

Abdominal Pain (onset, location, quality, severity, frequency, duration, timing, relationship to meals, bowel movements, stress, activity, school attendance, sleep disruption, triggers, alleviating factors, associated symptoms):

Nausea / Vomiting / Reflux (nausea, vomiting frequency, emesis character, bilious or bloody emesis, regurgitation, heartburn, sour taste, choking, gagging, arching, feeding refusal, nighttime symptoms, response to treatment):

Bowel Habits (stool frequency, consistency, color, caliber, urgency, straining, pain with stooling, incomplete evacuation, fecal incontinence, encopresis, blood, mucus, nocturnal stools, change from baseline):

Constipation Symptoms (stool withholding, hard or painful stools, large stools, toilet clogging, abdominal distension, encopresis, rectal bleeding, toilet training issues, prior cleanout or maintenance regimen):

Diarrhea Symptoms (duration, frequency, watery or loose stools, blood, mucus, nocturnal diarrhea, urgency, dehydration symptoms, travel, sick contacts, antibiotic exposure, food exposures, infectious risk):

3b FEEDING, GROWTH & HEPATOBILIARY SYMPTOMS

Feeding / Swallowing Symptoms (poor intake, picky eating, food refusal, choking, gagging, coughing with feeds, dysphagia, odynophagia, prolonged meals, texture aversion, tube feeding, formula use, feeding therapy history):

Growth / Nutrition (appetite, diet pattern, caloric intake, weight and height trend, growth percentile changes, failure to thrive concern, weight loss, food restrictions, supplements, formula, hydration, nutrition support):

Liver / Pancreatic / Biliary Symptoms (jaundice, scleral icterus, dark urine, pale stools, pruritus, easy bruising, abdominal distension, RUQ pain, pancreatitis history, steatorrhea, abnormal liver or pancreatic labs):

Inflammatory / Red-Flag GI Symptoms (weight loss, growth failure, persistent fever, nocturnal symptoms, blood in stool, persistent vomiting, severe pain, delayed puberty, oral ulcers, joint pain, rash, perianal disease, family history of IBD or celiac disease):

3c TREATMENT, DIET & BACKGROUND HISTORY

Medication and Treatment History (acid suppression, laxatives, stool softeners, antiemetics, antispasmodics, probiotics,

fiber, diet changes, IBD medications, biologics, steroids, antibiotics, pancreatic enzymes, adherence, side effects, response):

Dietary History (breastfeeding or formula if infant, solids, dairy intake, gluten exposure, fiber intake, fluid intake, food triggers, elimination diets, allergies, intolerances, supplements, dietitian involvement):

Past Medical / Surgical History (prematurity, NICU history, congenital GI anomalies, prior abdominal surgery, feeding tube, liver disease, pancreatitis, allergies, autoimmune disease, neurologic impairment, developmental delay):

Family History (inflammatory bowel disease, celiac disease, autoimmune disease, liver disease, gallbladder disease, pancreatitis, food allergy, eosinophilic esophagitis, constipation, colon polyps, GI malignancy):

Social / School History (school attendance, missed school, stressors, toileting access, bullying, sports and activity, household members, dietary environment, travel, food insecurity, caregiver concerns):

Pertinent Negatives (weight loss, growth failure, persistent fever, bilious vomiting, hematemesis, blood in stool, nocturnal diarrhea, severe dehydration, dysphagia, jaundice, abdominal distension, severe focal abdominal pain):

ROS PEDIATRIC GASTROENTEROLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Abdominal pain, nausea, vomiting, reflux, heartburn, dysphagia, or feeding difficulty	
Diarrhea, constipation, encopresis, urgency, blood in stool, mucus, or nocturnal stools	
Appetite change, poor weight gain, weight loss, growth concern, or dehydration symptoms	
Jaundice, dark urine, pale stools, pruritus, easy bruising, or abdominal distension	
Fever, fatigue, oral ulcers, joint pain, rash, or perianal symptoms	
Coughing or choking with feeds, texture aversion, food refusal, or tube-feeding concerns	
Medication side effects, dietary triggers, food allergy symptoms, or adherence concerns	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT / LENGTH

WEIGHT

BMI

HEAD CIRCUMFERENCE, IF APPLICABLE

GROWTH PERCENTILES

PAIN SCORE, IF APPLICABLE

5a AGE-APPROPRIATE PHYSICAL EXAMINATION

General Appearance (alertness, activity level, distress, hydration, nutritional and growth appearance, interaction with caregiver):

Head / Eyes / Ears / Nose / Throat (scleral icterus, conjunctival pallor, oral ulcers, mucous membrane hydration, dental findings, tonsils and pharynx, signs of nutritional deficiency):

Neck (lymphadenopathy, thyroid findings, masses, tenderness):

Cardiovascular (rate, rhythm, murmurs, pulses, capillary refill, perfusion, edema, signs of dehydration or hemodynamic instability):

Pulmonary (respiratory effort, breath sounds, wheezing, crackles, aspiration concern, oxygen requirement):

Abdomen (bowel sounds, distension, tenderness, guarding, rebound, masses, stool burden, hepatomegaly, splenomegaly, ascites, hernia, scars, G-tube site, peritoneal signs):

Perianal / Rectal Exam, if performed (fissures, tags, fistula, abscess, rash, stool burden, tone, bleeding, hemorrhoids, perianal inflammation, exam limitations):

Genitourinary, if relevant (findings relevant to abdominal pain, constipation, urinary symptoms, or pelvic complaints):

Musculoskeletal (joint swelling, tenderness, range of motion, gait, findings relevant to inflammatory disease or nutritional status):

Skin (jaundice, pallor, rash, eczema, bruising, petechiae, erythema nodosum, pyoderma gangrenosum, perianal skin changes, surgical scars, G-tube site changes):

Neurologic (mental status, tone, strength, gait, developmental appropriateness, neurologic contributors to feeding, swallowing, or bowel function):

GN GROWTH / NUTRITION ASSESSMENT

6 GROWTH & NUTRITION STATUS

GROWTH CHART REVIEW

WEIGHT, HEIGHT/LENGTH, BMI PERCENTILE TRENDS

WEIGHT-FOR-LENGTH IN INFANTS AND TODDLERS

GROWTH VELOCITY

WEIGHT LOSS OR FAILURE-TO-THRIVE CONCERN

DIETARY ADEQUACY

HYDRATION STATUS

FEEDING ROUTE AND FORMULA / FORTIFICATION

ORAL INTAKE, TUBE FEEDS, OR SUPPLEMENTAL NUTRITION

SIGNS OF MALNUTRITION OR MICRONUTRIENT DEFICIENCY

DIETITIAN INVOLVEMENT OR NUTRITION REFERRAL NEED

DS DISEASE-SPECIFIC ASSESSMENT TOOLS / SCORES, IF APPLICABLE

7 STRUCTURED ASSESSMENTS USED

PEDIATRIC ULCERATIVE COLITIS ACTIVITY INDEX

PEDIATRIC CROHN'S DISEASE ACTIVITY INDEX

STOOL DIARY OR BOWEL MOVEMENT LOG

BRISTOL STOOL SCALE

REFLUX SYMPTOM SCORE, IF USED

FEEDING ASSESSMENT TOOLS

NUTRITION OR MALNUTRITION SCREENING TOOLS

QUALITY-OF-LIFE OR SCHOOL IMPACT MEASURES

Score, interpretation, informant source, limitations, and symptom severity comparison to prior visits:

PD PROCEDURES / DEVICES, IF APPLICABLE

8 GI PROCEDURES & DEVICE-SITE FINDINGS

G-tube, GJ-tube, NG-tube, or ostomy status; tube size, site condition, leakage, granulation tissue, erythema, tenderness, drainage, dislodgement concern:

Endoscopy / colonoscopy follow-up findings and biopsy review:

pH probe, impedance study, manometry, capsule endoscopy, or breath test results:

Procedure tolerance and complications, if performed or reviewed:

L LABORATORY AND DIAGNOSTIC RESULTS

9 RESULTS REVIEWED OR ORDERED

Laboratory Studies (CBC, CMP, ESR, CRP, albumin, prealbumin, liver enzymes, bilirubin, GGT, lipase, amylase, thyroid studies, celiac serologies, IgA level, iron studies, vitamin levels, medication monitoring labs):

Stool Studies (occult blood, calprotectin, lactoferrin, stool culture, ova and parasites, C. difficile, GI pathogen panel, pancreatic elastase, reducing substances, fecal fat, stool pH):

Imaging (abdominal X-ray, ultrasound, CT, MRI or MR enterography, upper GI series, swallow study, gastric emptying study, HIDA scan, contrast enema):

Endoscopy / Pathology (EGD, colonoscopy, flexible sigmoidoscopy, biopsy results, eosinophil counts, inflammation, ulcers,

polyps, histology findings):

Motility / Functional Testing (pH impedance, manometry, breath testing, anorectal manometry, sitz marker study, gastric emptying testing):

Prior Records Reviewed (primary care notes, growth charts, hospital and emergency records, endoscopy and pathology reports, nutrition notes, feeding therapy notes, imaging reports, medication history, prior lab trends):

A ASSESSMENT

10 PEDIATRIC GASTROENTEROLOGY CLINICAL INTERPRETATION

Primary GI diagnosis or working diagnosis. Differential diagnoses considered. Symptom severity, acuity, and progression. Presence or absence of red-flag features. Growth, nutrition, and hydration status. Functional, school, and quality-of-life impact. Response to prior treatment or dietary intervention. Medication adherence, side effects, and monitoring needs. Need for further labs, stool studies, imaging, endoscopy, motility testing, nutrition support, feeding therapy, specialist referral, or higher level of care. Family and caregiver understanding and barriers to care...

P PLAN

11 PEDIATRIC GASTROENTEROLOGY MANAGEMENT BY PROBLEM

Medication plan (initiation, continuation, dose adjustment, weight-based dosing, duration, side effects, refills, caregiver instructions). Constipation plan (cleanout regimen, maintenance therapy, stool goals, toilet sitting, hydration, fiber, behavioral strategies, follow-up). Reflux and vomiting plan (feeding changes, acid suppression if indicated, antiemetic plan, red-flag monitoring, testing if symptoms persist). Diarrhea or inflammatory symptom plan (stool studies, labs, hydration, diet guidance, infection precautions, IBD evaluation, escalation criteria). Abdominal pain plan (symptom diary, dietary triggers, bowel regimen, functional pain counseling, school support, imaging or labs if indicated, return precautions). Nutrition and growth plan (calorie goals, formula and fortification, supplements, dietitian referral, feeding therapy, hydration guidance, weight monitoring). Feeding and swallowing plan. Liver, pancreatic, and biliary plan. IBD, celiac, and eosinophilic disease plan (medication monitoring, diet guidance, labs, endoscopy planning, biologic monitoring, vaccination review, specialist coordination). Diagnostic plan. Referral or coordination plan. Patient and caregiver education...

F FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, growth or weight check, medication response, stool pattern review, dietary response, lab or imaging review, endoscopy follow-up, nutrition monitoring, specialist coordination):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / CAREGIVER EDUCATION TIME

NUTRITION COUNSELING TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

PROCEDURE / TEST REVIEW TIME, IF APPLICABLE

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

PROCEDURE CODE(S), IF APPLICABLE

DIAGNOSTIC TEST INTERPRETATION CODE(S), IF APPLICABLE

NUTRITION / COUNSELING CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / PROCEDURE-BASED / TEST INTERPRETATION / COUNSELING

PRIMARY ICD-10 DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: PEDIATRIC GASTROENTEROLOGY

DATE

TIME