E8 | 7/5/2013

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	pt last name	pt first initial	ID number	fellow	Date	Reviewer	Positive Feedback	Deficiencies	Transplant patient (y/n/na)	HTN appropriately addressed (y/n/na)	Presence and Management of Proteinuria Addressed? (y/n/na)	MEB required? (y/n)	MEB Progress documented? (y/n/na)	Electronic Flowsheet used for transplant patients and patients receiving immunosuppression? (y/n)
2	Apatient	P	2222	DrA	1-Jul-13	DrZ		Document amt proteinuria	n	y	n	n	na	na
3	Bpatient	Q	1111	DrB	1-Jul-13	DrZ	Agree with CT scan		y	y	y	n	na	y
4	Cpatient	R	3333	DrA	2-Jul-13	DrY			n	y	y	y	y	na
5	Dpatient	S	4444	DrC	3-Jul-13	DrZ	Nice assessment	Need to check K in one week	n	y	y	n	na	na
6	Epatient	T	5555	DrD	3-Jul-13	DrX	Detailed immunosuppression plan		n	y	y	n	na	y
7	Apatient	P	2222	DrA	5-Jul-13	DrY			y	y	y	n	na	y
8	Fpatient	U	7777	DrB	5-Jul-13	Dr. Z		BP uncontrolled, add diuretic	n	n	y	n	na	na
9														