MARVIX AI

PEDIATRIC 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: PEDIATRIC NEPHROLOGY CONSULTATION / FOLLOW-UP

REFERRAL SOURCE

PRIMARY CARE PROVIDER

PARENT / GUARDIAN PRESENT

INFORMANT / COLLATERAL SOURCE

CC CHIEF COMPLAINT

Primary kidney-related reason for the pediatric nephrology visit in the patient's or caregiver's own words when possible — abnormal kidney function, proteinuria, hematuria, hypertension, urinary tract infections, congenital kidney abnormality, edema, electrolyte abnormality, nephrotic syndrome, kidney stones, or renal follow-up...

S SUBJECTIVE

3a REASON FOR PEDIATRIC NEPHROLOGY EVALUATION

CKD, AKI, proteinuria, hematuria, hypertension, recurrent UTI, nephrotic syndrome, glomerulonephritis, congenital kidney/urinary tract abnormality, electrolyte disorder, kidney stone, edema, prenatal renal finding, or follow-up after hospitalization:

3b KIDNEY DISEASE HISTORY

Onset, duration, stage if known, baseline creatinine/eGFR, prior AKI episodes, suspected etiology, prior nephrology care, progression pattern, known congenital renal or urinary tract diagnosis:

3c URINARY SYMPTOMS

Dysuria, hematuria, foamy urine, frequency, urgency, nocturia, enuresis, incontinence, retention, decreased urine output, flank pain, abdominal pain, kidney stones, urine color change, toilet training concerns:

3d UTI / INFECTION HISTORY

Febrile UTIs, recurrent UTIs, urine culture results, antibiotic use, hospitalization, vesicoureteral reflux, urinary tract imaging, prophylaxis, bowel/bladder dysfunction:

3e BLOOD PRESSURE HISTORY

Home or school BP readings, clinic BP trends, symptoms of hypertension, medication adherence, salt intake, prior hypertensive urgency or emergency:

3f EDEMA / VOLUME SYMPTOMS

Facial swelling, periorbital edema, leg swelling, abdominal distension, rapid weight gain, dyspnea, decreased intake, dehydration, vomiting, diarrhea, fluid balance concerns:

3g GROWTH AND DEVELOPMENT

Growth pattern, weight gain, height percentile concerns, developmental milestones, school functioning, activity level, appetite, nutrition, failure to thrive or delayed development:

3h DIET / FLUID HISTORY

Fluid intake, sodium intake, protein intake, potassium/phosphorus restriction, formula or feeding history in infants, special diets, picky eating, adherence to renal diet:

3i MEDICATION AND NEPHROTOXIN EXPOSURE

NSAIDs, antibiotics, ACE inhibitor/ARB, diuretics, steroids, immunosuppressants, chemotherapy, supplements, herbal products, contrast exposure, other nephrotoxic medications:

3j RELEVANT MEDICAL HISTORY

Prematurity, NICU stay, congenital anomalies of kidney and urinary tract, urinary obstruction, reflux, diabetes, autoimmune disease, cardiac disease, malignancy, genetic syndromes, hearing loss, recurrent infections, prior surgeries:

3k FAMILY HISTORY

Family history of kidney disease, dialysis, transplant, kidney stones, hypertension, hematuria, proteinuria, hearing loss, autoimmune disease, inherited renal disorders:

3l PRIOR EVALUATION AND TREATMENT

Prior renal ultrasound, VCUG, DMSA scan, MAG3 scan, CT/MRI, urine studies, serologic workup, kidney biopsy, genetic testing, hospitalizations, medication trials, renal diet counseling, urology evaluation, dialysis/transplant planning:

3m PERTINENT NEGATIVES

Denial of red-flag symptoms when clinically relevant — anuria, gross hematuria, severe flank pain, high fever, rapidly worsening edema, severe headache, vision changes, seizure, altered mental status, severe dehydration, or hypertensive emergency symptoms...

ROS PEDIATRIC NEPHROLOGY REVIEW OF SYSTEMS

FEVER, FATIGUE, POOR FEEDING, POOR GROWTH, WEIGHT CHANGE, OR DECREASED ACTIVITY

EDEMA, DYSPNEA, ABDOMINAL DISTENSION, OR RAPID WEIGHT GAIN

HEMATURIA, FOAMY URINE, DYSURIA, URINARY FREQUENCY, URGENCY, ENURESIS, INCONTINENCE, OR DECREASED URINE OUTPUT

FLANK PAIN, ABDOMINAL PAIN, KIDNEY STONE SYMPTOMS, NAUSEA, VOMITING, OR DIARRHEA

HEADACHE, VISION CHANGES, DIZZINESS, SEIZURES, OR HYPERTENSION SYMPTOMS

RASH, JOINT PAIN, RECURRENT INFECTIONS, HEARING CONCERNS, OR AUTOIMMUNE SYMPTOMS

MEDICATION SIDE EFFECTS, NEPHROTOXIN EXPOSURE, DIET/FLUID ADHERENCE CONCERNS

O OBJECTIVE

5a VITALS

TEMPERATURE

HEIGHT

BLOOD PRESSURE

WEIGHT

BLOOD PRESSURE PERCENTILE, IF APPLICABLE

BMI

HEART RATE

GROWTH PERCENTILES

RESPIRATORY RATE

ORTHOSTATIC VITALS, IF OBTAINED

OXYGEN SATURATION

5b EXAMINATION

GENERAL APPEARANCE (DISTRESS, HYDRATION, NUTRITIONAL APPEARANCE, DEVELOPMENTAL APPROPRIATENESS, INTERACTION WITH CAREGIVER)

GROWTH / DEVELOPMENT (GROWTH TRAJECTORY, HEIGHT/WEIGHT TRENDS, PUBERTAL STATUS, DEVELOPMENTAL APPROPRIATENESS, SCHOOL-AGE FUNCTIONING, FAILURE TO THRIVE)

CARDIOVASCULAR (RHYTHM, MURMURS, PULSES, PERFUSION, EDEMA, BP-RELATED FINDINGS, VOLUME OVERLOAD OR DEPLETION)

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

ABDOMEN (TENDERNESS, DISTENSION, HEPATOSPLENOMEGALY, ASCITES, MASSES, BLADDER DISTENSION, BRUITS, FLANK TENDERNESS, ALLOGRAFT TENDERNESS)

GENITOURINARY, IF ASSESSED (EXTERNAL GU FINDINGS, CATHETER STATUS, URINARY OUTPUT CONCERNS, SUPRAPUBIC FULLNESS)

EXTREMITIES (EDEMA SEVERITY, PULSES, PERFUSION, JOINT SWELLING, WOUNDS, DIALYSIS ACCESS IF PRESENT)

SKIN (RASH, BRUISING, PALLOR, EXCORIATIONS, UREMIC CHANGES, VASCULITIC LESIONS, WOUNDS, INFECTION SIGNS)

NEUROLOGIC (MENTATION, DEVELOPMENTAL INTERACTION, WEAKNESS, TREMOR, ASTERIXIS, SEIZURE CONCERN, 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

HEMODIALYSIS CATHETER LOCATION AND EXIT-SITE APPEARANCE

PERITONEAL DIALYSIS CATHETER EXIT-SITE CONDITION, DRAINAGE, TENDERNESS, OR TUNNEL FINDINGS

DRESSING STATUS AND CATHETER FUNCTION CONCERNS

L LABORATORY AND DIAGNOSTIC RESULTS

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

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

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

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

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

Serologic / Immune Workup (ANA, ANCA, complements, anti-GBM, ASO/anti-DNase B, hepatitis, HIV if indicated and consented, IgA, autoimmune markers, glomerulonephritis workup):

Stone / Metabolic Workup (urine calcium, citrate, oxalate, uric acid, cystine, serum uric acid, stone analysis, 24-hour urine results):

Imaging (renal/bladder ultrasound, VCUG, DMSA scan, MAG3 renal scan, CT, MRI, Doppler, bladder scan, post-void residual, stone imaging):

Pathology / Genetics (kidney biopsy findings, genetic testing results, inherited kidney disease panel, pending pathology/genetic testing):

Prior Records Reviewed (pediatrician notes, hospital records, urology notes, nephrology notes, growth charts, lab trends, imaging reports, biopsy reports, genetic testing, medication history):

A ASSESSMENT

Primary renal diagnosis or working diagnosis. CKD stage or AKI severity. Baseline kidney function and current trend. Suspected etiology. Growth, nutrition, and developmental impact. Blood pressure status using pediatric context. Proteinuria, hematuria, UTI, or urinary abnormality status. Volume status. Electrolyte and acid-base abnormalities. CKD complications including anemia, mineral bone disease, metabolic acidosis, hyperkalemia, growth delay, or hypertension. Medication or nephrotoxin contributors. Family history or genetic renal disease concern. Need for additional workup, monitoring, biopsy, imaging, urology referral, dialysis planning, transplant referral, or hospitalization...

P PLAN

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

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

Blood pressure management (repeat BP measurement, ambulatory BP monitoring, home BP monitoring, antihypertensive plan, sodium restriction, target BP):

Proteinuria or hematuria management (ACE inhibitor/ARB when appropriate, urine monitoring, serologic workup, biopsy consideration, genetic testing):

UTI or urinary tract management (urine culture follow-up, antibiotic/prophylaxis plan, bowel/bladder management, urology referral, imaging review):

Nephrotic syndrome or glomerular disease management (steroids, immunosuppression, edema management, albumin/diuretic considerations, relapse monitoring, infection/thrombosis precautions):

Volume and electrolyte management (fluid plan, sodium/potassium/phosphorus guidance, bicarbonate therapy, diuretics, repeat labs):

Growth and nutrition plan (dietitian referral, renal diet counseling, formula/feeding adjustments, growth monitoring, vitamin supplementation, endocrine coordination):

Anemia and CKD-mineral bone disease management (iron, ESA consideration, vitamin D, phosphate binders, calcium/phosphorus/PTH monitoring, bone health guidance):

Medication review (renal dosing, avoidance of NSAIDs/nephrotoxins, medication adherence, caregiver education):

Dialysis or transplant planning (modality education, access planning, transplant referral, psychosocial support):

Referral plan (pediatric urology, genetics, rheumatology, endocrinology, cardiology, dietitian, dialysis education, transplant nephrology, social work, primary care):

Patient and caregiver education (kidney diagnosis, medication safety, BP monitoring, hydration, diet, urinary symptoms, warning signs, when to seek urgent care):

F FOLLOW-UP

Follow-up timeframe and purpose — renal function monitoring, BP review, urine testing, growth/nutrition assessment, electrolyte reassessment, imaging/lab review, medication response, UTI recurrence monitoring, CKD progression review, dialysis/transplant planning, or specialist referral follow-through:

TD TIME DOCUMENTATION, IF APPLICABLE

TOTAL TIME SPENT

CAREGIVER COUNSELING TIME

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW 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 PEDIATRIC RENAL DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO SIGNATURE

PROVIDER NAME

CREDENTIALS

SPECIALTY: PEDIATRIC NEPHROLOGY

DATE

TIME