

								Dru	Drug allergies
Unique #	#	_	HIV CARE/A	CARE/ART CARD _					
District _ Name:	Sun	Health unit	unit	Clinic	Clinical team leader Pt clinic #	er #		<u>(o</u>	Date Management
Sex: M	I□F□ DOB	3 <u>(dd</u>	(XXXX)uuu/	. Age	Marital status	tus			<u>d//hm//yyy</u> /Sta
Teleph					LC1			Ist-line ➤	At start ART Suk
Care e Treatm	Care entry point: ☐ PMTCT ☐ TB☐ Medical ☐ ST☐ TB☐ TB☐ PMTCT ☐ TB☐ TB☐ TB☐ TB☐ TB☐ TB☐ TB☐ TB☐ TB☐	☐ PMTCT   ☐ Medical r/med pick-up	□ TB □ Under 5 □ STI □ Inpatient o if ill:		☐ Outreach ☐Ot ☐Exposed infant —	Other: Specify		line	Swi
Addres Parish	Address District Parish			Sub-	Sub-County			2nd	<u>td/hm/xxx</u> ,Nev
Teleph Home-	Telephone (whose): Home-based care provided by:	ovided by:						 	ART tre
Names of family members and partners	of family Ag	Age HIV HIV Care	Unique no.	Exposed infant (Name/#)	Exposed infant Infant feeding DOB practice at 3 moss	infant follow-up  Infant CTX HIV feeding starde practice d by 2 Type/ at 3 mos mos Result	Final (if confirm	Stop or (circle)	[
								Date / re-a	Why  Date if restart / re-activated  Sta
Prior	ART Yes		None [					Dead	ead lead
3	PEP PMTCT only	(dd/mm/yyy	Where		ARVs			Infan Exclu Repla Mixec	Infant Feeding Pract Exclusive Breast Feeding Replacement Feeding Mixed Feeding
	Earlier ARV not transfer	(dd/mm/byy)	Where		ARVs			DEAL DEAL	HIV-exposed infant DEAD if dead (write P if positive N if near
HIV care Confirmed HIV HIV enrolled Eligible for A	HIV care Confirmed HIV+ test HIV enrolled Eligible for ART	Date (dd/mm/lyyy) (dd/mm/lyyy) (dd/mm/lyyy)	☐ Ab ☐ PCR Where ☐ HIV care transfer in from Clinical stage	CR Where transfer in from		)4   			BF if negative and if status unknown  Why SUBSTIT  Toxicity/side effr  Pregnancy  Risk of pregnan
[		(Section 1997)	III III III III III III III III III II						rug out of stoo
			П	ollow-up	Date/c	Date/comments	and	preparation for Date/	Date/co
ducate	Prevention: abs	Prevention: abstinence, safer sex,	ex, condoms						
ou psa	Prevention: household precautions, what is Post-test counselling: implications of results	sehold precaution	ons, what is safe						
ics, pre	Positive living Testing partners								
oitnav	Disclosure, to whom disclosed (list)	hom disclosed (	list)						
osib 'u	Shared confidentiality	itiality							
plosure	Reproductive choices, prevention Child's blood test	oices, preventio	n MTCT						
í	Progression of disease	lisease							
nq org xA	Malaria prevention, IPT, ITN  Available treatment/prophylaxis (CTX, INH)	on, IPT, ITN ent/prophylaxis	(CTX, INH)						
uoissa,	Follow-up appointments, clinical team	ntments, clinical	team						
TAA nom	ART educate on essentials (loc: Why complete adherence needed	educate on essentials (locally properties and plete adherence needed	cally adapted)						
prepaitor, F	Adherence preparation, indicate visits	aration, indicate	visits						
aratio X <i>X</i>	Indicate when READY for <i>t</i> Explain dose, when to take	EADY for ART:	Indicate when READY for ART: DATE/result Clinical team  Explain dose, when to take	ical team discussion	sion				
sitini.r	What can occur, how to manage side effects	, how to manage	side effects						
is.noit	What to do when traveling	n traveling							
uoddi	Adherence plan (schedule, aids,	(schedule, aids	explain diary)						
,	Which doses, why missed	hy missed							
ns PH	ARV support group  How to contact clinic	oup							
me-bs	Symptom management/palliative	gem ent/palliativ	e care at home						
ed ca	Home-based care -	re - specify							

PregNhy_Nhy		ART treatment interruptions STOP or missed drug pick-up		Date    COHORT:   MM   YYYY	ug allergies Relevant medical conditions
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	(action (b) (b) (b)	(adpin(1))))) (adpin(1))))) (adpin(1))))) (adpin(1))))) (adpin(1)))))	(addining)	(achimida)	(achiming 233)	(acapining))	(wagning Jyyy)
f restart ctivated	(dd/mm/yy))	(dd/mmfyyyy) (dd/mmfyyyy) (dd/mmbyyyy) (dd/mmbyyy) (dd/mmbyyy) (dd/mmbyyy)	(dd/mm/yyyy)	(dd/mm/syyy)	(dd/mm/yyyy)	(dd/mm/syyy)	(ddl/nml/yyy)
	Status		Date				
nsfer out	Ħ		(dd/r	(XXX//mm/pb)	Where		
t to follo	t to follow-up (drop)	lrop)	(ddr	(dd/mml/yyy)			
ad			(ddr	(dd/mmbyyyy)			
t Feeding Practice of sive Breast Feeding;	t Feeding Practice on infant cards: sive Breast Feeding:	fant cards:			Why STOP codes:	P codes:	
cement Feeding; Feeding	ding;			1 Tox	1 Toxicity/side effects	fects	
xposed inf	ant final sta	xposed infant final status at 18 months:  If dead (write in date of death if known)	onths:	2 Pre	2 Pregnancy 3 Treatment failu	ō	
ositive N if neg if negative and atus unknown	sitive <b>N</b> if negative and no longer if negative and still breast feeding atus unknown	sitive N if negative and no longer breast feeding if negative and still breast feeding atus unknown	east feeding	5 IIIne	4 Poor adherence 5 Illness, hospitalization	e lization	
Why SUBS	TITUTE or	Why SUBSTITUTE or SWITCH codes:	des:	7 Pati	<ul><li>Patient lacks finances</li></ul>	nances	
regnancy isk of pregnancy	nancy 2nd	regnancy Reasons for SWITCH to sk of pregnancy 2nd-line regimen only:	witch to nen only:	8 Oth	8 Other patient decision 9 Planned Rx interruption	ecision erruption	
ue to new TB	,			<b>10</b> Ot	10 Other (specify)	ڪ	

	э ре	sec 1	1000  -əu	ioH			'µc	oddı	าราน	atio	ijini.	noii	arai	orep	ΙΤЯ	A	- nois	Pro			nre	solo	sib	ʻuoi	ĵuə/	bre	'sɔ	pssi	uo	cate	np∃		
Outpoort aroung including community support aroun	Home-based care — specify	Caregiver booklet	Symptom management/palliative care at home	How to contact clinic	ARV support group	Which doses, why missed	Treatment supporter preparation	Adherence plan (schedule, aids, explain diary)	What to do when traveling	What to do if one forgets dose	What can occur, how to manage side effects	Explain dose, when to take	Indicate when READY for ART: DATE/result Clinical team discussion	Adherence preparation, indicate visits	Why complete adherence needed	ART educate on essentials (locally adapted)	Follow-up appointments, clinical team	Available treatment/prophylaxis (CTX, INH)	Malaria prevention, IPT, ITN	Progression of disease	Child's blood test	Reproductive choices, prevention MTCT	Shared confidentiality	Family/living situation	Disclosure, to whom disclosed (list)	Testing partners	Positive living	Post-test counselling: implications of results	Prevention: household precautions, what is safe	Prevention: abstinence, safer sex, condoms	Basic HIV education, transmission		Follow-up edu
																																Date/comments	Follow-up education, support and preparation for ARV therapy
																																Date/comments	tion for ARV therapy
																																Date/comments	

neck if	up date	Duration in months since first starting ART/ since starting current regimen	Wt  f child (0-5yrs) record +/- oedema  Wt Ht Oedema Wt Ht Oedema Wt Ht Oedema Wt Ht Oedema	If Pregnant EDD?PM TCT? Write gestation in weeks and ANC # FP/no FP If FP write method(s)  If child record MUAC Write age in months if ≤5 yrs	If TB Rx, start /stop date (mm/yyyy)  and District TB reg #  TB Status mm/yy Reg No. TB Status mm/yy Reg No.	Potential SIDE EFFECTS	New OI, Other  PROBLEM S If child, include nutritional problems	Function  Work/Playing Amb Bed	WHO clinical stage	Adhen Dose/s days Prescri	# of	# pills dispensed	Other meds dispensed (including nutritional supplements)			drugs ohylaxis)	Inves	tigations	Refer or consult or link/provide (including nutritional support and infantfeeding)  If hospitalized, # of days	Name of attend clinician
			f child (0-5yrs) record +/- oedema  Wt Ht Oedema Wt Ht Oedema Wt Ht Oedema Wt Ht	FP/no FP If FP write method(s)  If child record MUAC Write age in months	start /stop date (mm/yyyy)  and District TB reg #  TB Status mm/yy Reg No. TB Status mm/yy		problems	<b>A</b> mb		Dose/a	# of								If hospitalized,	
			(0-5yrs) record +/- oedema  Wt Ht Oedema Wt Ht Oedema Wt Ht Oedema Wt U Ht Oedema	record MUAC Write age in months	TB reg #  TB Status mm/yy Reg No. TB Status mm/yy					Presci	ribed	dispensed							# Of days	
			Wt Ht Oedema Wt Ht Oedema Wt Ht Oedema Wt Ht Oedema	in months	mm/yy Reg No. TB Status mm/yy									Adher	o/	Regimen/ Dose/# of	CD4 If < 5, record CD4% +/-	Hgb, RPR, CXR, TB sputums, Infant	_	
			Ht Oedema Wt Ht Oedema Wt Ht Oedema Wt Ht Oedema Wt Ht Oedema		mm/yy Reg No. TB Status mm/yy									Why	e/	days dispensed	severe	Ab/PCR, other		
			Wt Ht Oedema Wt Ht Oedema Wt Wt Oedema		mm/yy									ADH	Why	DOSE  No. of Days				
			Wt Ht Oedema Wt		Reg No.									ADH	Why	REGIMEN DOSE				
			Oedema Wt	-	TB Status									ADH	Why	No. of Days  REGIMEN  DOSE				
					Reg No.									ADII	VVIIY	No. of Days				
			Oedema		mm/yy Reg No.									ADH	Why	DOSE No. of Days				
			Wt Ht		TB Status mm/yy									ADH	Why	REGIMEN DOSE No. of Days				
			Oedema Wt Ht		Reg No. TB Status mm/yy									ADH	Why	REGIMEN DOSE				
			Oedema Wt		Reg No. TB Status											No. of Days REGIMEN				
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			Ht Oedema		Reg No.									ADH	Why	No. of Days				
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			Oedema Wt		Reg No. TB Status											No. of Days REGIMEN				
			Ht Oedema		mm/yy Reg No.				<u> </u>					ADH	Why	DOSE No. of Days		RT adherend		

PMTCT if referred to PMTCT and record gestational age in weeks and ANC # in weeks and ANC #

FP= Not pregnant and on family planning
If using FP, note methods (note: more than 1 method may be recorded)

**No FP** = Not pregnant and not using FP

Codes for TB status (check on each visit): 1 No signs = no signs or symptoms of TB
2 Suspect = TB refer or sputums sent (Record sputum sent & results in lab column; record referral in Refer col)

3 TB Rx = currently on TB treatment. Record
i) month/year started and stopped and
ii)district TB reg #
(Record INH in INH col and TB treatment regimen in
Other meds col)

Codes for potential side effects or other problems:

Nausea **H**eadache **D**iarrhoea **F**atigue

**A**naemia **J**aundice ABdominal pain FAT changes
BN burning/numb/tingling
CNS: dizzy, anxiety, nightmare, depression
Other (specify)

Thrush—oral/vaginal FEVER\* **DB** difficult breathing

Weight loss\*
UD urethral discharge
PID pelvic inflammatory disease
Ulcers—mouth or other
GUD genital ulcer disease

Severe Uncomplicated Malnutrition

IRIS Immune reconstitution inflammatory syndrome Severe Complicated Malnutrition

Poor Weight Gain Symptoms with  $^{\star}$  are suggestive of TB

Codes for CTX/AR	T adheren	ce:			
% Adhere =	no. of pills to	aken: x 100			
Total no. of p	ills expecte	d to have been tal	ken		
(Add all the drugs in	n the regim	en)			
		Missed doses	s per month		
Adherence	%	1x daily dosing	2x daily dosing		
<b>G</b> (good)	≥ 95%	<2 doses	≤ 3 doses		
<b>F</b> (fair)	85-94%	2-4 doses	4-8 doses		
<b>P</b> (poor)	< 85%	≥ 5 doses	≥ 9 doses		
Codes for why nor	r/ fair adh	aranca:			

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

	Follow-up educ	ation, support and preparation for	r ARV therapy	
		Date/comments	Date/comments	Date/comments
Б	Basic HIV education, transmission			
Educate	Prevention: abstinence, safer sex, condoms			
<u>6</u>	Prevention: household precautions, what is safe			
on basics,	Post-test counselling: implications of results			
sics	Positive living			
	Testing partners			
ever	Disclosure, to whom disclosed (list)			
itior	Family/living situation			
prevention, disclosure	Shared confidentiality			
sclo	Reproductive choices, prevention MTCT			
sur	Child's blood test			
ø	Progression of disease			
	Malaria prevention, IPT, ITN			
79 P	Available treatment/prophylaxis (CTX, INH)			
Pro- gressic Rx	Follow-up appointments, clinical team			
ZΑ	ART educate on essentials (locally adapted)			
F G	Why complete adherence needed			
epa	Adherence preparation, indicate visits			
ART preparation.initiation.support,monitor,	Indicate when READY for ART: DATE/result Clinical team discussion			
<u> </u>	Explain dose, when to take			
nitia	What can occur, how to manage side effects			
g	What to do if one forgets dose			
.su	What to do when traveling			
op	Adherence plan (schedule, aids, explain diary)			
ă,	Treatment supporter preparation			
ă	Which doses, why missed			
	ARV support group			
Home-based care, support	How to contact clinic			
por be-b	Symptom management/palliative care at home			
)ase	Caregiver booklet			
č g	Home-based care – specify			
are,	Support groups including community support group			