

Unique #

# HIV CARE/ART CARD \_\_\_\_\_

District \_\_\_\_\_ Health unit \_\_\_\_\_ District clinician/team \_\_\_\_\_

Name \_\_\_\_\_ Pt clinic # \_\_\_\_\_

Sex: M  F  Age \_\_\_\_\_ DOB \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Telephone (whose): \_\_\_\_\_

**Prior ART:**

- Transfer in with records
- Earlier ARV but not a transfer in
- PMTCT only
- None

**Care entry point:**

- |                                  |                                     |                                     |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT   | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient  | <input type="checkbox"/> CBO        |
| <input type="checkbox"/> Under5  | <input type="checkbox"/> IDU        | <input type="checkbox"/> Other:     |
| <input type="checkbox"/> TB      | <input type="checkbox"/> Adol       |                                     |
| <input type="checkbox"/> STI     | <input type="checkbox"/> Sex        |                                     |
- } Outpatient      } Outreach

Treatment supporter/med pick-up if ill: \_\_\_\_\_

Address \_\_\_\_\_

Telephone (whose): \_\_\_\_\_

Home-based care provided by: \_\_\_\_\_

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

**Drug allergies**

**ART treatment interruptions**

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

**Date**

\_\_\_\_\_ Confirmed HIV+ test Where \_\_\_\_\_ HIV 1 2 Ab / PCR (if < 18 mo)

\_\_\_\_\_ Enrolled in HIV care

**ARV therapy**

\_\_\_\_\_ Medically eligible Clinical stage \_\_\_\_\_

**COHORT:**  
\_\_\_\_\_

Why eligible:  Clinical only  CD4/% \_\_\_\_\_  TLC \_\_\_\_\_

\_\_\_\_\_ Medically eligible *and* ready for ART

\_\_\_\_\_ Transferred in from \_\_\_\_\_ ART started \_\_\_\_\_

**Start ART 1st-line initial regimen:** \_\_\_\_\_

**At start ART: Weight \_\_\_\_\_ Function \_\_\_\_\_ Clinical stage \_\_\_\_\_**

**Substitute within 1st-line:**

\_\_\_\_\_ New regimen \_\_\_\_\_ Why \_\_\_\_\_

\_\_\_\_\_ New regimen \_\_\_\_\_ Why \_\_\_\_\_

**Switch to 2nd-line (or substitute within 2nd-line):**

\_\_\_\_\_ New regimen \_\_\_\_\_ Why \_\_\_\_\_

\_\_\_\_\_ New regimen \_\_\_\_\_ Why \_\_\_\_\_

\_\_\_\_\_ New regimen \_\_\_\_\_ Why \_\_\_\_\_

**Dead**

\_\_\_\_\_ **Transferred out** To where: \_\_\_\_\_

1st-line

2nd-line

**Why STOP codes:**

- 1 Toxicity/side effects
- 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
- 10 Other

**Why SUBSTITUTE or SWITCH codes:**

- 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



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**Pregnancy/family planning status if woman is of childbearing age:**  
**P** = Pregnant  
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT  
**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):**  
**No signs** = no signs or symptoms of TB  
**TB refer** = TB suspected and referred for evaluation  
**INH** = currently on INH prophylaxis (IPT)  
**TB Rx** = currently on TB treatment. Record TB card #  
**Sputums** = TB suspected and sputum sample sent or record results

**Codes for potential side effects or other problems:**  
**N**ausea  
**D**iarrhoea  
**F**atigue  
**H**eadache  
**BN**  
 burning/numb/tingling  
**R**ash  
**A**naemia  
**AB**dominal pain  
**J**aundice  
**FAT** changes  
**CNS**: dizzy, anxiety, nightmare, depression

**Codes for new OI or other problems:**  
**Z**oster  
**P**neumonia  
**DE**mentia/**Enceph**  
**T**hrush—oral/vaginal  
**FEVER**  
**COUGH**  
**DB** difficult breathing  
**IRIS** Immune reconstitution inflammatory syndrome  
**W**eight loss  
**UD** urethral discharge  
**PID** pelvic inflammatory disease  
**GUD** genital ulcer disease  
**U**lcers—mouth or other

**Codes for why poor/ fair adherence:**  
**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** Other\_\_\_\_\_

**Codes for ART adherence. Estimate adherence for twice daily ART using the table below:**

Adherence	%	Missed doses per month
<b>G</b> (good)	≥ 95%	≤ 3 doses
<b>F</b> (fair)	85-94%	4-8 doses
<b>P</b> (poor)	< 85%	≥ 9 doses

## Follow-up education, support and preparation for ARV therapy

	Date/comments	Date/comments	Date/comments
<b>Educate on basics, prevention, disclosure</b>	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 MTCT		
	Child's blood test		
	<b>Progression, Rx</b>	Progression of disease	
Available treatment/prophylaxis			
Follow-up appointments, clinical team			
CTX, INH prophylaxis			
<b>ART preparation.....Initiation.....support, monitor....</b>	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		
	<b>Home-based care, support</b>	How to contact clinic	
Symptom management/palliative care at home			
Caregiver booklet			
Home-based care -- specify			
Support groups			
Community support			