Exposed Infant Clinical Chart



Health Facility: Distr	ict:
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El Number	E	Х	Р					Date Chart O	pened:				TESTING INFORMATION				
Infant Name:				Age			Date o	Entry Point (Clinic/Ward):	Date of	Sex:	Test	Test Date	Feedi Meth	-	Result	Date Result Given to Caregiver
Date of Birth:				(mo)	:		NVP S			CTX Start:			Date	IVIETII	ou		
MOTHER/CAREGIVER FOLLOW-UP INFORMATION							1 st PCR										
Mother's Name:	l Common Name							2 nd PCR									
Telephone No	:				District	t:			Count	/ :		Repeat PCR necessary)	(if				
Sub County:					Village	:			Parish	:		18 Month Rapid Test					
LC1 Zone:		How should outreach workers introduce themselves?							Fina	Final HIV Status: POS NEG							
							LINKAGE TO CARE/TREATMENT										
Directions to caregiver's home address:							D. C I	·									
								Referred to ART Clinic? Y / N Date:									
								Enrolled at	rolled at ART Clinic? Y / N Date:								
								Was the re	ferral presum	ptive?		Y / N					
													FOLLO	OW-UP	SECTIO	ON	
Alternate Con	tact Pe	rson:						Relationship				First	Date:		Meth	nod:	
Telephone No	:							Has this pers disclosed to?				Attempt Outcome:					
MOTHER'S HISTORY						Second	Date:		Metl	hod:							
Place of Delive	ery:						Mode	e of Delivery:				Attempt	Outcome:				
Mother receiv			Yes / No / Unknown Mother's ANC No						Third	Date:		Met	hod:				
Mother's PMT	CT AR	ARVs Antenatal: During labour/delivery: Postnatal:							Attempt	Outcome:							
Infant's PMTC	T ARV	fro	Daily m birth	NVP to 6 wl	ks birtl		ly NVP f gh b/fee		VP _	□ sdNVP +AZT □	No ARVs taken at birth	Discharged Negative Transferred Referred to ART Clinic Died Died Died Died				ansferred 🔲	
Mother in care an ART clinic?	,	res / N	lo A	ART Clir	nic:			Moth	er's AR	· No						ed 🔲	

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		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10
Date of Appointment											
Date of Visit											
Age (months)											
HIV Test (PCR or	antibody test)										
Infant Feeding Co	ode										
Immunization Co	des										
Growth Measures	Height (cm)										
	Weight (kg)										
	MUAC (cm)										
Clinical Assessment for Signs & Symptoms of HIV (use codes)											
Developmental Assessment for Evidence of	Development Milestones (use codes)										
Delay	Head Circumference										
Prophylaxis	Cotrim (Y/N) NVP (Y/N)										
Other medication items (e.g. ITNs, v	ns or basic care										
ACTION(S) TAR indicators are	-										
Infant Feeding Codes: EBF: Exclusive Breastfeeding RF: Replacement Feeding (never breastfeeding) MF: Mixed Feeding (below 6 months) CF: Complimentary Feeding (above 6 months) W: Wean from breastfeeding NLB: No Longer Breastfeeding		onths) DP	Immunization G T-HepB+Hib1 T-HepB+Hib2 T-HepB+Hib3 amin A De-worm	OPV-0 OPV-1 OPV-2 OPV-3 Measles		(Indicate AI no clinical signs an Palpable Lymph Noc SS G: Poor growt C: Coughing ADR: Acute D	des in more than o h (height) PNE RAS	Developmental Assessment Codes (Check for milestones based on infant's age & indicate ALL that apply): SMI: Smiling ROLL: Rolling Over SIT: Sitting CRA: Crawl ST: Stand W: Walk HEAD: Controlling the head TOB: Transferring objects from hand to hand			

EI: Ear Infection

If immunizations have not been done, write "Not Done" and specify which ones

RDR: Recurrent Diarrhea O: Other (specify)

COG: Cognition (point to 3 familiar objects)

Indicate when an expected milestone is missing