

Figure 11.3 Management plans based on clinical stability and ART status

**Definition of an UNSTABLE patient:**

- One or more danger signs
- Clinical suspicion of any new stage 4 disease or any TB (including PTB)
- IRIS; commonest is TB or cryptococcosis
- Serum CrAg positive
- Adverse drug reaction, requiring ongoing management
- Discharged from hospital within past 3 months
- Pregnant
- Mental health or substance abuse problems
- Co-morbid conditions requiring frequent follow-up (for example: diabetes, unstable hypertension, epilepsy, renal or liver impairment)

**Definition of a STABLE patient:** CD4 <200 but otherwise well

	STABLE	UNSTABLE
ART-naïve or ART <6 months	<p><b>STABLE and ART-naïve or ART &lt;6 months</b></p> <p>Package of care:</p> <ul style="list-style-type: none"> <li>• ART management:               <ul style="list-style-type: none"> <li>• If no prior ART start immediately (see point 7 on page 225).</li> <li>• If defaulted, start first line ART.</li> <li>• Check VL after 6 months of continuous ART.</li> </ul> </li> </ul> <p>Follow-up:</p> <ul style="list-style-type: none"> <li>• After 2 weeks, then monthly.</li> <li>• Care to be provided by experienced nurse.</li> </ul>	<p><b>UNSTABLE and ART-naïve or ART &lt;6 months</b></p> <p>Package of care:</p> <ul style="list-style-type: none"> <li>• Care package for unstable patient. See Figure 11.5.</li> <li>• ART management:               <ul style="list-style-type: none"> <li>• If no prior ART start immediately (see point 7 on page 225).</li> <li>• If defaulted, start first line ART.</li> <li>• Check VL after 6 months' continuous ART.</li> </ul> </li> </ul> <p>Follow-up:</p> <ul style="list-style-type: none"> <li>• After 1–2 weeks then 2–4 weekly.</li> <li>• Care to be provided by experienced clinical officer/doctor.</li> </ul>
ART >6 months (ongoing or interrupted)	<p><b>STABLE and total ART &gt;6 months</b></p> <p>Package of care:</p> <ul style="list-style-type: none"> <li>• ART management: see Figure 11.4.</li> </ul> <p>Follow-up:</p> <ul style="list-style-type: none"> <li>• After 2 weeks, then monthly.</li> <li>• Care to be provided by experienced nurse.</li> <li>• VL and ART management according to Figure 11.4.</li> </ul>	<p><b>UNSTABLE and total ART &gt;6 months</b></p> <p>Package of care:</p> <ul style="list-style-type: none"> <li>• Care package for unstable patient. See Figure 11.5.</li> <li>• ART management: see Figure 11.4.</li> </ul> <p>Follow-up:</p> <ul style="list-style-type: none"> <li>• After 1–2 weeks, then 2–4 weekly.</li> <li>• Care by experienced clinical officer/doctor.</li> <li>• VL and ART management according to Figure 11.4.</li> </ul>

**All patients need the following prophylaxis and patient and community support packages:****Prophylaxis package**

- Cotrimoxazole.
- Isoniazid/B6, if not on TB treatment; if on TB treatment, start after completion. Duration, 36 months or longer (WHO).
- Fluconazole, if serum CrAg positive, CrAg unavailable; and secondary prophylaxis for patients with cryptococcal meningitis.

**Patient and community support package**

- Adherence support.
- Community worker tracing if appointments defaulted.
- Teach danger signs to patients and family, and when/how to access health care, if concerns.