

# HIV CARE MORTALITY AUDIT FORM

Patients Unique ID:

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Sub County: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Date Death Audit was done: \_\_\_\_\_

**NOTE:**

1. The Death Audit form must be completed for all deaths reported for CCC clients receiving treatment in the health facility
2. Mark with a tick (✓) where applicable;
3. A copy of the form should be filled in the Clients File
4. If cause of death is TB related please complete the TB Mortality Audit Tool

**SECTION A: CLIENTS DEMOGRAPHICS**

1. Date of birth	(DD/MM/YYYY)
2. Date of death	(DD/MM/YYYY)
3. Gender/Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
4. Date Enrolled into CCC	(DD/MM/YYYY)
5. Entry point into HIV care	<input checked="" type="checkbox"/> PMTCT <input type="checkbox"/> IPD <input checked="" type="checkbox"/> TB Clinic <input type="checkbox"/> OPD <input type="checkbox"/> PITC <input type="checkbox"/> OTHER
6. Transfer In	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Marital Status	Married Polygamous <input type="checkbox"/> Cohabiting <input type="checkbox"/> Married Monogamous <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>
8. Date of HIV diagnosis	
9. Was client initiated on CTX? Give date of CTX	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10. TB Preventive Therapy (TPT)	Date Started: _____ Date Completed: _____ Any ADR Experienced Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of ADR: _____ Date Stopped: _____
11. Status of the client at the time of death	Active     Defaulter     IIT

*\*Focus on the six most recent parameters below;*



Date	CD4	Viral Load trends	Z-Score Weight/BMI	ART Regimen	Reason for switch	Opportunistic Infections(OIs)	Morisky (MMS4/8)	WHO Staging

12. a) Place of death		<input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown
a) Brief History Before Death  Verbal Autopsy        Clinical Notes		
c) What was the probable cause of death?  <i>*If cause of death is TB related please complete the TB Mortality Audit Tool</i>		
Were there any delays in delivering appropriate care to the patient?		
Could the death have been prevented or anticipated?		

CHIEF OF PARTY USAID AMPATH  
UZIMA  
22 APR 2022  
Sign:   
APPROVED

**Additional Important Comments**

Key action points to improve service delivery

**Mortality Audit Team**

No	Name	Designation	Signature

