

Patient / Guardian Details				Status at ART Initiation						Confirmatory HIV Tests		HTC Serial No		Dates			
Patient Name				WHO clinical conditions							1) ART start		Rapid PCR				
Sex, Birth Date	M	F	DOB								2) Age 12 mths.		Rapid PCR				
Physical Address				Clin Stage	1	2	3	4	P <sub>SHD</sub>	TB Status at Initiation	Never/ >2yrs	Last 2yrs	Curr	3) Age 24 mths.			
Guardian Name					CD4 / TLC						%	KS	N	Y	ART education done		N
Phone	Patient		Guardian	C <sub>D4</sub> /T <sub>LC</sub> Date					Ever taken ARVs	N	Y	TB treatment		Reg. No.	Start Date		
Agrees to FUP	N	Y	Guardian Relation	Height, Wt.	cm	kg		Last ARV			ART Regimens						
				Age at Init.					Date last taken								

Visit Date	Age (Curr.)	Hgt	Wt	Adverse Outcome	Outcome Date	ART Regimen	Side Effects (Current)	TB Status (Curr.)*				Pill Count	Doses Missed	ARVs Given	CPT	Months on ART	Viral Load	Next Appointment
								Suspected No	Confirmed Yes	noRx	Rx							
day month year		cm	kg			Paed. Formulations	Specify 'Other' in Notes	No	Yes	noRx	Rx			No. of tablets	To	No. of tablets	Sample taken	Result
Jan				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Feb				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Mar				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Apr				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
May				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Jun				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Jul				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Aug				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Sep				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Oct				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Nov				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	
Dec				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN Hp Sk Lip Oth	N	Y	C	R <sub>x</sub>			P	G		Bled	

**ART Patient Card**

**Paediatric ARV Formulations**

Version 4

Transfer-In Date

ART Reg no

Year

Blue Card

Visit Date <small>day month year</small>	Age (Curr.)	Hgt <small>cm</small>	Wt <small>kg</small>	Adverse Outcome	Outcome Date	ART Regimen <i>Paed. Formulations</i>	Side Effects (Current) <small>Specify 'Other' in Notes</small>		TB Status (Curr.)*		Pill Count	Doses Missed	ARVs Given No. of tablets To	CPT No. of tablets	Months on ART	Viral Load Sample taken	Result	Next Appointment
							No	Yes	noRx	Rx								
Jan				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN HP SK Lip Oth	N Y C Rx				P G				Bled		
Feb				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN HP SK Lip Oth	N Y C Rx				P G				Bled		
Mar				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN HP SK Lip Oth	N Y C Rx				P G				Bled		
Apr				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN HP SK Lip Oth	N Y C Rx				P G				Bled		
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Dec				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN HP SK Lip Oth	N Y C Rx				P G				Bled		

Extra row for 2-week visit after ART initiation or for any second visit falling in the same month as a previous visit

				D Def Stop TO		1P 2P 3P 4P 9P Oth	No PN HP SK Lip Oth	N Y C Rx				P G				Bled	
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**Notes**

**Ever taken ARVs** Has the patient ever taken any ARVs? (e.g. single dose nevirapine for PMTCT, PEP or triple therapy) If yes, specify drug and approximate date when last taken

**Outcome** (circle only one option, leave blank if patient alive on ART)

- D Died
- Def Defaulted: More than 2 months overdue after expected to have run out of tables, unknown survival and ART status
- Stop Patient stopped taking ARVs (clinician's or patient's own decision)
- TO Transferred to other ART clinic (including 'unofficial' transfers)

**TB Status at Initiation**

Never or >2yrs ago      TB within the last 2 yrs      Current episode of TB

**Side Effects** (circle at least one option)

- No No side effects
- PN Peripheral neuropathy
- HP Hepatitis
- SK Skin rash
- Lip Lipodystrophy
- Oth Other ARV drug side effect

**ARVs Given**

- P ARVs given to patient
- G ARVs given to guardian

**TB Status Current (any form of TB, smear pos or neg)**

- N TB Not suspected
- Y TB Suspected
- C TB Confirmed but not (yet) on TB treatment
- Rx TB Confirmed & currently taking TB treatment

**PSHD** = Presumed Severe HIV Disease

**\* Routine TB Screening Checklist**

- 1) Cough of any duration
- 2) Fever
- 3) Night sweats
- 4) Weight loss / failure to thrive / malnutrition

**Suspect and investigate for TB if any of these signs are seen**