Figure 11.5 Care package for the unstable patient

TB is common major cause of death. Treat empirically if there is high suspicion.

TB LAM:

- TB LAM positive: Start TB treatment.
- TB LAM negative: **TB is not excluded!** Start empiric treatment if high suspicion of TB.

Xpert MTB/RIF:

Sputum or non-sputum samples: Pleural fluid, centrifuged CSF, centrifuged urine, pus. Bring patient back for result within 1 week:

- GeneXpert positive: start TB treatment.
- GeneXpert negative: **TB is not excluded!** Start empiric treatment if high suspicion of TB – do not wait for result if long turnaround time.

IPT: If no clinical evidence of TB, start isoniazid preventative therapy.

CrAg positive (finger-prick or serum):

- Symptoms of meningitis: Fluconazole 1 200 mg immediately and refer for lumbar puncture and ongoing treatment. If amphotericin B is available, start it while arranging transfer. See also Figure 11.6.
- Asymptomatic: Refer for lumbar puncture. If not possible, start fluconazole 800 mg daily for 2 weeks, 400 mg daily x 2 months, then 200 mg daily for at least one year or until CD4 >200.

Co-morbidities:

- Co-morbidities needing active follow-up mean the patient is categorised as 'unstable'.
- Common co-morbidities:
  - Diabetes, hypertension.
  - Cardiac failure, chronic kidney disease: Often caused by the above, look for other reversible causes.
  - Chronic liver disease: Check for hepatitis B and C, and alcohol excess.

Chronic diarrhoea:

This is often overlooked until patients need admission to hospital with severe dehydration, kidney failure and electrolyte wasting. Parasite opportunistic infections are a common cause, particularly *Isospora belli*, and *cryptosporidium*. See **Chapter 15** for details.

CMV retinopathy:

In higher prevalence settings, ask about recent visual deterioration, and, if present, check visual acuity and refer for more comprehensive assessment.

Follow-up:

- Arrange follow-up appointment to ensure continuity of care.
- Ensure ongoing care is done by clinician with appropriate level of experience.
- Educate patient regarding danger signs and other reasons to return sooner.

Avoid overuse of antibiotics – use only if bacterial infection is likely:
(See *Chapter 23*)

- If antibiotics are used, document the reason.
- If a patient has had a course of antibiotics and has not improved, do not give another course without a clear reason. Look for other causes of symptoms, especially TB.