

Sample patient card for exercises F2 and F3

HIV CARE/ART CARD \_\_1\_\_

Status at enrolment: ☐ HIV-exposed infant (assign unique ID only once confirmed HIV+) ☐ TB Rx ☐ Preg ☐ Postpartum

Unique # **M00001**

District Markduk Health unit Veld District clinician/team Dr. S

Name AB Pt clinic # 1234

Sex: M ☐ F ☒ Age 38 DOB 01/01/66 Marital status M

Address 86 Ramalyn Road, Nikobo

Telephone (whose): 09 151 999

999

Treatment supporter Med pick-up if ill: MB (husband)

Address 86 Ramalyn Road, Nikobo

Telephone (whose): 09 151 999

Home-based care provided by: ALIVE

Family status				
Names of family members and partners	Age	HIV P/N	HIV care Y/N	Unique no.
MB	41	+	Y	M00002
LB	10	—	N	
JB	7	—	N	
HB	4	—	N	

Exposed infant follow-up						
Exposed infant (Name/#)	DOB	Infant feeding practice at 3 mos	CTX started by 2 mos	HIV test Type/Result	Final status	(if confirm +) Unique ID

HIV care		
	Date	
Confirmed HIV+ test	21/ 12 /03	HIV 1 2 Ab/virologic test Where <u>Masaka</u>
HIV enrolled	01/ 04 /04	<input checked="" type="checkbox"/> HIV care transfer in from <u>Masaka</u>
Eligible for ART	01/ 04 /04	Clinical stage <u>4</u> CD4 _____ <input type="checkbox"/> Presumptive clinical HIV diagnosis of severe HIV infection in infant

Drug allergies penicillin

Relevant medical conditions\*

Prior ART			
Y(√)	Prior ART	Date	
	None		
√	PMTCT only	01/ 01 /00	Where <u>Lake</u> ARVs <u>NVP</u>
	Earlier ARV not transfer in	/ /	Where _____ ARVs _____

<b>ART Care</b>		<b>COHORT: 5/2004</b>
<b>Date</b> ____/____/____ ART transfer in from _____ ARVs _____		
1st-line	01/ 05 /04 Start ART 1st-line initial regimen <u>d4T-3TC-NVP</u>	
	At start ART: Wt <u>70</u> Cl. Stage <u>4</u> CD4 _____ Preg _____	
	<b>Substitute within 1st-line</b> ____/____/____ New regimen _____ Why _____ ____/____/____ New regimen _____ Why _____	
	<b>Switch to 2nd-line (or substitute within 2nd-line)</b> ____/____/____ New regimen _____ Why _____ ____/____/____ New regimen _____ Why _____	
2nd-line		

ART treatment interruptions -- STOP or missed drug pick-up							
Stop or Lost (circle)	Stop Lost	Stop Lost	Stop Lost	Stop Lost	Stop Lost	Stop Lost	Stop Lost
Date	19/8/04	/ /	/ /	/ /	/ /	/ /	/ /
Why							
Date if restart	19/9/04						

Status		
	Date	
Dead	/ /	
Transfer out	/ /	Where _____
Lost to follow-up (drop)	/ /	

Unique # M00001

**Name** AB

[illegible]

## Sample patient card for exercises F2 and F3

### Codes for TB status (check on each visit):

**No signs** = no signs or symptoms of TB  
**Suspect** = TB refer or sputums sent (Record sputum sent & results in lab column; record referral in Refer col)  
**Not done (ND)** = not assessed for whatever reason  
**TB Rx** = currently on TB treatment. Record month/year started and TB reg #  
 (Record INH in INH col and TB treatment regimen in

### Nutritional support and infant feeding:

Therapeutic Feeding  
 Infant Feeding Counselling (if <2 yrs)  
 Nutrition Counselling only (if > 2yrs)  
 Food Support  
 Infant Feeding Practice on infant cards: **Exclusive**  
**Breast Feeding**; **Replacement Feeding**; **Mixed Feeding**

### Codes for pregnancy/RH-FP choices

**P**: pregnant. List EDD and ANC#. If referred for PMTCT, note in last column.

**AB**: recent induced abortion. Note when.

**MC**: recent miscarriage. Note when.

**Wants P**: wants to become pregnant now or considering; not using FP

**Has FP**: already using condoms/other FP. Note method(s).

**Wants FP**: note method(s) provided or referred for. Record referral in last column.

**Unable P**: thinks she cannot get pregnant

**No sex**: not sexually active now

### Codes for potential side effects or other problems:

Nausea Rash Headache  
 Diarrhoea Anaemia Jaundice  
 Fatigue Abdominal pain FAT changes  
**BN** burning/numb/tingling  
**CNS**: dizzy, anxiety, nightmare, depression

### Codes for new OI or other problems:

Zoster Thrush □ oral/vaginal  
**COUGH\*** DB difficult breathing  
**FEVER\*** DEmentia/Enceph  
 Weight loss\* Pneumonia  
**UD** urethral discharge  
**PID** pelvic inflammatory disease  
 Ulcers □ mouth or other \_\_\_\_  
**GUD** genital ulcer disease  
**IRIS** Immune reconstitution inflammatory syndrome  
**Severe Complicated Malnutrition**  
**Severe Uncomplicated Malnutrition**  
**Poor Weight Gain**  
 Symptoms with \* are suggestive of TB

### HIV-exposed infant final status at 18 months:

**DEAD** if dead (write in date of death if known)  
**P** if positive **N** if negative and no longer breast feeding  
**N/BF** if negative and still breast feeding  
**U** if status unknown

### 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

### Why STOP codes:

- |                            |                           |
|----------------------------|---------------------------|
| 1 Toxicity/side effects    | 7 Patient lacks finances  |
| 2 Pregnancy                | 8 Other patient decision  |
| 3 Treatment failure        | 9 Planned Rx interruption |
| 4 Poor adherence           | 10 Other (specify)        |
| 5 Illness, hospitalization | 11 Excluded HIV           |
| 6 Drugs out of stock       | infection in infant       |

### Codes for CTX/ART adherence:

Adherence	%	Missed doses per month	
		1x daily dosing	2x daily dosing
<b>G</b> (good)	≥ 95%	<2 doses	≤ 3 doses
<b>F</b> (fair)	85-94%	2-4 doses	4-8 doses
<b>P</b> (poor)	< 85%	≥ 5 doses	≥ 9 doses

### Codes for why poor/ fair adherence:

- |  |                     |
|--|---------------------|
| 1 Toxicity/side effects                | 10 Inability to pay |
| 2 Share with others                    | 11 Alcohol          |
| 3 Forgot                               | 12 Depression       |
| 4 Felt better                          | 13 pill burden      |
| 5 Too ill                              | 14 Other (specify)  |
| 6 Stigma, disclosure or privacy issues |                     |
| 7 Drug stock out—dispensary            |                     |
| 8 Patient lost/ran out of pills        |                     |
| 9 Delivery/travel problems             |                     |

### Codes for FP methods:

C = condoms	ECP = emergency contraceptive pills dispensed
OC = oral contraceptive pills	INJ =Injectable
IMP = implant	IUD = intrauterine device
LAM = Lactational Amenorrhea Method	D = diaphragm/cervical cap
FA = fertility awareness method/periodic abstinence	TL = tubal ligation/female sterilization
V = vasectomy (partner's)	UND = undecided

## Follow-up education, support and preparation for ARV therapy [to be revised]

	Date/comments	Date/comments	Date/comments	Date/comments
<b>Educate on basics, prevention, disclosure</b>	Basic HIV education, transmission	01/04/04		
	Prevention: abstinence, safer sex, condoms			
	Prevention: household precautions, what is safe			
	Post-test counselling: implications of results			
	Positive living	01/04/04		
	Testing partners			
	Disclosure, to whom disclosed (list)			
	Family/living situation	01/04/04		
	Shared confidentiality	01/04/04		
	Reproductive choices, prevention MTCT			
	Child's blood test			
	Progression of disease			
<b>Pro- gression, Rx</b>	Malaria prevention, IPT, ITN			
	Available treatment/prophylaxis	01/04/04		
	Follow-up appointments, clinical team			
<b>ART preparation, initiation, support, monitor, Rx</b>	CTX, INH prophylaxis	01/04/04		
	ART -- educate on essentials (locally adapted)			
	Why complete adherence needed	01/04/04		
	Adherence preparation, indicate visits	01/04/04	08/04/04	16/04/04
	Indicate when READY for ART: DATE/result Clinical team discussion	01/05/04		
	Explain dose, when to take	01/05/04		
	What can occur, how to manage side effects	01/05/04		
	What to do if one forgets dose	01/05/04		
	What to do when travelling	01/05/04		
	Adherence plan (schedule, aids, explain diary)	01/05/04		
	Treatment supporter preparation			
	Which doses, why missed			
<b>Home-based care, support</b>	ARV support group			
	How to contact clinic			
	Symptom management/palliative care at home			
	Caregiver booklet			
	Home-based care -- specify	Referred to ALIVE 01/05/04		
	Support groups			
	Community support			