

TPS. Children (9 yrs. and below)/Caregiver Treatment Preparation Sessions Checklist

AT ENROLMENT		COMMENTS
<p>Have you conducted psychosocial assessments?</p> <p>Review and check those that have been conducted:</p> <p>Mental health assessments (PHQ-9/GAD-7), substance abuse* in cases of mental health issues identified refer and link to appropriate care.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>Have you assessed developmental milestones?</p> <p>Use the tools in Annex 3 of the NASCOP guidelines, ensure to identify growth retardation and/or developmental challenges. Ensure to refer to appropriate care for those in need.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>Primary care giver identified?</p> <p>If no, have you identified a CHV or peer to support and stand in as you liaise with the DCS (Department of Children services/OVC?</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>Have you established the HIV status of the child's caregiver?</p> <p>If the child's caregiver is also infected, enroll in same clinic, and synchronize appointments. This includes any other family member receiving care at the clinic.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>Have you provided HIV education to the caregiver and child as appropriate for age? (Refer to the guide from NASCOP guidelines pg. 5-10, Table 5.2)</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>Have you identified and established appropriate adherence intervention?</p> <p>Have you linked the caregiver and child as per age to a PSSG?</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>Have you discussed benefits of disclosure of the child's HIV status?</p> <p>If yes, formulate a disclosure plan for the child. Use the pediatric disclosure checklist</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>Have you conducted ART readiness assessment?</p> <p>If yes, initiate same day or agreed upon date and review the dosing and timing.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>Have you identified other needs?</p> <p>If Yes, Link where appropriate.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	
<p>* Develop a plan of treatment and follow up plan and document on the patient file/EMR.</p>		

2 nd visit – 2 WEEKS after ART initiation		
Have you reviewed the caregivers understanding on key HIV messages?	<input type="radio"/> YES <input type="radio"/> NO	
Ensure to review and reinforce the messages delivered at enrolment.		
Have you reviewed ART dosing, timing, and reminders?	<input type="radio"/> YES <input type="radio"/> NO	
NOTE: Ensure to also have the caregiver demonstrate how they measure and administer the ART.		
Have you explored barriers to adherence?	<input type="radio"/> YES <input type="radio"/> NO	
Use the barriers to adherence checklist.		
Link to appropriate services of need and document session on patient file/EMR		

Four weeks after ART initiation, and further follow ups		
Have you reviewed the caregivers understanding on key HIV messages?	<input type="radio"/> YES <input type="radio"/> NO	
Ensure to review and reinforce the messages delivered at enrolment.		
Have you reviewed ART dosing, timing, and reminders?	<input type="radio"/> YES <input type="radio"/> NO	
NOTE: Ensure to also have the caregiver demonstrate how they measure and administer the ART.		
Have you explored barriers to adherence?	<input type="radio"/> YES <input type="radio"/> NO	
Use the barriers to adherence checklist. And administer MMAS-4		
Have you reviewed the disclosure and individualized age-appropriate disclosure plan?	<input type="radio"/> YES <input type="radio"/> NO	
If yes, document and support the caregiver by addressing any concerns or fears they might have.		
Link to appropriate services of need and document session on patient file/EMR		