

Dear Dr. Vine

Re: Mrs. Blue Bird, Age: 46



Mrs. Bird saw me today.

Ongoing Problem List:

Anovulatory

Current Problem/s:

5. Follow Up Visit

Hx. Of Current Problems:

Abnormal bleeding Requests IUCD

Allergies:

ASA Iodine

Medical Hx:

Cardiac murmur

Operations:

Abdominoplasty - No bleeding or GA problems.

Current Medication:

Antihypertensives

Family Hx:

Hypertension

Social Hx:

She doesn't abuse alcohol, nicotine or recreational drugs.

Occupation:

Bank Clerk

General ROS:

ROS A review of relevant systems was non contributory. Night sweats.

Pregnant? No EDD 27/07/2005 EmodeD Delivered EDCS 27/07/2005



Skin:

Rash.

HEENT:

Dysphagia.

CVS:

Orthopnea.

Resp:

Cough.

GIT:

Persistent diarrhoea

UroGen:

Thrush.

Muscskelethal:

Archilles

Nervous:

Anxiety

HIV BOOKING FORM completed on: 21/02/2003

PhoneHome: 021 7903641

PhoneWork: 021 7903641

PhoneConfidential: 021 7903641

PatientAddress: 16 Apostle Rd,
Newlands Cape Town 7725 Western Cape

LanguagePref: English

SiteNo: 1577777

Funder: 2. PEPFAR

StudyID: 123

HowReferred: 04. Psychosocial services / EAP

DateHIVDx: 12/07/2005

ProbableTransmission: 04. Blood transfusion

TBDxOnBooking: Yes

DateTBDx: 17/08/2005

Months of INH prophylaxis: 03

SulfaAllergy: Yes

ComplianceRiskFactors: 03. Alcoholism

Disclosure: 02. Partner

Education: 01. Grade 1-7

Dwelling: 02. Informal house, formal residential area

SocialSupport: Prayer group

WhoLiveWith: 01. Partner

EmploymentStatus: 03. Unemployed but able, willing

MonthlyIncome: 10000

NoDependentsOnIncome: 9

LastRxLiteracyDate: 15/08/2005

ConsulationDate: February 21, 2003

PrintDate: November 1, 2005

MemberName: B. Bird

Folder: 0

c.c.

Vine Darryl Newlands Dr. Vine

Abbas Mohamed Rafiq Kenwyn Rafiq

Black Robin Newlands Robin

Vine Darryl Hout Bay Dr. Vine

SupportGroup: HAART Support

NameFirstSupport: Barbara



NameLastSupport: Moller

AddressSupport: P.O.Box 5278

Halfway Gardens Halfway House Gauteng 1685

PhoneSupport: 011-313-9803

CompanyEmploymentStatus: 4. ExEmployee

CompanyID: 12124

DepEmployeeOrContractor: Dependent of Employee

RelEmployeeOrContractor: 2. Child

PMHx: Cardiac murmur

ART ELIGIBILITY VISIT

EligibilityDate: 21/02/2003

EligibilityCriteria: TWO CONSECUTIVE CD4+ COUNTS <250/mL

WHO CLINICAL STAGE 3 AND CD4 COUNT 250-350

CareGiverConsidersReady: No

IfNoReason: Depression.

Inability to comply with OI prophylaxis.

IfYesItemsConsidered: 01. Insight demonstrated

02. Life-long Rx discussed

03. Adherence demonstrated

04. Side effects considered

05. Reliably attendance demonstrated

PtConsider'sReady: No

IfNoPtReason: 02. Fear of stigma

04. Not willing to have bloods taken regularly

IfNoExplainedDoorOpen: Yes

ARTConsentSigned: No

ComplianceTest: NA.

HIV DEATH FORM

Date of death: 21/02/2003

Cause of death: Pneumonia

Last CD4 count: 201

Comment: Severely emaciated. Weight 48 kg. Poor adherence due to alcoholism.

HIV SPECIFIC HISTORY

DateHIVvisit: 21/02/2003

Scheduled: Yes

InterimHospitalization: 1. Yes 23/08/2005 Dehydration 23/08/2005 Pneumonia

OPepisode: TB

Diarrhoea

HIVsymptoms: Abdominal pain*

Fever

Vomitting* [53]

ARTRegNo: NA

TimeOnReg: NA

TabsMissedx3: NA

TabsMissedx7: NA

AdherenceFears: NA

WhyMissed: 97. Not on treatment

ARTContraindications: 02. SEVERE NEUTROPENIA < 0.75 (AZT)

01. SEVERE ANAEMIA < 8 (AZT)

ARTCautions: 01. HISTORY OF PANCREATITIS (ddl / d4T)

03. PERIPHERAL NEUROPATHY (ddl / d4T)

Upper GIT

DurationPain 3 days
SitePain R upper quadrant radiating to the back
MealsPain Aggravated by spicy meals
Appetite Normal
Vomiting Early morning
Flatulence Yes and escapes upward and relieves the symptoms.
Water brash No
Lower Git
Diarrhoea Loose green stools
Constipation No
DurationPain 2 months
SitePain Persistent left sided cramping pain which radiates to the L flank
In/DecreasePain No aggravating or relieving factors
dsaad

Examination:

Temp. 37 P 70 B.P. 120/80 R.R. 16 Abd.circ 32 Wt. 70 Ht. 1.83 BMI 20.9

MentalState: Alert, orientated. OE mstate OE mstate

General examination: Oedema

Skin: No rash OE skin

HEENT: OM OE HEENT

Chest: Bronchial breathing. Brongospasma

Abd: Appendectomy scar. Teer LFI

UroGen: Prolapse OE Uro

MusculoSkeletal: Scar L ankle OE Ms

CNS / PNS: Babinski OE cns

Eyes

VisualAcuity Both eyes have similar visual acuity.

Opththalmos No exo or enophthalmos

Lids No ptosis or lid edema.

Conjunctiva No anemia, jaundice or inflammation.

Pupils PERLA

Mouth

Lips Lips are normal, no eruptions or discolouration.

Pharanx Tonsils and soft palate appear normal.

HIV SPECIFIC EXAMINATION

General:

Peripheral neuropathy

Eye disease

Cachexia

CD4:

VirallLoad:

AdverseEvents: Hyperkalaemia -- 0 -- 01. ARV interrupted -- 24 -- 01/11/2005 -- -- 01. HIV -- 01. No

Oral discomfort /dysphagia -- 2 -- 00. None -- 51 -- 01/11/2005 -- -- 02. ART -- 02. Yes

Karnovsky: 20% Patient very ill with hospitalisation and active life-support treatment necessary

StageHIV: 4] AIDS defining opportunistic infection*. Please specify: 09. Herpes simplex - mucocutaneous for more than one month or visceral
22. Lymphoma (of brain or B-cell phenotype)

NewMeds: Yes

PastART:

CurrentART: -- Zidovudine -- 300mg -- 2 x Day -- Oral -- 3 months

Forto-vase® -- Saquinavir -- 400mg -- 2 x Day -- Oral (with ritonavir 400mg bd) -- 3 months

CurrentRx: AZT -- Zidovudine -- 300mg -- 2 x Day -- Oral -- 3 months

-- Clindamycin -- 450mg -- 3 x Day -- Oral (with primaquine) -- 21 days

Diflucan -- Fluconazole -- 100mg -- Daily -- Oral -- 21 days

Forto-vase® -- Saquinavir -- 400mg -- 2 x Day -- Oral (with ritonavir 400mg bd) -- 3 months

Investigations:

FBC

U&E

Creatinine
FBC & Diff.
CXR shows TB [2]

Assessment:

Doing well. Social support now improving.

Current Medication:

AZT .. Zidovudine .. 300mg .. 2 x Day .. Oral .. 3 months
.. Clindamycin .. 450mg .. 3 x Day .. Oral (with primaquine) .. 21 days
Diflucan .. Fluconazole .. 100mg .. Daily .. Oral .. 21 days

Forto-vase® .. Saquinavir .. 400mg .. 2 x Day .. Oral (with ritonavir 400mg bd) .. 3 months

Plan:

Repeat scan In 10 days

Kind regards,

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7806

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