

3. CLINICAL ASSESSMENT: FIRST VISIT AT THIS CLINIC

Use this section during your patient's first encounter with HIV / ART services to help decide whether they need HIV or ARV care

Presents from: TB clinic / PMTCT / this primary care facility / other primary care facility / other ART clinic / GP / in-patient / other

HISTORY AND EXAMINATION:

IMMUNISATION STATUS:

Up to date? Y N Details:

NUTRITIONAL SCREEN

Date of assessment: / / A. Weight (kg) B. Height/length (cms): Plot measurements on growth chart & do nutritional classification Diagnosis.

TUBERCULOSIS SCREEN

Ever had TB before?	Y N	if YES	Year	Extra-pulmonary or pulmonary TB	Treatment outcomes
Current TB?	Y N	if YES	PTB / ETB / Both	Date commenced treatment:	Regimen 3 / MDR / XDR / Other
TB Contact?	Y N	if YES	Contact has: TB / MDR / XDR	TB symptom today	1) Cough > 2wks 2) Weight loss 3) Fever Y N Y N Y N
Smear date: Result:	Culture / sensitivity date: Result:		X-ray date: Result:	Clinical indication of TB? Y N	
Mantoux: neg / pos _____ mm	date: _____		TB Screening outcome TB Treatment <input type="checkbox"/> INH Prophylaxis <input type="checkbox"/> Nil <input type="checkbox"/>		

WHO CLINICAL STAGING for INFANTS & CHILDREN:

Clinical Features		Year diagnosed	Clinical Features		Year diagnosed
WHO Stage1	Asymptomatic		WHO Stage4 Severe disease (AIDS)	Documented weight loss <-3sd from the mean (weight-for-height or height-for-age) with presence of symmetrical oedema	
	Persistent generalised lymphadenopathy			Pneumocystis pneumonia	
WHO Stage2	Unexplained persistent hepatosplenomegaly			Recurrent severe bacterial infections (excl. pneumonia)	
	Papular pruritic eruptions			Chronic herpes simplex infection (oral or skin for > 1 month, or visceral at any site)	
	Extensive wart virus infection			Extrapulmonary TB	
	Extensive molluscum contagiosum			Kaposi sarcoma	
	Recurrent oral ulcerations			Oesophageal candidiasis (or candida of trachea, bronchi or lungs)	
	Unexplained persistent parotid enlargement			CNS toxoplasmosis outside neonatal period	
	Herpes zoster			HIV encephalopathy	
WHO Stage3 Moderate disease	Recurrent / chronic URTI (o.m., sinusitis, otorrhoea)			CMV infection (retinitis or another organ outside neonatal period)	
	Fungal nail infections			Extrapulmonary cryptococcosis including meningitis	
	Unexplained moderate malnutrition (weight -for-height or height-for -age z score -3<-2) not responding to standard therapy			Any disseminated endemic mycosis	
	Unexplained persistent diarrhoea (>14 days)			Chronic cryptosporidiosis (with diarrhoea) / Isosporiasis	
	Unexplained persistent fever (≥37.5°C, > 1 month)			Disseminated non-tuberculous mycobacteria infection	
	Persistent oral candidiasis (after 6 weeks of life)			Cerebral or B-cell non-Hodgkin lymphoma	
	Oral hairy leukoplakia			Progressive multifocal leukoencephalopathy (PML)	
	Acute necrotizing ulcerative gingivitis / periodontitis		HIV associated cardiomyopathy or nephropathy		
	Lymph node TB		Acquired HIV-associated rectovaginal fistula		
	Pulmonary TB		Other:		
Severe recurrent bacterial pneumonia		Other:			
Symptomatic lymphoid interstitial pneumonitis (LIP)					
Chronic HIV-associated lung disease incl. bronchiectasis					
Unexplained anaemia (<8g/dl), neutropaenia (<0.5x 10 ⁹ /L ³) or chronic thrombocytopenia (<50 x 10 ⁹ /L ³)					

PLAN:

CD4 result (absolute / percent)

Prescribed: Cotrimoxazole Multivitamins Other: _____

Referral / management: HIV care TB clinic NSP Immunisation ARV clinic

Print name: _____ Signature: _____ Date: / /

4. CLINICAL EVALUATIONS FOR ARVs OR PRE-STARTED ARVs

If ARV therapy is indicated for your patient use this section to help decide whether there are any medical contra-indications to starting

MATERNAL HEALTH

Alive: Y N Date of death: / / HIV: Pos Neg ND (Date) Clinic CD4: Date:

MTCT Drugs: None NVP AZT / NVP HAART ARV Treatment: Y N Start date: Site:

TB Treatment: None Previous Present If present, number of months on treatment _____ Clinic _____

PRIMARY CAREGIVER

Is the primary caregiver the biological mother: Y N If yes, please skip this section.

Relation: Name: HIV: Pos Neg ND Date: Clinic:

CD4: Date: ARV Treatment: Y N Start date: Site:

TB Treatment: None Previous Present If present, number the months on treatment _____ Clinic:

PRIOR ARV HISTORY OF CHILD

Was child on PMTCT Program? Y N If yes, please indicate what ARV drugs baby received, whether course was completed and feeding choice:

Was child on HAART before? Y N If yes, please detail the previous clinic, period when taken, ARV drug changes AND reasons for changes:

EXAMINATION

IMMUNIZATION STATUS

Up to date? Y N Details:

NUTRITIONAL SCREEN

Date of assessment: / / A. Weight (kg) B Height (cms) Plot measurements on growth chart & do nutritional classification Diagnosis

TUBERCULOSIS SCREEN

Ever had TB before?	Y N	if YES	Year	Extra-pulmonary or pulmonary TB	
Current TB?	Y N	if YES	PTB / ETB / Both	Date commenced treatment:	
TB Contact?	Y N	if YES	Contact has: TB / MDR / XDR	TB symptoms today →	1) Cough > 2wk 2) Weight loss 3) Fever Y N Y N Y N
Smear date: Result:	Culture / Sensitivity date: Result:		Xray date: Result:	Clinical indication of TB? Y N	
Mantoux: neg / pos _____ mm	date: _____		TB screening outcome: TB Treatment <input type="checkbox"/> INH Prophylaxis <input type="checkbox"/> Nil <input type="checkbox"/>		

BASELINE BLOODS

Test	Date	Result	Test	Date	Result	Notes:
CD4 (abs / %)			Haemoglobin			
Viral Load (abs / log)			ALT			
other						

CLINICAL FACTORS INFLUENCING REGIMEN CHOICE

1. Weight <10 kilograms?	Y / N	PLAN: ARV 1 ARV 2 ARV3 ARV4 Cotrimoxazole Multivitamins
2. PMTCT experienced?	Y / N	
3. Currently on TB treatment?	Y / N	
4. Functioning refrigerator?	Y / N	

ASSESSMENT OF CLINICAL READINESS FOR ARVs

Signature: _____ Date: / /

Note: Please complete form up to section 7 prior to commencing patient on ART