

encounter account date time

Encontuer 1718 1713 1552 DATE ENROLLED INTO CARE 1623

DISTRICT:  Masaka SITE:  Masaka Regional Referral hospital COHORT (FOR ART).....1623

PATIENT DEMOGRAPHICS

Patient Name Patient given name, Middle name family name Patient I.D: Patient unique number

Sex:  Female  Male Age 1748 Date of Birth Patient b.ith date (dd/mm/yyyy)

Marital status:  Widowed  Separated/ Divorced  Married (no. of wives)  Single

Address: District: 1371 County 1372 Sub county 1373 Parish 1373 LC1 1720

Phone contact: 1403 (Whose) 1431 1374 1377 1378

Educational level:  None  Primary  Secondary  Tertiary 1431 Occupation:  Unemployed  Student  House wife  Civil Servant  Farmer  business  Other 1389 (specify)

Date of confirmed Positive Test 1397 (d/m/y) Where 1486

Name of treatment supporter: 1404

Address: District: 1405 County Sub county 1406 Parish 1407 LC1 1747

Phone contact: 1412 1483 1409 1411 5618 1362 1413 Relation to patient:  spouse  family member  friend  other (specify)

Number of people in the household 1415 Number of children in household who are Negative 1736 Positive 1735

Names of family members	age	HIV Status	WPI number	Relation to client
2436		6145	15 family member	PID of 2439
		703	in care	FM in -1751
		664	6146	care. -971
		1067	-1065	2438 -5618
		703	-1066	-1362
		664		-1752
		1067		-1483
				-970
				-1750

if partner not in care, HIV Status of partner:  Positive  Negative  Unknown Disclosure:  None  To spouse(s)  Friend  Relative  Child  Sexual partner(s)  other 1746 (specify)

Care Entry point:  T&T  CBO  Inpatient  Outpatient  T.B unit  PMTCT  Self referral  Private  Other (specify)

Counselled:  Yes  No 6128 1426 1423 1422 1425 1424 1428 1427 1362 1429

HISTORY 2275 1493 1492 1491 1063 1362 1494 Possible sources of infection:  Heterosexual sex  MTCT  Blood transfusion  Other (specify)

Patient Category:  New Patient  Transfer In On ART  Transfer Not On ART 1382

Prior ARV Regimen (if Transfer In On ART tick which Regimen)		1st Line	2nd Line
<input type="checkbox"/> TDF+3TC+NVP	<input type="checkbox"/> AZT+3TC+EFV	6129	6122
<input type="checkbox"/> TDF+3TC+EFV	<input type="checkbox"/> TDF+3TC+ATV/r	2292 6117	6121
<input type="checkbox"/> AZT+3TC+NVP	<input type="checkbox"/> AZT+3TC+ATV/r	6119 6120	6123 2507
<input type="checkbox"/> D4T+3TC+NVP	<input type="checkbox"/> D4T+3TC+EFV	2504 2505	<input type="checkbox"/> AZT+3TC+LPV/r
<input type="checkbox"/> TDF+3TC+AZT	6118 2503	2508 2506	<input type="checkbox"/> TDF+3TC+ATC/r
			<input type="checkbox"/> TDF+DDI+LPV/r
			<input type="checkbox"/> TDF+FTC+LPV/r
			<input type="checkbox"/> 3TC+DDI+LPV/r
			<input type="checkbox"/> AZT+DDI+NVP
			<input type="checkbox"/> ABC+DDI+LPV/r
			<input type="checkbox"/> ABC+D4T+3TC
			<input type="checkbox"/> TDF+DDI+LPV/r
			<input type="checkbox"/> ABC+3TC+LPV/r
			<input type="checkbox"/> TDF+ABC+LPV/r
			<input type="checkbox"/> AZT+3TC+DDI+LPV/r
			<input type="checkbox"/> ABC+AZT+3TC+LPV/r
			<input type="checkbox"/> TDF+FTC+DDI+LPV/r
			<input type="checkbox"/> Other

Other medical conditions:  Diabetes Mellitus  Hypertension  Renal Disease  Liver disease  Epilepsy  Other 1493 175 903 6033 (specify) 1495 155

LNMP: 1462 2003 1460 Pregnant now?  Yes  No  Unknown If yes: No of weeks 1279 EDD: 5595

Women only: 2576 In PMTCT?  Yes  No  Unknown If yes: Which ARVs:  AZT  NVP  AZT+3TC  Full Therapy 2575

Delivered since last visit?  No  Yes-->date... 5579 Preg Outcome  Live Birth  Stillbirth  Miscarriage  Abortion

Has infant received NVP or AZT?  Yes  No Feeding Method:  Breast  Formula  Both

Family Planning: Use:  Yes  No 1065 1066 1150 5526 5254 6064 Method:  Condom  Oral contraceptive pills  I.U.Ds  Implants  Injectable  Natural Methods e.g. Abstinence  Other 1463

379 190 780 5275 1682 5279 5277 1362

Vital Signs: Wt. 50.89 (kg) Temp 38.8 (°C) B.P. 146/47 (mm/Hg) Pulse 50.87 (b/min) Ht. 134.3 (cm) MUAC 25.70 (cm)  G  Y  R

**MEDICAL HISTORY**

Duration since first symptoms:  months (15.12) (numbers)  years (15.13) (numbers)  unknown  
Previous Hospitalization:  Yes  No Number of hospitalizations: 1695  
Drug Allergy: Sulpha drugs:  Yes  No Penicillin:  Yes  No Other:  Yes  No  
Alcohol Use:  Yes  No Smoking:  Yes  No Current herbal drug Use:  Yes  No

**CLINICAL ASSESSMENT**

Clinical presentation:  No complaints  Complaints  
How long have you been feeling unwell:  days  weeks  months  years  unknown

Presenting complaints: (circle chief complaint, tick other symptoms) 5957, 1082, 1781

<input type="checkbox"/> General 1069	<input type="checkbox"/> Oral Sores - 5244	<input type="checkbox"/> Productive Cough	<input type="checkbox"/> Genitourinary 1080	<input type="checkbox"/> Nervous System 4	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Fever - 5945	<input type="checkbox"/> Tooth Ache - 2593	<input type="checkbox"/> Dry Cough - 1475	<input type="checkbox"/> Dysuria - 6026	<input type="checkbox"/> Paresthesia 6004	<input type="checkbox"/> Mania - 1793
<input type="checkbox"/> Weight Loss - 832	<input type="checkbox"/> Red Eyes - 2021	<input type="checkbox"/> Chest Pain - 136	<input type="checkbox"/> Genital Swelling 2076	<input type="checkbox"/> Seizure - 206	<input type="checkbox"/> Depression - 207
<input type="checkbox"/> Weight Gain - 5544	<input type="checkbox"/> Nasal Congestion - 2018		<input type="checkbox"/> Genital Warts 2004	<input type="checkbox"/> Forgetfulness - 2081	<input type="checkbox"/> Hallucinations - 1792
<input type="checkbox"/> Chills/Rigors - 871	<input type="checkbox"/> Smelling Difficulties - 2045	<input type="checkbox"/> Gastrointestinal 1079	<input type="checkbox"/> Genital Itching 2005	<input type="checkbox"/> Nuchal Rigidity - 5170	<input type="checkbox"/> Anxiety - 1794
<input type="checkbox"/> Fatigue - 5949	<input type="checkbox"/> Nasal Discharge - 6016	<input type="checkbox"/> Constipation - 996	<input type="checkbox"/> Urethral Discharge 597	<input type="checkbox"/> Focal Weakness 6005	<input type="checkbox"/> Dermatologic 1700
<input type="checkbox"/> Night Sweats - 6029	<input type="checkbox"/> Dysphagia - 881	<input type="checkbox"/> Abdominal Pain - 151	<input type="checkbox"/> Genital Ulcers 2004	<input type="checkbox"/> Confusion - 6006	<input type="checkbox"/> Pruritis - 879
<input type="checkbox"/> HEENT - 1070	<input type="checkbox"/> Visual Difficulties - 2019	<input type="checkbox"/> Epigastric Pain - 2200	<input type="checkbox"/> Vaginal Discharge 597	<input type="checkbox"/> Dizziness - 877	<input type="checkbox"/> Rash - 512
<input type="checkbox"/> Vision Difficulties - 5953	<input type="checkbox"/> Flu - 2044	<input type="checkbox"/> Nausea - 5979	<input type="checkbox"/> Genital Sores 864	<input type="checkbox"/> Headache - 620	<input type="checkbox"/> Nodules - 1701
<input type="checkbox"/> Hearing Difficulties - 861	<input type="checkbox"/> Eye Itching - 2020	<input type="checkbox"/> Diarrhea - 16	<input type="checkbox"/> Musculoskeletal 1081	<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Swellings - 6001
<input type="checkbox"/> Otorrhea - 873	<input type="checkbox"/> Running Nose - 2017	<input type="checkbox"/> Poor Appetite - 6031	<input type="checkbox"/> Edema Legs - 590	<input type="checkbox"/> Depression - 207	6087
<input type="checkbox"/> Sore Throat - 2023		<input type="checkbox"/> Dyspepsia - 111	<input type="checkbox"/> Muscle Pain - 6034	<input type="checkbox"/> Numbness - 2002	
<input type="checkbox"/> Epistaxis - 173	<input type="checkbox"/> Cardiopulmonary 1071	<input type="checkbox"/> Yellow Eyes - 2009	<input type="checkbox"/> Joint Pain - 80	<input type="checkbox"/> Hand/Feet Pains - 2075	
<input type="checkbox"/> Odynophagia - 2022	<input type="checkbox"/> Haemoptysis - 1531	<input type="checkbox"/> Vomiting - 5980	<input type="checkbox"/> Back Pain - 456		
<input type="checkbox"/> Earache - 2040	<input type="checkbox"/> Shortness Of Breath 5960		<input type="checkbox"/> Joint Swelling - 5312		

Other symptoms: 2256

**Active HIV related diagnosis: (tick all current conditions and highest current stage) - 5356**

<input type="checkbox"/> WHO STAGE 1 - 1204 5329 823	<input type="checkbox"/> WHO STAGE 4 - 1207	5033
<input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Persistent Generalized Lymphadenopathy	<input type="checkbox"/> HIV Wasting Syndrome 5034
<input type="checkbox"/> WHO STAGE 2 - 1205	<input type="checkbox"/> Pneumocystis Carinii Pneumonia	<input type="checkbox"/> Chronic Cryptosporidiosis / Diarrhoea
<input type="checkbox"/> Unexplained Weight Loss <10%	<input type="checkbox"/> Recurrent URTI 2539	<input type="checkbox"/> Recurrent Severe Bacterial Pneumonia
<input type="checkbox"/> Herpes Zoster 10 5012 2534	<input type="checkbox"/> Angular Cheilitis 5344	<input type="checkbox"/> Chronic Herpes Simplex Infection
<input type="checkbox"/> Recurrent Oral Ulceration 1249	<input type="checkbox"/> Papular Pruritic Eruption	<input type="checkbox"/> Oesophageal Candidiasis 2540
<input type="checkbox"/> Seborrhoeic Dermatitis 2537	<input type="checkbox"/> Fungal Nail Infections	<input type="checkbox"/> Extra pulmonary Tuberculosis 5042
<input type="checkbox"/> WHO STAGE 3	<input type="checkbox"/> Kaposi Sarcoma - 567	<input type="checkbox"/> Invasive Cervical Carcinoma
<input type="checkbox"/> Unexplained Weight Loss >10%	<input type="checkbox"/> Pulmonary Tuberculosis	<input type="checkbox"/> Cytomegalovirus Infection - 5035
<input type="checkbox"/> Unexplained Chronic Diarrhea	<input type="checkbox"/> Severe Bacterial Infections	<input type="checkbox"/> Central Nervous System Toxoplasmosis
<input type="checkbox"/> Unexplained Persistent Fever	<input type="checkbox"/> Necrotizing stomatitis/ gingivitis	<input type="checkbox"/> Disseminated Non Tuberculous Mycobacterial Infection
<input type="checkbox"/> Persistent Oral Candidiasis	<input type="checkbox"/> Unexplained Anaemia	<input type="checkbox"/> Progressive Multifocal Leukoencephalopathy
<input type="checkbox"/> Oral Hairy Leukoplakia		<input type="checkbox"/> Symptomatic HIV Associated Nephropathy - 2546

Other active Diagnoses for Current Problem: 6108

**PHYSICAL EXAM FINDINGS**

2538 1217 2541 5046 990 283 1107 1556 1560 451 1019 1561 1565 1566 1567

LABORATORY REQUEST:  None  CD4  HB  RFTS  CBC  LFTS  Sputum  CXR  Other

FUNCTIONAL STATUS:  Working  Ambulatory  Bedridden 286 155 2317 2318 2317 2390 2321 2322

KARNOFSKY SCORE (KPS) See codes: 100 90 80 70 60 50 40 30 20 10 0  
KPS Codes: 10 Moribund 20 Very Sick, requires active supportive treatment, 30 Severely disabled 40 Disabled requires special assistance 50 Requires considerable assistance 60 Requires occasional assistance, cares for most needs 70 Able to care for self but unable to do normal activities 80 Normal Activity with some Effort 90 Able to perform normal activity with only minor symptoms, 100 Normal, no evidence of disease. 2323

TREATMENT: 2159 1515 2160 1518 1517

TB Status:  No Signs  Suspected  Diagnosed  On Treatment  Completed Treatment (1267) 102 (2161) (1519)

TB Treatment:  None  Start Rx  Continue Rx  Re-Treatment  Stop Rx  Stop Reason  Completed  Toxicity

If Start TB Start Date: 11.13 if Stop TB Stop Date: 25.25

TB Drugs:  EH  RHE  RH  RHZE  SRHZE  Other

2526 2529 2580 2531 2528 2527 1362 2

**TREATMENT:** 1583, 1584, 1586, 1587, 1588, 1589, 1590, 1756, 6110, 1589

ARVs:  Not eligible  Eligible, Not started (Tick reason below)  Start  switch to 2nd line  Stop  substitute  Restart  Lead Out  continue

ARV START Reason:  Pregnant Mother  Lactating Mother  Clinical  TLC  Transfer in On ART  PMTCT  Exposed Infant  CD4 < 500

Age above 50yrs  Active TB  Hepatitis  MARPs  Discordant Couples  CSWs  Fisher Folks  Truckers  Age between 0-14  eMTCT

Reason for not starting when eligible: 1599, 1597, 1598, 1539, 6187

Drug out of stock  patient not ready  no treatment supporter  too ill other

Reason for switch / stop / substitute: 1582, 1575, 1574, 1575, 1357, 1576

Toxicity/ side effects  pregnancy  treatment failure  poor adherence  illness/ hospitalization  drugs out of stock  other patient decision

planned treatment interruption  new TB treatment  new drug available  lack of patient finances  other

Antiretroviral Use:  Not On ART  On ART (if on ART tick the appropriate ART REGIMEN below)

1st Line: 6117, 1740, 2292, 6119, 6120, 2nd Line: 6121, 6122, 1740, 2507

TDF+3TC+NVP  AZT+3TC+EFV  ABC+3TC+NVP  AZT+3TC+ATV/r  AZT+3TC+LPV/r  ABC+3TC+ATV/r  ABC+3TC+LPV/r  ABC+3TC+ATV/r  ABC+3TC+LPV/r  TDF+3TC+ATV/r  TDF+3TC+LPV/r  TDF+ABC+LPV/r  TDF+ABC+LPV/r  ABC+AZT+3TC+LPV/r  Other

ARV Drugs given, Dose/Freq, Duration (days) and amounts supplied

Regimen	Dose/Freq	Duration (days)	Supplied	Regime	Dose/Freq	Duration (Days)	Supplied
<input type="checkbox"/> Triomune 30	792	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other		<input type="checkbox"/> Atripla	6172	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other	
<input type="checkbox"/> Abacavir (ABC)	814	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other		<input type="checkbox"/> 3TC	828	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other	
<input type="checkbox"/> Combivir	630	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other		<input type="checkbox"/> AZT	794	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other	
<input type="checkbox"/> Combipack	2291	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other		<input type="checkbox"/> NVP	631	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other	
<input type="checkbox"/> Truvada	1548	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other		<input type="checkbox"/> EFV	633	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other	
<input type="checkbox"/> LPV/r (Alluvia)	794	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other		<input type="checkbox"/> NLF	635	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other	
<input type="checkbox"/> Atazanavir (ATV)	6143	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> other		<input type="checkbox"/> Other	5424	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Other	

Prophylaxis Drugs:  None  Cotrimoxazole (Septrin)  Fluconazole (Diflucan)  Dapsone  Other

Fluconazole (Diflucan): 747, 1107, Dose (Days) 916, Duration: 747, Amount Supplied: 1362

Cotrimoxazole (Septrin): 747, 92, Duration: 747, Amount Supplied: 2282

Dapsone: 747, 92, Duration: 747, Amount Supplied: 2282

Other: 1362, 2282

Additional Drugs Ordered:

Drug	Dose	Frequency	Duration	Amount Supplied
			2449	2450

REFERRAL / LINKAGE:  None

Internal:  Wards  MCH  TB clinic  Other (specify) Reason for referral: 1666

External:  Adherence / support groups  CBOs  Other Care; (where)

Transferred Out:  Yes  No if yes Where: 1796

Next Visit Type:  Clinical Visit  Drug Refill Visit Return Date: 1354

Patient Seen By: 1794, 6175, 6176, 2563

Dispenser by: 1466, 1658, 2409

Other Care Givers: