



THE REPUBLIC OF UGANDA

### HIV CARE/ART CARD

Unique # \_\_\_\_\_

District \_\_\_\_\_ Health unit \_\_\_\_\_ Clinical team leader \_\_\_\_\_

Name: \_\_\_\_\_  
Suriname Given name Pt clinic # \_\_\_\_\_

Sex: M  F  DOB \_\_\_\_\_ Age \_\_\_\_\_ Marital status \_\_\_\_\_

Address District \_\_\_\_\_ Sub-County \_\_\_\_\_

Parish \_\_\_\_\_ LC1 \_\_\_\_\_

Telephone (whose): \_\_\_\_\_

Care entry point:  PMTCT  TB  Under 5  Outreach  Other: Specify \_\_\_\_\_

Medical  STI  Inpatient  Exposed infant \_\_\_\_\_

Treatment supporter/med pick-up if ill: \_\_\_\_\_

Address District \_\_\_\_\_ Sub-County \_\_\_\_\_

Parish \_\_\_\_\_ LC1 \_\_\_\_\_

Telephone (whose): \_\_\_\_\_

Home-based care provided by: \_\_\_\_\_

Names of family members and partners	Age	HIV P/N	HIV care Y/N	Unique no.	Exposed infant follow-up						
					Exposed Infant (Name#)	DOB	Infant feeding practice at 3 mos	CTX started by 2 mos	HIV test Result	Final status	(if confirm +) Unique ID

Prior ART Yes  None

Y(N) Prior ART Date \_\_\_\_\_

PEP (dd/mm/yyyy) Where \_\_\_\_\_ ARVs \_\_\_\_\_

PMTCT only (dd/mm/yyyy) Where \_\_\_\_\_ ARVs \_\_\_\_\_

Earlier ARV not transfer (dd/mm/yyyy) Where \_\_\_\_\_ ARVs \_\_\_\_\_

HIV care	Date	Ab	PCR	Where
Confirmed HIV+ test	<small>(dd/mm/yyyy)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIV enrolled	<small>(dd/mm/yyyy)</small>	<input type="checkbox"/>	<input type="checkbox"/>	HIV care transfer in from _____
Eligible for ART	<small>(dd/mm/yyyy)</small>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical stage _____ CD4 _____
Eligible and ready	<small>(dd/mm/yyyy)</small>	<input type="checkbox"/>	<input type="checkbox"/>	Presumptive clinical HIV diagnosis of severe HIV infection in infant _____

### Follow-up education, support and preparation for ARV therapy

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

Drug allergies	ART Care	COHORT: MM YYYY

Relevant medical conditions

Date \_\_\_\_\_ ART transfer in from \_\_\_\_\_ ARVs \_\_\_\_\_

Start ART 1st-line initial regimen \_\_\_\_\_ CD4 \_\_\_\_\_ Preg \_\_\_\_\_

At start ART: Wt \_\_\_\_\_ Cl. Stage \_\_\_\_\_ CD4 \_\_\_\_\_ Preg \_\_\_\_\_

Substitute within 1st-line \_\_\_\_\_ Why \_\_\_\_\_

Switch to 2nd-line (or substitute within 2nd-line) \_\_\_\_\_ Why \_\_\_\_\_

New regimen \_\_\_\_\_ Why \_\_\_\_\_

New regimen \_\_\_\_\_ Why \_\_\_\_\_

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	Stop Lost	Stop Lost
Date	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>
Why									
Date if restart /re-activated	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>	<small>(dd/mm/yyyy)</small>

Status	Date	Where
Transfer out	<small>(dd/mm/yyyy)</small>	_____
Lost to follow-up (drop)	<small>(dd/mm/yyyy)</small>	_____
Dead	<small>(dd/mm/yyyy)</small>	_____

**Infant Feeding Practice on Infant cards:**

Exclusive Breast Feeding: \_\_\_\_\_

Replacement Feeding: \_\_\_\_\_

Mixed Feeding \_\_\_\_\_

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

NBF if negative and still breast feeding

U if status unknown

**Why SUBSTITUTE or SWITCH codes:**

- Toxicity/side effects
- Pregnancy
- Risk of pregnancy
- Due to new TB
- New drug available
- Drug out of stock
- Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:
- Clinical failure
- Immunologic failure

**Why STOP codes:**

- Toxicity/side effects
- Pregnancy
- Treatment failure
- Poor adherence
- Illness, hospitalization
- Drugs out of stock
- Patient lacks finances
- Other patient decision
- Planned Rx interruption
- Other (specify)
- Excluded HIV infection in infant

Unique #

**HIV CARE/ART CARD**

Name \_\_\_\_\_

Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD? PM TCT? Write gestation in weeks and ANC #	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEM S If child, include nutritional problems	Function Work/Playing Amb Bed	WHO clinical stage	CPT	INH # pills dispensed	Other meds dispensed (including nutritional supplements)	ARV drugs (incl. prophylaxis)		Investigations		Refer or consult or link/provide (including nutritional support and infantfeeding)	Name of attending clinician	
													Adhere/ Why	Regimen/ Dose/ # of days dispensed	CD4 If < 5, record CD4% +/- severe	Hgb, RPR, CXR, TB sputums, Infant Ab/PCR, other			
																			Adherence
<input type="checkbox"/>			Wt		TB Status								ADH	Why	REGIMEN				
<input type="checkbox"/>			Ht		mm/yy										DOSE				
<input type="checkbox"/>			Oedema		Reg No.										No. of Days				
<input type="checkbox"/>			Wt		TB Status								ADH	Why	REGIMEN				
<input type="checkbox"/>			Ht		mm/yy										DOSE				
<input type="checkbox"/>			Oedema		Reg No.										No. of Days				
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<input type="checkbox"/>			Ht		mm/yy										DOSE				
<input type="checkbox"/>			Oedema		Reg No.										No. of Days				

**Pregnancy/family planning status if woman is of childbearing age:**  
**P** = Pregnant  
 If pregnant, give estimated due date (EDD), write PMTCT if referred to PMTCT and record gestational age in weeks and ANC #  
**FP**= Not pregnant and on family planning  
 If using FP, note methods (note: more than 1 method may be recorded)  
**No FP** = Not pregnant and not using FP

**Codes for TB status (check on each visit):**  
**1 No signs** = no signs or symptoms of TB  
**2 Suspect** = TB refer or sputums sent (Record sputum sent & results in lab column; record referral in Refer col)  
**3 TB Rx** = currently on TB treatment. Record i) month/year started and stopped and ii) district TB reg # (Record INH in INH col and TB treatment regimen in Other meds col)

**Nutritional support and infant feeding:**  
 Therapeutic Feeding  
 Infant Feeding Counselling (if <2 yrs)  
 Nutrition Counselling only (if > 2yrs)  
 Food Support

**Codes for potential side effects or other problems:**  
**Nausea** Rash  
**Headache**  
**Diarrhoea** Anaemia Jaundice  
**Fatigue** **AB**dominal pain **FAT** changes  
**BN** burning/numb/tingling  
**CNS:** dizzy, anxiety, nightmare, depression  
**Other** (specify)

**Codes for new OI or other problems:**  
**Zoster**  
**Pneumonia**  
**DE**mentia/**Enceph**  
**Thrush**—oral/vaginal  
**COUGH\***  
**FEVER\***  
**DB** difficult breathing  
**Weight loss\***  
**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

**Codes for CTX/ART adherence:**  
**% Adhere** =  $\frac{\text{no. of pills taken}}{\text{Total no. of pills expected to have been taken}} \times 100$   
 (Add all the drugs in the regimen)

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

**Codes for why poor/ fair adherence:**  
**1** Toxicity/side effects  
**2** Share with others  
**3** Forgot  
**4** Felt better  
**5** Too ill  
**6** Stigma, disclosure or privacy issues  
**7** Drug stock out  
**8** Patient lost/ran out of pills  
**9** Delivery/travel problems  
**10** Inability to pay  
**11** Alcohol  
**12** Depression  
**13** Pill burden  
**14** Lack of food  
**15** Other (specify)

## Follow-up education, support and preparation for ARV therapy

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<b>Educate on basics, prevention, disclosure</b>	Basic HIV education, transmission		
	Prevention: abstinence, safer sex, condoms		
	Prevention: household precautions, what is safe		
	Post-test counselling: implications of results		
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	Family/living situation		
	Shared confidentiality		
	Reproductive choices, prevention MTCT		
	Child's blood test		
	Progression of disease		
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	<b>Pro-gressiv Rx</b>	Available treatment/prophylaxis (CTX, INH)	
Follow-up appointments, clinical team			
<b>ART preparation, initiation, support, monitor,</b>	ART -- educate on essentials (locally adapted)		
	Why complete adherence needed		
	Adherence preparation, indicate visits		
	Indicate when READY for ART: DATE/result Clinical team discussion		
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<b>Home-based care, support</b>	ARV support group		
	How to contact clinic		
	Symptom management/palliative care at home		
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	Home-based care – specify		
Support groups including community support group			