9. IHS PCC+ MNT Kidney Template

«hdr» «timestamp» «provider»

Clinic Code: ____ Appointment ____ Walk-in____

«h1»	«h11»
«h2»	«h12»
«h3»	«h13»
«h4»	«h14»
«h5»	«h15»
«h6»	«h16»
«h7»	«h17»
«h8»	«h18»
«h9»	«h19»
«h10»	«h20»

Chief Complaint & Visit Plan	
Type of Kidney Disease:	Start Time:
	End Time:

S/O:

MD Goals:

Clinical Data											
Date	Lab Test	Result	Goal	Date	Lab Test	Result	Goal	Date	Lab Test	Result	Goal
	GFR est				Ca		8.5-10.2		Hgb		11-12
	Cr				P		3.4-5.5		Ferritin		> 100
	Alb		> 4.0		iPTH		100-300		TSAT		>20%
	CO_2		24 - 32		Up/UCr						
	K		3.5-5.5		LDL		< 100				
	A1c (DM)		< 7%		HDL		>45 or 55	Other			
	Glucose				TG		< 150		SGA	A B C	

Breakfast	Lunch	Dinner	Estimated Intake
			Kcalories
			g PROTEIN total
			% HBV PROTEIN
			% Fat
			Type of Fat
Snacks			

Food Allergies					
Allergies	«a1»	«a2»	«a3»	«a4»	«a5»

	Active Medications (15 most Recent) & New Prescriptions Q=Qty R=Refill C=Chronic	Q	R	C
	=Refill Δ =Change Write Controlled Subs & Changes on bottom			
	«md1»			
	«md2»			
	«md3»			
	«md4»			
	«md5»			
	«md6»			
	«md7»			
	«md8»			
	«md9»			
	«md10»			
	«md11»			
	«md12»			
	«md13»			
	«md14»			
	«md15»			
	Nutritional Supplements			
	Herbs/ OTC			

«agesex»
DOB: «dob»

Community: «community»
«patient»

3rd Party: «b27»

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Chart#«chart»

Kidney MNT

Aff.	Discipline	Initials

Vital Signs & Measurements	
BP	Ht
Wt	Usual Wt
Wt 6 Mos. Ago	BMI
Pain 1 2 3 4 5 6 7 8 9 10	

Factors	Never	Now	Past
ETOH			
Tob			
Env Tob			

Patient Information	
Family Hx CKD:	
Type of Work:	
Last grade completed:	
Other:	
Pt/Family Food Preferences	
Water / Stove / Electricity	
Who/Where Shops:	
$ for Food	
Who Prepares:	
Freq. Eating Out	
Fast Food / Sit Down / Take Out	
Other:	
Activities of Daily Living (ADLs)	
Self / Some Assist / Dependent	
Instrumental ADLs	
Self / Some Assist / Dependent	
Physical Activity	
Clearance (date)	
Limitations	
Usual Pattern:	
Recent Change?	
Other:	
Complicating Conditions	✓
Diabetes SMBG	
Hypertension	
Dyslipidemia	
Cardiovascular	
Other	
Symptoms (> 2 weeks)	
Nausea / Vomiting / Itching	
Diarrhea / Anorexia	
Food Smells / Tastes Bad	
Other	
Barriers to Learning	✓
No Barriers	
Doesn't Read English	
Interpreter Needed	
Cognitive Impairment	
Fine Motor Skills Impairment	
Hearing / Vision	
Learning Preference	✓
Talk / Video / Read	
Small Group	
Do/Practice	
Other	
Readiness to Learn	✓
Receptive	
Unreceptive	
Rushed	
Other	

(9. IHS PCC+ MNT Kidney Template –continued)

«hdr» «timestamp» «provider»

MNT Goal	Clinical Goals/Outcome	Behavioral Goals/Outcomes
Kcalories		
Protein		
Sodium		
Phosphorus		
Other		
	Handouts:	

Self-Management Intervention ◆ D = Discussed R = Reinforced/Reviewed √ = Outcome Achieved N/A = Not Applicable RE = Refused Education

◆	Topic	◆	Topic	◆	Topic	◆	Topic	◆	Topic
	Approp kinds/amounts food		K foods per labs & meds		Modifies recipes		Participates in exercise		
	50% HBV protein		Limits P per labs		Food records		Smoking cessation		
	Limits SFAT, chol per lipids		Takes P binder if rx		Selects well if eating out		Alcohol		
	Portions/consistency (DM)		Accurately reads labels		Takes meds / vits/ min as rx		Hypoglycemia (DM)		
	Limits high Na foods		↓ Na in cooking		States food-drug interacton		SMBG (DM)		

Purpose of Visit Prioritize POV = ["1-2-3..."] Add Active Problems= ["A"] Inactivate Problem= ["I"] Remove Problem= ["R"]

A / I / R	ICD-9	Active Problems & POVs
	«p1c»	«p1»
	«p2c»	«p2»
	«p3c»	«p3»
	«p4c»	«p4»
	«p5c»	«p5»
	«p6c»	«p6»
	«p7c»	«p7»
	«p8c»	«p8»
	«p9c»	«p9»
	«p10c»	«p10»
	«p11c»	«p11»
	«p12c»	«p12»
	«p13c»	«p13»

A / I	ICD-9	ICD-9 Pick List	A / I	ICD-9	ICD-9 Pick List
				588.8	Renal hyperchloremic acidosis
				588.0	Renal osetodystrophy
	250.xx	Type ____ Diabetes Controlled		263.9	Malnutrition
	250.xx	Type ____ Diabetes Uncontrolled		272.x	Dyslipidemia (list)
	250.xx	DM Complications (list)		272.x	
	xxx.xx			273.9	Hypoalbuminuria
	xxx.xx			257.3	Phosphatemia
	xxx.xx			276.7	Hyperkalemia
	5xx.xx	Renal insufficiency		278.00	Obesity NOS Morbid
	585	Chronic renal failure		«d1c»	«d1»
	V42.0	Renal transplant		«d2c»	«d2»
	791.00	Proteinuria/microalbuminuria		«d3c»	«d3»
	588.8	Secondary hyperparathyroidism		«d4c»	«d4»

A / I	Additional Purpose of Visit	Plans / Instructions / Appointments / Referrals	
Notes for problem:	Remove Note:		
Notes for problem:	Remove Note:	RTC:	APPT LENGTH:

Patient Education (Document in Each Category)

Diagnosis or Code	Topic	Understanding	Time (min)	Provider	Behavioral Goal (Comments)	Receptivity*	Adherence*
CKD, HTN, LIP	MNT	G F P Group Refused				1 2 3 4 5	1 2 3 4 5
DM		G F P Group Refused				1 2 3 4 5	1 2 3 4 5
		G F P Group Refused				1 2 3 4 5	1 2 3 4 5
Tobacco	Quit	G F P Group Refused				1 2 3 4 5	1 2 3 4 5

* Demonstrated: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Consistently

X	CPT	Description	Time w/ Pt.	MNT Charge/Billing Information (if applicable):		
	97802	1st MNT Individual, Unit = 15 Min.		Referral Date (s):		
	97803	F/U MNT Individual, Unit = 15 Min.		Referred by:		
	97804	Group MNT (2 or more) Unit = 30 Min.		MNT Provider:		
		MNT, Second Referral , Same Year			Cumulative time with pt. (this referral/ MNT limit)	
	G0270	MNT, Individual, Unit = 15 Min.		Visit #:	Initial Episode of care (1st 12 mo.)	/3hrs
	G0271	MNT, Group, Unit = 30 Min.		Visit #:	2nd referral, same years	/__hrs
				Visit#:	Subsequent year follow-up	/2hrs

Time in:_____ Time out:_____

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Provider Signature

Kidney MNT