

Unique Patient Number

COMPREHENSIVE CARE CLINIC PATIENT CARD - INITIAL AND FOLLOW UP VISITS

MOH257

Data Item			Individual Visitation Details											
Visit Details	Date	(a)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Type	(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration Since <i>(in months)</i>	Start ART	(c)												
	Current Regimen	(d)												
Weight (kg) /Blood Pressure		(e)	/	/	/	/	/	/	/	/	/	/	/	/
Height (cm)		(f)												
BMI		(g)												
Pregnancy	Status	(h)												
	EDD	(i)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
FP Status	FP/No FP	(j)												
	Method/Why	(k)												
Tuberculosis Status	Status	(l)												
	TBRx #	(m)												
Potential Side Effects		(n)												
New OIs & Other Problems		(o)												
WHO Stage		(p)												
Cotrimoxazole	Adherence	(q)												
	Dispensed	(r)												
INH dispensed		(s)												
Other Medications Dispensed		(t)												
ARV drugs	Adherence	(u)												
	Why poor/fair	(v)												
	Regm/Dose/Days	(w)												
Laboratory Investigations Done	CD4 (# or %)	(x)												
	Hgb	(y)												
	RPR	(z)												
	TB Sputum	(aa)												
	Other	(ab)												
Referral / Hospitalized		(ac)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
At Risk Population [<i>Place codes here</i>]		(ad)												
PwP Services (✓)	Disclosure	Partner tested	(ae)											
	Condoms	Screened STI	(af)											
Date of Next Appointment		(ag)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Clinician Initials		(ah)												

Data Completion Codes for Selected Variables

Date of Visit	
Upper Row (a)	Lower Row (b)
Write date in of this visit in full (dd/mm/yy)	If the visit is scheduled, tick the provided box. In the space to the left of the check box, write "SF" if drugs are picked by self and not the supporter in the event of illness.

Pregnancy Status	
Upper Row (h)	Lower Row (i)
If Pregnant, enter ANC #	Enter EDD
AB = Recently Induced Abortion	Record date
MC = Recently Miscarried	Record date

FP Services	
Upper Row (j)	Lower Row (k)
FP = Currently on FP <i>(Enter method in bottom row)</i>	C = condoms ECP = emergency contraceptive pills dispensed OC = oral contraceptive pills INJ = Injectable IMP = implant IUD = intrauterine device LAM = Lactational Amenorrhea Method D = diaphragm/cervical cap FA = fertility awareness method/periodic abstinence TL = tubal ligation/female sterilization V = vasectomy (partner's) UND = undecided
NOFP= Not on Family Planning <i>(Assess for unmet need and enter reason in the bottom row)</i>	WP = Wants to get pregnant UP = Thinks can't get pregnant NSex = Not sexually active now
WFP=Wants FP <i>(If FP is provided enter FP codes in lower row.). (If referred, enter "referred" and destination)</i>	If FP method is given enter FP code (from the list Referral)

TB Status (on each visit) (l) & (m)
No signs = No signs or symptoms of TB Suspect = TB referral or sputum sent <i>(Record sputum sent & results in lab column; record referral in "Refer to" column)</i> Not done (ND) = Not assessed for whatever reason TB Rx = currently on TB treatment. Record month/year started and TB reg No. (Record INH in INH col. and TB treatment regimen in Other meds column)

Other Medication Dispensed (t)
For all medicines dispensed other than ARVs, INH and CTX prophylaxis, write names, doses and frequency.
Reasons for Treatment Interruption (Front Page)
LOST to follow-up (3/12) STOP

Codes for potential side effects or other problems (n)
Nausea Rash Headache Diarrhoea Anaemia Jaundice Fatigue ABdominal pain FAT changes BN burning/numb/tingling CNS: dizzy, anxiety, nightmare, depression
Codes for HIV prevention interventions for key population
At Risk Population DC= Discordant Couple; MSM; IDU; SW; cSW= Clients to SW
Service CC- couple counselling RR- targeted risk reduction C- Condom promotion/provision NSP- Needle and syringe programmes

Codes for new OI or other problems: (o)
Zoster Thrush <input type="checkbox"/> oral/vaginal COUGH* DB difficult breathing FEVER* DEmentia/Enceph Weight loss* Pneumonia UD urethral discharge PID pelvic inflammatory disease Ulcers <input type="checkbox"/> mouth or other ___ GUD genital ulcer disease IRIS Immune reconstitution inflammatory syndrome Severe Complicated Malnutrition Severe Uncomplicated Malnutrition Poor Weight Gain Symptoms suggestive of TB

Why SUBSTITUTE or SWITCH codes (front page)
1 Toxicity/side effects 2 Pregnancy 3 Risk of pregnancy 4 Due to new TB 5 New drug available 6 Drug out of stock 7 Other reason (specify) Reasons for SWITCH to 2nd-line regimen only: 8 Clinical treatment failure 9 Immunologic failure 10 Virologic failure

Why STOP codes (front page)
1 Toxicity/side effects 10 Other (specify) 2 Pregnancy 3 Treatment failure 4 Poor adherence 5 Illness, hospitalization 6 Drugs out of stock 7 Patient lacks finances 8 Other patient decision 9 Planned Rx interruption

Codes for CTX/ART adherence (q) & (r)			
Adherence	%	Missed doses per month	
		1 x daily dosing	2 x daily dosing
G(good)	≥ 95%	<2 doses	≤ 3 doses
F(fair)	85-94%	2-4 doses	4-8 doses
P(poor)	< 85%	≥ 5 doses	≥ 9 doses

Codes for why poor/fair adherence (v)	
1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems	10 Inability to pay 11 Alcohol 12 Depression 13 Pill burden 14 Other (specify)

Referral/Nutritional Support (ac)
TF = Therapeutic Feeding (if <2yrs) IFC = Infant Feeding Counselling (if <2yrs) FS = Food Support Infant Feeding Practice = EBF, ERF, MF

Follow-up Education Support and Preparation for ARV Therapy

		Date/comments	Date/comments	Date/comments	Date/comments
Educate on basics, prevention, disclosure	Basic HIV education, transmission				
	Prevention: abstinence, safer sex, condoms				
	Prevention: household precautions, what is safe				
	Post-test counselling: implications of results				
	Positive living				
	Testing partners				
	Disclosure, to whom disclosed (list)				
	Family/living situation				
	Shared confidentiality				
	Reproductive choices, prevention of MTCT				
	Child's blood test				
Progression, Rx	Progression of disease				
	Available treatment/prophylaxis				
	CTX, INH prophylaxis				
	Malaria prevention, IPT, ITN				
	Follow-up appointments, clinical team				
ART preparation, initiation, support, monitor, Rx	ART -- educate on essentials (locally adapted)				
	Why complete adherence needed				
	Adherence preparation, indicate visits				
	Indicate when READY for ART: DATE/result clinical team discussion				
	Explain dose, when to take				
	What can occur, how to manage side effects				
	What to do if one forgets dose				
	What to do when travelling				
	Adherence plan (schedule, aids, explain diary)				
	Treatment supporter preparation				
	Which doses, why missed				
	ARV support group				
	How to contact clinic				
Home-based care, support	Symptom management/palliative care at home				
	Caregiver booklet				
	Home-based care – specify				
	Support groups				
	Community support				