MARVIX AI

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: NEPHROLOGY CONSULTATION / FOLLOW-UP

REFERRAL SOURCE

PRIMARY CARE PROVIDER, IF APPLICABLE

CC CHIEF COMPLAINT

Primary kidney-related reason for the nephrology visit in the patient's own words when possible — abnormal kidney function, chronic kidney disease, proteinuria, hematuria, hypertension, electrolyte abnormality, edema, dialysis planning, kidney stone concern, or post-hospital renal follow-up...

S SUBJECTIVE

3a REASON FOR NEPHROLOGY EVALUATION

CKD, AKI, proteinuria, hematuria, hypertension, electrolyte abnormality, acid-base disorder, edema, nephrolithiasis, dialysis planning, medication-related renal concern, or renal follow-up:

3b KIDNEY DISEASE HISTORY

Onset, duration, stage if known, baseline creatinine/eGFR, recent changes, prior AKI episodes, known etiology, prior nephrology care, progression pattern:

3c URINARY SYMPTOMS

Dysuria, hematuria, foamy urine, decreased urine output, nocturia, frequency, urgency, retention, flank pain, stones, incontinence, changes in urine color:

3d VOLUME STATUS SYMPTOMS

Edema, weight gain, weight loss, dyspnea, orthopnea, bloating, decreased appetite, dizziness, hypotension, dehydration symptoms:

3e BLOOD PRESSURE HISTORY

Home BP readings, office BP trends, hypertensive urgency/emergency history, medication adherence, orthostatic symptoms, salt intake, BP-related symptoms:

3f DIABETES / METABOLIC HISTORY

Diabetes duration, glycemic control, A1c if known, diabetic complications, obesity, metabolic syndrome, gout, hyperuricemia, lipid history:

3g MEDICATION AND NEPHROTOXIN EXPOSURE

NSAIDs, ACE inhibitor/ARB, SGLT2 inhibitor, diuretics, MRA, antibiotics, contrast exposure, PPIs, lithium, chemotherapy, supplements, herbal products, other nephrotoxic medications:

3h DIET / FLUID HISTORY

Sodium intake, fluid intake, protein intake, potassium/phosphorus restriction, adherence to renal diet, alcohol use, nutritional concerns:

3i RELEVANT MEDICAL HISTORY

Hypertension, diabetes, heart failure, CAD, liver disease, autoimmune disease, malignancy, recurrent infections, kidney stones, urinary obstruction, BPH, transplant history, family history of kidney disease:

3j PRIOR WORKUP AND TREATMENT

Prior renal ultrasound, kidney biopsy, urine studies, serologic workup, dialysis access planning, hospitalization, medication changes, renal diet counseling, specialist evaluations:

3k PERTINENT NEGATIVES

Denial of red-flag symptoms when clinically relevant — anuria, gross hematuria, severe flank pain, fever, rapidly worsening edema, chest pain, severe dyspnea, confusion, severe weakness, uremic symptoms, hypertensive emergency symptoms...

ROS NEPHROLOGY REVIEW OF SYSTEMS

FATIGUE, WEAKNESS, CONFUSION, PRURITUS, NAUSEA, VOMITING, APPETITE CHANGE, OR WEIGHT CHANGE

EDEMA, DYSPNEA, ORTHOPNEA, CHEST PAIN, OR PALPITATIONS

HEMATURIA, FOAMY URINE, DYSURIA, FLANK PAIN, DECREASED URINE OUTPUT, OR NOCTURIA

DIZZINESS, ORTHOSTASIS, HEADACHE, VISION CHANGES, OR SEVERE HYPERTENSION SYMPTOMS

BONE PAIN, MUSCLE CRAMPS, PARESTHESIAS, OR ELECTROLYTE-RELATED SYMPTOMS

FEVER, CHILLS, RASH, JOINT PAIN, RECURRENT INFECTIONS, OR AUTOIMMUNE SYMPTOMS

MEDICATION SIDE EFFECTS OR NEPHROTOXIN EXPOSURE

O OBJECTIVE

5a VITALS

TEMPERATURE

OXYGEN SATURATION

BLOOD PRESSURE

WEIGHT

HEART RATE

BMI

RESPIRATORY RATE

ORTHOSTATIC VITALS, IF OBTAINED

5b EXAMINATION

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

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

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

ABDOMEN (TENDERNESS, DISTENSION, ASCITES, BRUITS, FLANK TENDERNESS, ALLOGRAFT TENDERNESS, SUPRAPUBIC FULLNESS)

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

EXTREMITIES (EDEMA SEVERITY, LATERALITY, PULSES, SKIN CHANGES, DIALYSIS ACCESS, PERFUSION)

SKIN (RASH, BRUISING, EXCORIATIONS, UREMIC CHANGES, WOUNDS, VASCULITIS SIGNS)

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

DA RENAL / DIALYSIS ACCESS EXAMINATION, IF APPLICABLE

AV FISTULA OR GRAFT LOCATION AND LATERALITY

THRILL AND BRUIT

SIGNS OF STENOSIS, INFECTION, SWELLING, ANEURYSM, BLEEDING, OR INFILTRATION

TUNNELED DIALYSIS CATHETER LOCATION

EXIT SITE APPEARANCE

DRESSING STATUS

CATHETER TENDERNESS, DRAINAGE, ERYTHEMA, OR MALFUNCTION CONCERNS

L LABORATORY AND DIAGNOSTIC RESULTS

Kidney Function (creatinine, BUN, eGFR, cystatin C, creatinine trend, baseline comparison):

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

Urine Studies (UA, microscopy, protein/creatinine ratio, albumin/creatinine ratio, 24-hour protein, urine sodium, osmolality, culture):

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

Anemia Labs (hemoglobin, hematocrit, iron studies, ferritin, TSAT, B12, folate):

Serologic Workup (ANA, ANCA, complements, anti-GBM, SPEP/UPEP, free light chains, hepatitis, HIV if indicated and consented):

Imaging (renal ultrasound, CT, MRI, Doppler, bladder scan, stone imaging, renal artery imaging, post-void residual):

Pathology (kidney biopsy findings, chronicity, activity, immunofluorescence, electron microscopy, pending pathology):

Prior Records Reviewed (hospital records, nephrology notes, primary care notes, cardiology notes, medication history, imaging, lab trends, biopsy reports):

A ASSESSMENT

Primary renal diagnosis or working diagnosis. CKD stage or AKI severity. Baseline kidney function and current trend. Suspected etiology. Volume status. Blood pressure control. Proteinuria or hematuria status. Electrolyte and acid-base abnormalities. CKD complications (anemia, mineral bone disease, metabolic acidosis, hyperkalemia, volume overload).

Medication or nephrotoxin contributors. Dialysis need, access status, or RRT planning. Need for additional workup, monitoring, biopsy, imaging, medication adjustment, referral, or hospitalization...

P PLAN

Kidney function monitoring plan (labs, urine studies, imaging, follow-up intervals):

CKD or AKI management (suspected etiology, progression risk, renal-protective measures, nephrotoxin avoidance):

Blood pressure management (medication changes, home BP monitoring, sodium restriction, target BP):

Proteinuria management (ACE inhibitor/ARB, SGLT2 inhibitor, MRA, additional evaluation):

Volume management (diuretic plan, fluid restriction, sodium restriction, daily weights, edema monitoring, ultrafiltration planning):

Electrolyte and acid-base management (potassium, bicarbonate, calcium, phosphorus, magnesium, metabolic acidosis):

Anemia of CKD management (iron therapy, ESA consideration, transfusion considerations, monitoring):

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

Medication review (renal dosing, nephrotoxin avoidance, NSAID avoidance, contrast precautions, coordination with prescribers):

Diet and lifestyle counseling (sodium, potassium, phosphorus, protein, fluid, diabetes control, weight management, smoking cessation):

Dialysis planning (modality education, access referral, transplant referral, RRT discussion):

Referral plan (vascular surgery, transplant nephrology, urology, rheumatology, cardiology, endocrinology, dietitian, dialysis education, primary care):

Patient education (kidney disease stage, warning signs, medication safety, BP/glucose control, diet, when to seek urgent care):

F FOLLOW-UP

Follow-up timeframe and purpose — renal function monitoring, BP review, urine protein monitoring, electrolyte reassessment, medication response, imaging/lab review, CKD progression review, dialysis planning, or specialist referral follow-through:

TD TIME DOCUMENTATION, IF APPLICABLE

TOTAL TIME SPENT

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME, IF APPLICABLE

TB BILLING CONSIDERATIONS

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

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING

PRIMARY RENAL DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO SIGNATURE

PROVIDER NAME

CREDENTIALS

SPECIALTY: NEPHROLOGY

DATE

TIME