TPS. Adolescents (10-19 yrs.) Treatment Preparation Sessions Checklist

AT ENROLMENT			COMMENTS
Have you conducted psychosocial assessments?	O YES	O NO	
Review and check those that have been conducted:			
Mental health assessments (PHQ-9/GAD-7), substance abuse (CRAFT)* in			
cases of mental health issues identified refer and link to appropriate care.			
Have you assessed developmental milestones?	O YES	O NO	
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.			
Primary care giver identified?	O YES	O NO	
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In case the adolescent is an emancipated minor (Refer to Emancipated minors			
SOP), explore whether they are comfortable with having caregiver or not			
during the session.			
Identify or explore options to support the adolescent until they are ready to			
disclose to their caregiver/guardian. (Options include adolescent mentors,			
social workers, CHV, nurses as may be appropriate).			
NOTE: Adolescents can have joint or individual sessions with the caregiver.			
Lleve you comband the Course Department of Legith (CDLI) and entered in a	0.7/20	0.110	
Have you explored the Sexual Reproductive Health (SRH) understanding, fears and needs of the adolescent?	O YES	O NO	
Offer SRH counselling and prioritize interventions as appropriate, ensure this session is one-on-one with adolescent without the presence of the caregiver.			
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Have you established the HIV status of the child's caregiver?	O YES	O NO	
If the adolescent's caregiver is also infected, enroll in same clinic, and			
synchronize appointments. This includes any other family member receiving care at the clinic.			
Have you provided HIV education to the caregiver and adolescent as	O YES	O NO	
appropriate for age? (Refer to the guide from NASCOP guidelines pg. 5-10 ,			
Table 5.2)			
Have you identified and established appropriate adherence intervention?	O YES	O NO	
Have you linked the caregiver and adolescent as per age to a PSSG?			
Have you discussed benefits of disclosure of HIV status to the adolescent?	O YES	O NO	
If you formulate a displacure plan for the adelegacyt			
If yes, formulate a disclosure plan for the adolescent. Use the disclosure checklist			
Have you conducted ART readiness assessment?	O YES	O NO	
If yes, initiate same day or agreed upon date and review the dosing and timing.			
in yes, miliale same day or agreed upon date and review the dosing and timing.	1		1

Have you identified other needs?	O YES	O NO			
If Yes, Link where appropriate.					
* Develop a plan of treatment and follow up plan and document on t	_ he natient	file/FMR			
Develop a plan of a californ and relief ap plan and accument on a	no patient	IIIO/ EIVII (
2 nd visit – 2 WEEKS after ART initiation	<u> </u>				
Have you reviewed the adolescents/caregivers understanding on key HIV	O YES	O NO			
messages?					
Ensure to review and reinforce the messages delivered at enrolment.					
Have you reviewed ART dosing, timing, and reminders?	O YES	O NO			
3 , 3 ,					
Here was a surfaced bearings to adherence 2	0.7/20	0.110			
Have you explored barriers to adherence?	O YES	O NO			
Ensure to cover issues related to the school environment.					
Use the barriers to adherence checklist.					
Develop a plan with adolescent to address barriers to adherence.					
Have you linked to identified support systems for the adolescent?	O YES	O NO			
Includes OTZ clubs or other adolescent support groups.					
Have you reviewed the SRH needs?	O YES	O NO			
That's year or now and crarries as.	0 120	0110			
Link to appropriate services of need and document session on patie	ent file/EM	R			
Four weeks after ART initiation, and further follow ups	.				
Have you reviewed the caregivers understanding on key HIV messages?	O YES	O NO			
Ensure to review and reinforce the messages delivered at enrolment.					
Have you reviewed ART dosing, timing, and reminders?	O YES	O NO			
That's year or notice of a consignation and constitutions.	0 120	0110			
Have you explored barriers to adherence?	O YES	O NO			
Use the barriers to adherence checklist.					
And administer MMAS-4					
Develop a plan with adolescent to address barriers to adherence.					
Have you reviewed the disclosure and individualized age-appropriate	O YES	O NO			
disclosure plan?					
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If yes, document and support the caregiver/adolescent by addressing any					
concerns or fears they might have. Have you linked the adolescent to PSSG?	O YES	O NO			
That's you mind the adolescent to 1 000:	U IES	UNU			
Have you reviewed the SRH needs?	O YES	O NO			
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Link to appropriate services of need and document session on patient file/EMR					