CLINICAL FOLLOW UP

Patient ID ☐☐☐ - ☐☐☐ - ☐☐☐☐☐ - ☐
District | Facility | Serial no.

Date ☐☐ / ☐☐ / ☐☐
Day | Month | Year

Facility ID (if different) ☐☐☐☐☐

Clinic code ☐☐

Patient Last Name _____ Patient First Name _____

PRESENTING COMPLAINT

Tick at left if PATIENT mentions any complaints. Note duration, recurrence below.

- ☐ Routine visit
- ☐ No complaint
- ☐ Weight loss
- ☐ Fever
- ☐ Night sweats
- ☐ Vomiting
- ☐ Acute diarrhoea
- ☐ Chronic diarrhoea
- ☐ Sores in mouth
- ☐ Pain/diff swallowing
- ☐ Cough
- ☐ Shortness of breath
- ☐ Numbness/pain/ burning in legs/feet
- ☐ Visual problems
- ☐ Headache
- ☐ Rash
- ☐ Swellings/lymph nodes
- ☐ Other
- ☐ Lab results_____ mm/yy___/___

Is patient on ART? ◯Yes ◯No

If on ART, how long?_____

Is patient pregnant? ◯Yes ◯No

Estimated date of delivery:

☐☐ / ☐☐ / ☐☐
Day | Month | Year

Is pt breastfeeding? ◯Yes ◯No

CURRENT MEDICATIONS

NRTIs
- ☐ Zidovudine (AZT)
- ☐ Stavudine (D4T)
- ☐ Lamivudine (3TC)
- ☐ Abacavir (ABC)
- ☐ Tenofovir (TDF)
- ☐ Didanosine (ddI)
- ☐ Emtricitabine (FTC)

NNRTIs
- ◯ Nevirapine (NVP)
- ◯ Efavirenz (EFV)

PIs
- ◯ Lopinavir/ritonavir (LPV/r)
- ◯ Indinavir (IDV)
- ◯ Nelfinavir (NFV)

Non-ARVs
- ☐ Septrin
- ☐ Fluconazole
- ☐ Anti-malarials
- ☐ TB medication_____
- ☐ Traditional medicines and herbs
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____

REVIEW OF SYSTEMS

Within the past month, has the patient experienced any of the following symptoms:

CONSTITUTIONAL

Fatigue (tired)	◯ Yes ◯ No
*Fever	◯ Yes ◯ No
*Night sweats	◯ Yes ◯ No
Appetite loss	◯ Yes ◯ No
*Weight loss	◯ Yes ◯ No

GASTROINTESTINAL

Acute diarrhoea	◯ Yes ◯ No
Chronic diarrhoea	◯ Yes ◯ No
Nausea and/or vomiting	◯ Yes ◯ No
Oral lesions	◯ Yes ◯ No
Pain/difficulty swallowing	◯ Yes ◯ No
Abdominal pain	◯ Yes ◯ No

CARDIO-RESPIRATORY

*Productive cough	◯ Yes ◯ No
*Non-productive cough	◯ Yes ◯ No
*Hemoptysis	◯ Yes ◯ No
*Difficulty breathing/SOB	◯ Yes ◯ No
Dizziness	◯ Yes ◯ No
Palpitations	◯ Yes ◯ No
Swelling of legs	◯ Yes ◯ No

NEUROLOGICAL

Daily headache	◯ Yes ◯ No
Memory problems	◯ Yes ◯ No
Visual problems	◯ Yes ◯ No
Confusion	◯ Yes ◯ No

Numbness/pain/burning in legs/feet	◯ Yes ◯ No
Weakness in limbs	◯ Yes ◯ No
Seizures	◯ Yes ◯ No

GENITAL-URINARY

Genital ulcers	◯ Yes ◯ No
Discharge (urethral/vaginal)	◯ Yes ◯ No
Abnormal bleeding	◯ Yes ◯ No
Dysuria	◯ Yes ◯ No
Hematuria	◯ Yes ◯ No

OTHER

Rash	◯ Yes ◯ No
Joint pain/swelling	◯ Yes ◯ No

If yes, describe: _____

** If symptom present, screen for TB using TB Diagnostic Worksheet (where in use)*

PHYSICAL EXAM

Height (cm) ☐☐☐ Weight (kg) ☐☐☐.☐ Wt last visit ☐☐☐.☐

BP ☐☐☐ / ☐☐☐ Temp. C ☐☐.☐ Heart rate/min ☐☐☐ Resp rate ☐☐

	Normal	Abnormal	*Describe any abnormal findings below:*
Skin	◯	◯	
Eyes	◯	◯	
Ears, nose	◯	◯	
Oral	◯	◯	
Lymph nodes	◯	◯	
Heart	◯	◯	
Lungs	◯	◯	
Abdomen	◯	◯	
Urogenital	◯	◯	
Musculoskeletal	◯	◯	
Neurological	◯	◯	

General: ☐ Pallor ☐ Jaundice ☐ Edema

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ADHERENCE During the last 7 days, how many doses did the patient miss? _____ If > 1 dose missed in 7 days, refer for adherence counselling

WHO STAGING *Assess patient for new or recurring events or status which may indicate changing WHO Stage.*

STAGE 1

- ☐ Asymptomatic HIV infection
- ☐ Persistent gen. lymphadenopathy

STAGE 2

- ☐ Weight loss < 10% body weight
- ☐ Recurrent URIs
- ☐ Herpes zoster
- ☐ Sores/cracks around lips
- ☐ Recurrent mouth ulcers
- ☐ Itching rash
- ☐ Itchy, scaly skin condition
- ☐ Fungal nail infections of fingers

STAGE 3

- ☐ Weight loss > 10% body weight
- ☐ Unexpl. chronic diarrhoea (> 1 mo)
- ☐ Unexpl. persistent fever (> 1 mo)
- ☐ Oral candidiasis
- ☐ Oral hairy leukoplakia
- ☐ Pulmonary TB
- ☐ Severe bacterial infections
- ☐ Severe painful oral ulcers
- ☐ Unexplained anaemia (<8 g/dl)

WHO Stage today ◯ 1 ◯ 2 ◯ 3 ◯ 4

STAGE 4

- ☐ HIV Wasting Syndrome (> 10% wt loss and > 1 mo diarrhea and > 1 mo fever)
- ☐ Pneumocystis pneumonia
- ☐ Recurrent severe or radiological bacterial peumonia
- ☐ Chronic herpes simplex (> 1 mo)
- ☐ Oesophageal candidiasis
- ☐ Extrapulmonary TB
- ☐ Kaposi's sarcoma
- ☐ CNS toxoplasmosis
- ☐ HIV encephalopathy
- ☐ Cryptococcal meningitis
- ☐ Other stage 4:_____

Functional status: ◯ Healthy, able to work ◯ Sick, able to work ◯ Sick, unable to work ◯ Bedridden

ASSESSMENT *Opportunistic infections should be ticked above under WHO Staging. Other conditions noted:*

- ☐ Malaria
- ☐ STI, specify:_____
- ☐ *TB suspect *use TB Diagnostic Worksheet*
- ☐ Anaemia
- ☐ Hypertension
- ☐ Diabetes
- ☐ Acute diarrhoea
- ☐ Chronic diarrhoea
- ☐ Fever
- ☐ Respiratory Tract Infection
- ☐ Urinary Tract infection
- ☐ Other_____

ASSESSMENT OF DRUG-RELATED TOXICITIES AND SIDE EFFECTS

- ☐ None
- ☐ Suspected AZT anaemia
- ☐ Peripheral neuropathy
- ☐ NVP rash
- ☐ EFV CNS symptoms (headache, confusion, bad dreams)
- ☐ Pancreatitis
- ☐ Suspected lactic acidosis
- ☐ PI-related diarrhoea
- ☐ Lipodystrophy/lipoatrophy
- ☐ Hepatotoxicity
- ☐ Suspected immune reconstitution
- ☐ Other_____

ASSESSMENT FOR TREATMENT FAILURE Last CD4 count result: ☐

- ☐ No evidence of treatment failure
- ☐ Occurance/reoccurance of new OI or malignancy signifying HIV disease progression (except TB)
- ☐ Latest CD4 at or below baseline CD4
- ☐ CD4 increase < 50 cells/ul after 6 months of therapy
- ☐ CD4 decrease > 50% from peak level on therapy

Clerk initial _____ Staff ID _____ Staff signature _____

PLAN
- ◯ Assess ART Eligibility
- ◯ Continue ART
- ◯ Stop ART
- ◯ Modify ART regimen: ◯ Change single drug ◯ Change entire regimen
- ◯ Restart ART

REASONS FOR CHANGE/STOP

☐ Pregnancy	☐ TB medication	☐ Anaemia	☐ Pancreatitis
☐ Treatment failure	☐ Patient decision	☐ Neuropathy	☐ Lactic acidosis
☐ Migrant patient	☐ Drug interaction	☐ Rash	☐ Other side effect
☐ Poor adherence	☐ Drug unavailable	☐ Hepatitis	

Do at next visit: _____

ARV PRESCRIPTION

FIRST LINE. Circle OD or BD

- ☐ AZT 300 mg BD + 3TC 150 mg BD + NVP 200 mg OD / BD
- ☐ AZT 300 mg BD + 3TC 150 mg BD + EFV 600 mg OD
- ☐ D4T 30 mg BD + 3TC 150 mg BD + NVP 200 mg OD / BD
- ☐ D4T 30 mg BD + 3TC 150 mg BD + EFV 600 mg OD
- ☐ D4T 40 mg BD + 3TC 150 mg BD + NVP 200 mg OD / BD
- ☐ D4T 40 mg BD + 3TC 150 mg BD + EFV 600 mg OD

SECOND LINE. Only in consultation with Medical Officer.

- ☐ TDF 300 mg OD + 3TC 150 mg BD + LPV/r iii BD
- ☐ TDF 300 mg OD + 3TC 150 mg BD + NFV 1250mg BD
- ☐ TDF 300 mg OD + FTC 200 mg OD + LPV/r iii BD
- ☐ TDF 300 mg OD + FTC 200 mg OD + NFV 1250mg BD
- ☐ ABC 300 mg BD + ddI 250 mg OD + LPV/r iii BD
- ☐ Other:_____ + _____ + _____ + _____

PRESCRIPTIONS

- ☐ Septrin prophylaxis 960 mg od ◯ Start ◯ Continue ◯ Stop
- ☐ Septrin treatment_____mg_____X_____days
- ☐ Fluconazole maint. 200 mg od ◯ Start ◯ Continue ◯ Stop
- ☐ Fluconazole treat._____mg_____X_____days
- ☐ Antibiotic_____:_____mg_____X_____days
- ☐ Antifungal_____:_____mg_____X_____days
- ☐ Fansidar_____
- ☐ Coartem_____
- ☐ Other_____
- ☐ Multivit 1 tab od
- ☐ Iron 200mg tds x1mo
- ☐ Folate 5mg od x1mo

TB DRUGS

- ◯ INH/RIF/ETH/PZ____tabs od x___mo
- ☐ Strep ____mg im od x___mo
- ◯ ETH/INH ____tabs od x___mo
- ◯ INH/RIF/ETH/ ____tabs od x___mo

If suspect TB, complete TB Diagnostic Worksheet (where in use)

INVESTIGATIONS

- ☐ None
- ☐ CD4 count
- ☐ Hemoglobin/hematocrit
- ☐ Full blood count
- ☐ ALT/AST
- ☐ Creatinine
- ☐ *Sputum AFB
- ☐ Chest X-ray
- ☐ Pregnancy
- ☐ RPR
- ☐ TLC
- ☐ Amylase/lipase
- ☐ Viral load
- ☐ Other_____

REFERRALS

- ☐ None
- ☐ Family planning
- ☐ Nutritional support
- ☐ Inpatient care (this facility)
- ☐ Inpatient care:_____
- ☐ *TB treatment/DOT program
- ☐ Adherence counseling
- ☐ Treatment preparation
- ☐ Psychosocial support
- ☐ Community health worker
- ☐ Other:_____

Next clinical appointment should be in:
◯ 1 wk ◯ 2 wks ◯ 3 wks ◯ 1 mo ◯ 3 mos ◯ 6 mos ◯ Other:_____

Date of next visit: ☐☐ / ☐☐ / ☐☐ (Day / Month / Year)

Clerk initial _____ Staff ID _____ Staff signature _____