

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 PROBLEMS	Functional	WHO clinical stage	CPT/ Dapsone	Other meds dispensed (including nutritional supplements/ RUTF)	ARV drugs (incl. prophylaxis)		Investigations		Refer or consult or link/provide (including nutritional support and infantfeeding)	Name of attending clinician
			Ht	FP/no FP If FP write method(s)	If TB Rx, start /stop date (mm/yyyy)			Work/ Playing Amb Bed	Adhere # of pills / # of days Dispensed	Adhere/ Why	Regimen/ # of pills / # of days dispensed	CD4 if < 5, record CD4% +/- severe	Hgb, RPR, CXR, TB sputums, Infant Ab/PCR, other	If hospitalized, # of days			
			If child (0-5yrs) record +/- oedema	MUAC If child (<5 yrs) Write age in months	and District TB reg #												
<input type="checkbox"/>			Wt		TB Status					DOSE		ADH	Why	REGIMEN			
			Ht		mm/yy					No. of days							
			Oedema		Reg No.												

**Family planning/pregnancy status if woman is of childbearing age:**  
**P = Pregnant**  
 If pregnant, give estimated due date (EDD), write eMTCT if referred to eMTCT 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 effect or other problems:**  
**N**ausea      **R**ash      **H**eadache  
**D**iarrhoea    **A**naemia      **J**aundice  
**F**atigue      **AB** dominal pain  
**FAT** changes  
**BN** burning/numb/tingling  
**CNS** : dizzy, anxiety, nightmare, depression  
**Other** (specify)

**Codes for Family Planning**  
 1 Condoms  
 2 Oral Contraceptive pills  
 3 Injectable / Implantable hormones eg (depoprovera)  
 4 Diaphragm / Cervical Cap  
 5 Intra uterine device (IUD)  
 6 Vasectomy / tubal ligation / hysterectomy

**Codes for new OI or other problems:**  
**Z**oster  
**P**neumonia  
**D**ementia/**E**nceph  
**T**hrush oral/vaginal  
**COUGH\***  
**FEVER\***  
**DB** difficult breathing  
**W**eight loss\*  
**UD** urethral discharge  
**PID** pelvic inflammatory disease  
**U**lcers mouth or other \_\_\_\_  
**GUD** genital ulcer disease  
**IRIS** Immune reconstitution inflammatory syndrome  
 Symptoms with \* are suggestive of TB  
 Ok  
**Moderate Acute Malnutrition - Green**  
**Severe Acute Malnutrition - Red**  
**Severe Acute Malnutrition with Oedema**  
**Poor Weight Gain/ Poor Appetite**

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