MARVIX AI

TRANSPLANT 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: TRANSPLANT NEPHROLOGY CONSULTATION / FOLLOW-UP

TRANSPLANT CENTER

PRIMARY NEPHROLOGIST

PRIMARY CARE PROVIDER, IF APPLICABLE

CC CHIEF COMPLAINT

Primary transplant nephrology-related reason for the visit — kidney transplant follow-up, graft function monitoring, immunosuppression management, rejection concern, infection concern, post-transplant complication, pre-transplant evaluation, waitlist review, or transplant candidacy assessment...

S SUBJECTIVE

3a TRANSPLANT HISTORY

Transplant date, donor type, transplant laterality/location, induction therapy, cause of ESRD, prior transplant history, dialysis history, delayed graft function, rejection episodes, baseline graft function:

3b REASON FOR CURRENT VISIT

Routine post-transplant follow-up, abnormal creatinine, proteinuria, rejection evaluation, infection symptoms, immunosuppression adjustment, medication toxicity, pre-transplant workup, waitlist review, post-hospital follow-up:

3c GRAFT FUNCTION / URINARY SYMPTOMS

Urine output, dysuria, hematuria, foamy urine, graft site pain, decreased urine output, urinary frequency, urgency, retention, flank pain, change in urine color:

3d IMMUNOSUPPRESSION ADHERENCE

Current regimen, timing of doses, missed doses, adherence barriers, pharmacy issues, side effects, recent dose changes, trough timing:

3e INFECTION SYMPTOMS

Fever, chills, cough, dyspnea, dysuria, diarrhea, abdominal pain, wound changes, oral ulcers, skin lesions, opportunistic infection symptoms, sick contacts, recent antimicrobial use:

3f REJECTION / GRAFT DYSFUNCTION SYMPTOMS

Graft tenderness, decreased urine output, edema, weight gain, hypertension, malaise, fever, or other symptoms concerning for rejection or graft injury:

3g MEDICATION SIDE EFFECTS / TOXICITY

Tremor, headache, hypertension, hyperglycemia, diarrhea, nausea, leukopenia, anemia, infection, edema, gingival hyperplasia, hair changes, nephrotoxicity:

3h BLOOD PRESSURE AND METABOLIC HISTORY

Home BP readings, antihypertensive adherence, diabetes control, glucose trends, lipid management, weight changes, cardiovascular risk factors:

3i FLUID / VOLUME STATUS SYMPTOMS

Edema, dyspnea, orthopnea, weight gain, dehydration symptoms, dizziness, reduced intake, fluid balance concerns:

3j CANCER / DERMATOLOGIC SURVEILLANCE

Skin lesions, dermatology follow-up, prior malignancy, sun exposure, cancer screening status, transplant-related malignancy surveillance:

3k PRE-TRANSPLANT EVALUATION, IF APPLICABLE

Transplant candidacy, dialysis modality, potential living donors, waitlist status, sensitization history, cardiovascular clearance, malignancy screening, infection screening, vaccination status, psychosocial readiness, adherence concerns:

3l PRIOR EVALUATION AND TREATMENT

Prior transplant clinic notes, biopsy results, DSA testing, imaging, infections, rejection treatment, hospitalization, medication changes, dialysis access history, consultant recommendations:

3m PERTINENT NEGATIVES

Denial of red-flag symptoms when clinically relevant — fever, graft pain, reduced urine output, severe edema, severe hypertension, chest pain, dyspnea, confusion, severe diarrhea/vomiting, medication nonadherence, or signs of opportunistic infection...

ROS TRANSPLANT NEPHROLOGY REVIEW OF SYSTEMS

FEVER, CHILLS, FATIGUE, WEIGHT CHANGE, NIGHT SWEATS, OR MALAISE

DYSURIA, HEMATURIA, FOAMY URINE, DECREASED URINE OUTPUT, GRAFT TENDERNESS, OR URINARY FREQUENCY

EDEMA, DYSPNEA, ORTHOPNEA, CHEST PAIN, PALPITATIONS, DIZZINESS, OR HYPERTENSION SYMPTOMS

NAUSEA, VOMITING, DIARRHEA, ABDOMINAL PAIN, POOR APPETITE, OR DEHYDRATION SYMPTOMS

TREMOR, HEADACHE, NEUROPATHY, CONFUSION, OR MEDICATION SIDE EFFECTS

COUGH, SHORTNESS OF BREATH, ORAL ULCERS, SKIN LESIONS, WOUND CHANGES, OR INFECTION SYMPTOMS

MEDICATION ADHERENCE ISSUES, MISSED IMMUNOSUPPRESSION DOSES, OR PHARMACY ACCESS CONCERNS

O OBJECTIVE

5a VITALS

TEMPERATURE

OXYGEN SATURATION

BLOOD PRESSURE

WEIGHT

HEART RATE

BMI

RESPIRATORY RATE

ORTHOSTATIC VITALS, IF OBTAINED

5b EXAMINATION

GENERAL APPEARANCE (DISTRESS, ALERTNESS, HYDRATION, NUTRITIONAL STATUS, OVERALL CONDITION)

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

PULMONARY (BREATH SOUNDS, CRACKLES, WHEEZING, WORK OF BREATHING, OXYGEN REQUIREMENT, INFECTIOUS/VOLUME FINDINGS)

ABDOMEN / ALLOGRAFT EXAMINATION (TENDERNESS, DISTENSION, SURGICAL SCAR, ALLOGRAFT TENDERNESS, BRUIT OVER GRAFT, SWELLING, WOUND CHANGES, HERNIA, SUPRAPUBIC FULLNESS)

GENITOURINARY, IF ASSESSED (CATHETER STATUS, URINARY OUTPUT CONCERNS, BLADDER DISTENSION)

EXTREMITIES (EDEMA, PULSES, DIALYSIS ACCESS IF PRESENT, WOUNDS, SKIN CHANGES, PERFUSION)

SKIN (RASH, LESIONS, BRUISING, SURGICAL WOUND STATUS, ULCERS, EXCORIATIONS, INFECTION SIGNS, SUSPICIOUS LESIONS)

NEUROLOGIC (MENTATION, TREMOR, WEAKNESS, NEUROPATHY, MEDICATION TOXICITY OR METABOLIC DISTURBANCE)

TA TRANSPLANT / DIALYSIS ACCESS EXAMINATION, IF APPLICABLE

TRANSPLANT INCISION/SCAR APPEARANCE

ALLOGRAFT TENDERNESS OR BRUIT

WOUND DRAINAGE, ERYTHEMA, DEHISCENCE, OR INFECTION SIGNS

URETERAL STENT STATUS, IF APPLICABLE

DRAIN STATUS, IF PRESENT

AV FISTULA/GRAFT STATUS IF DIALYSIS ACCESS REMAINS PRESENT

CATHETER STATUS IF DIALYSIS ACCESS REMAINS PRESENT

L LABORATORY AND DIAGNOSTIC RESULTS

Graft Function (creatinine, BUN, eGFR, cystatin C, creatinine trend, baseline graft function comparison):

Immunosuppression Monitoring (tacrolimus, cyclosporine, sirolimus, everolimus, mycophenolate-related labs, trough level timing, dose correlation):

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

Urine Studies (urinalysis, microscopy, protein/creatinine ratio, albumin/creatinine ratio, urine culture, BK urine testing):

Infection Monitoring (BK virus, CMV, EBV, hepatitis, HIV if indicated and consented, blood cultures, urine cultures, respiratory testing, opportunistic infection labs):

Rejection / Immune Monitoring (DSA testing, donor-derived cell-free DNA, complement testing, biopsy results, rejection classification, C4d status, Banff findings):

Hematology / Metabolic Labs (CBC, LFTs, glucose/A1c, lipid panel, PTH, vitamin D, iron studies, uric acid, medication toxicity labs):

Imaging (transplant renal ultrasound, Doppler, CT, MRI, nuclear medicine renal scan, bladder scan, vascular imaging):

Pathology (allograft biopsy findings, acute rejection, chronic rejection, antibody-mediated rejection, T-cell mediated rejection, recurrent disease, drug toxicity, infection, chronicity):

Prior Records Reviewed (transplant notes, operative report, donor information, dialysis records, biopsy reports, hospital records, infection history, medication history, consultant notes):

A ASSESSMENT

Kidney transplant status and transplant date. Current graft function compared with baseline. Cause of graft dysfunction if present. Rejection risk or rejection status. Immunosuppression adequacy, toxicity, adherence, and trough interpretation. Infection risk or active infection concern. Proteinuria or hematuria status. Blood pressure and cardiovascular risk status. Electrolyte, acid-base, bone-mineral, anemia, and metabolic complications. Post-transplant diabetes, malignancy risk, or medication-related complications. Pre-transplant candidacy status if applicable. Need for biopsy, imaging, medication adjustment, infection workup, hospitalization, transplant center coordination, or specialist referral...

P PLAN

Graft function monitoring plan (repeat labs, urine studies, imaging, biopsy, transplant center communication):

Immunosuppression plan (continuation, dose adjustment, trough monitoring, toxicity monitoring, adherence counseling, pharmacy coordination):

Rejection evaluation or treatment plan (DSA testing, donor-derived cell-free DNA, biopsy, steroids, AMR therapy, transplant center escalation):

Infection prevention and management (antimicrobial prophylaxis, viral monitoring, vaccination review, cultures, treatment, isolation guidance, opportunistic infection evaluation):

Blood pressure and cardiovascular risk management (antihypertensive adjustment, home BP monitoring, lipid therapy, diabetes management, lifestyle counseling):

Electrolyte and metabolic management (potassium, magnesium, bicarbonate, phosphorus, calcium, PTH, glucose, uric acid, medication-related abnormalities):

Proteinuria or hematuria management (urine monitoring, ACE inhibitor/ARB consideration, recurrent disease evaluation, biopsy planning):

Medication safety plan (renal dosing, nephrotoxin avoidance, NSAID avoidance, drug-drug interaction review, contrast precautions):

Malignancy and dermatologic surveillance (dermatology referral, skin protection, age-appropriate cancer screening, transplant-related malignancy monitoring):

Bone health and anemia management (CKD-MBD monitoring, vitamin D, iron therapy, ESA consideration, relevant labs):

Pre-transplant plan, if applicable (waitlist requirements, donor evaluation, cardiac clearance, infection screening, malignancy screening, psychosocial assessment, dialysis coordination, transplant education):

Referral or coordination plan (transplant surgery, transplant center, infectious disease, dermatology, cardiology, endocrinology, urology, primary care, dietitian, social work):

Patient education (immunosuppression adherence, infection precautions, medication timing, warning signs, hydration, BP monitoring, sun protection, when to seek urgent care):

F FOLLOW-UP

Follow-up timeframe and purpose — graft function monitoring, immunosuppression trough review, infection monitoring, rejection workup, biopsy/pathology review, BP/metabolic management, transplant center follow-up, or pre-transplant evaluation milestones:

TD TIME DOCUMENTATION, IF APPLICABLE

TOTAL TIME SPENT

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME, IF APPLICABLE

TRANSPLANT CENTER COORDINATION TIME, IF APPLICABLE

TB BILLING CONSIDERATIONS

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

PROCEDURE CODE(S), IF APPLICABLE

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

PRIMARY KIDNEY TRANSPLANT / GRAFT DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO SIGNATURE

PROVIDER NAME

CREDENTIALS

SPECIALTY: TRANSPLANT NEPHROLOGY

DATE

TIME