



Pediatric Kidney Transplant Progress Note

Name _____
MR# _____
D.O.B.: _____

Transplant Date: _____

Date: _____

Nursing Staff: Please fill in all blanks within this box. Make sure MR# is on this sheet.

Constitutional: Temperature _____, Pulse _____, B/P _____ (_____ % ile)

Weight _____ Kg, _____ (% ile) Height _____ cm (_____ % ile)

Primary care physician (pediatrician): _____

History _____

Physical Exam

General: Healthy; _____

Skin: Normal; Pale; Jaundice Cyanosis; Rash; _____

Head & Neck: Normal; _____

Respiratory: Effort - Normal; Retraction _____

Breath Sounds - Normal, Wheezing, Rales _____

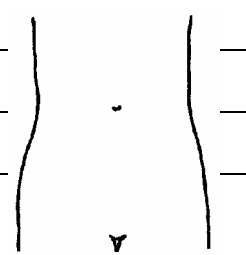
Heart: Heart sounds - Normal; Murmur _____

Pulses - Normal, Decreased _____

Lymphatic: Normal; Lymphadenopathy _____

Abdomen: Normal; _____

Genital: Normal; _____



Extremities: Normal; ___ + Edema _____

Psychiatric:

Orientation: Normal; Time; Place; Person; _____

Mood & Affect: Normal; Depressed; Flat; Agitated _____

Laboratory Results. Test Date: _____

BUN _____	Creat _____	Na+ _____	K+ _____
CO2 _____	Plts _____	CSA _____	ALT _____
Glu _____	Chol _____	Prograf _____	EBV _____
WBC _____	Trigl _____	Mg++ _____	CMV _____
Hgb _____	LDL _____	PTH _____	V Z IgG _____
Hct _____	HDL _____	AST _____	

Urinalysis: Normal _____

Pediatric Kidney Transplant Clinic Progress Note

Impression/ Plan:

Renal Function: _____

Immunosuppression: _____

Blood Pressure: _____

Hyperlipidemia: _____

Growth & Development: _____

Diet / Exercise: _____

Health Maintenance:

Sun Screen: _____

Flu Shot: _____

Immunizations: _____

Other: _____

Return to Clinic: _____

M.D. / D.O.
Pediatric Kidney Transplant Progress Note 2004-05