

1. Visit Date (DD/MM/YYYY) 01 / 12 /2005

2. ID A B J - 0 0 2 - 0 0 0 1 1  
State Facility No. Serial Enrollment No.

3. Hospital (Unit) No. 957355

4. Name Smith Theresa  
Surname Other Names

5. Sex  F  M 6. Date of birth (DD/MM/YYYY) 14 / 07 / 1975 7. Age 3 0  
Please complete both date of birth and age if possible

8. Presenting complaint: Cold and Cough

**Medical History**

9. Symptom review:	Y	N	Duration		Y	N	Duration
Fever/chills	<input checked="" type="radio"/>	<input type="radio"/>	<u>1/12</u>	Rash	<input type="radio"/>	<input checked="" type="radio"/>	
Nausea/vomiting	<input type="radio"/>	<input checked="" type="radio"/>		Itching	<input type="radio"/>	<input checked="" type="radio"/>	
Night sweats	<input type="radio"/>	<input checked="" type="radio"/>		Chronic diarrhea	<input checked="" type="radio"/>	<input type="radio"/>	<u>6/52</u>
Recent weight loss	<input type="radio"/>	<input checked="" type="radio"/>		Genital discharge	<input type="radio"/>	<input checked="" type="radio"/>	
Cough	<input type="radio"/>	<input checked="" type="radio"/>		Genital itching	<input type="radio"/>	<input checked="" type="radio"/>	
				Genital sores	<input type="radio"/>	<input checked="" type="radio"/>	
				Headache	<input type="radio"/>	<input checked="" type="radio"/>	
				Shortness of breath	<input type="radio"/>	<input checked="" type="radio"/>	
				New visual imparity	<input type="radio"/>	<input checked="" type="radio"/>	
				Pain/difficulty when swallowing	<input type="radio"/>	<input checked="" type="radio"/>	
				Numbness/tingling	<input type="radio"/>	<input checked="" type="radio"/>	
				Pain (other site)	<input type="radio"/>	<input checked="" type="radio"/>	

10. Additional comments Fever comes and goes

11. Past medical problems: TB and Malaria

12. Family history: TB and HIV/AIDS 13. Hospitalization: Malaria for 1 week

14. Drug allergies: NKDA 15. Have you ever received treatment for an illness by a native doctor/traditional healer?  Y  N

16a. Last menstrual period 15 / 11 / 2005 17. Latest CD4 (if available) 2 1 8 cells/mL  
 16b. Currently pregnant  Y  N  Uncertain Date 23 / 03 / 2005 Method used:  Microscopic  
 16c. Gestational Age \_\_\_\_\_ wks  Automated  
 16d. Expected date of delivery \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

18. Lowest CD4 (if available) 2 1 8 counts/mL Date 23 / 03 /2005  lab records seen  
 19. Latest VL (if available) \_\_\_\_\_ c/ml Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  lab records seen (name of lab)

20. Previous ARV exposure (probe)  None Treatment Months \_\_\_\_\_ (specify)  PMTCT  Treatment 12 AZT / 3TC / EFV  
 21. Current Medications (probe and specify)  None  
 ART AZT / 3TC / EFV  
 TMX/SMX Bactrim  
 Anti-TB meds \_\_\_\_\_  
 Other (specify) MVI  
 Other (specify) \_\_\_\_\_

22. Adherence

a. Participating in an adherence program  Y  N  
 -Missed ARV in the last 3 days:  Y  N  
 -Missed ARV in the last week:  Y  N  
13 Enter code for why patient missed medication

b. Treatment was interrupted (unintentional)  Y  N  
 Date 21 / 10 / 2005 Number of days 40  
 Enter code for why patient interrupted medication

c. Treatment was stopped (intentional)  Y  N  
 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Number of days \_\_\_\_\_  
 Enter code for why patient medication was stopped

Reason codes:	
1 Felt good	9 Toxicity
2 Forgot/slept through	10 Drug interaction
3 Couldn't adhere to schedule	11 Ran out of medication
4 Patient preference	12 Med not available
5 Stigma of HIV/AIDS	13 Not able to Pay
6 Physician instruction	14 Clinical Failure
7 Never went back	15 Immunologic Failure
8 Patient moved	16 Virologic Failure
	17. Other (Specify) _____

**23. Past or current ARV side effects**

None

- Signif. nausea/vomit
- Headache
- Diarrhea
- Pain abdomen or muscle
- Insomnia / bad dreams
- Confusion/dizzy
- Tingling of extremities
- Rash
- Jaundiced
- Steven Johnson syndrome
- Itching
- Anemia
- Weakness/fatigue
- Pancreatitis
- Fat accumulation or loss
- Hyperglycemia
- Kidney problems
- Liver problems
- Other (specify) \_\_\_\_\_

**24. Physical Exam** (note: NSF= no significant findings)

<b>Temp:</b> 38.9 °C	<b>BP</b> / mm/Hg	<b>Pulse</b>	<b>Wt</b> 45 kgs	<b>Ht</b> 1.53 m	
<b>General Appearance</b> <input type="radio"/> NSF <input checked="" type="radio"/> Pallor <input type="radio"/> Febrile <input type="radio"/> Dehydrated <input type="radio"/> Jaundiced <input type="radio"/> Peripheral edema <input type="radio"/> Other (specify) _____	<b>Skin</b> <input checked="" type="radio"/> NSF <input type="radio"/> Pruritic papular dermatitis <input type="radio"/> Abscesses <input type="radio"/> Herpes zoster <input type="radio"/> Kaposi's lesions <input type="radio"/> Suborrheic dermatitis <input checked="" type="radio"/> Fungal infections <input type="radio"/> Other (specify) _____	<b>HEENT</b> <input checked="" type="radio"/> NSF <input type="radio"/> Icterus <input type="radio"/> Thrush <input type="radio"/> Oral KS _____ <input type="radio"/> Abnormal fundoscopy <input type="radio"/> Other (specify) _____	<b>Breasts</b> <input checked="" type="radio"/> NSF <input type="radio"/> Lumps, masses <input type="radio"/> Discharge <input type="radio"/> Other (specify) _____	<b>Cardiovascular</b> <input checked="" type="radio"/> NSF <input type="radio"/> Abnormal heart rate <input type="radio"/> Auscultation finding <input type="radio"/> Other (specify) _____	<b>Genitalia</b> <input checked="" type="radio"/> NSF <input type="radio"/> Genital discharge <input type="radio"/> Genital ulcer/other lesion <input type="radio"/> Inguinal node enlargement <input type="radio"/> Other (specify) _____
<b>Respiratory</b> <input checked="" type="radio"/> NSF rate _____ breaths/min <input type="radio"/> Labored breathing <input type="radio"/> Cyanosis <input type="radio"/> Wheezing <input type="radio"/> Intercostal (sub) recession <input type="radio"/> Auscultation findings <input type="radio"/> Other (specify) _____	<b>Gastrointestinal</b> <input checked="" type="radio"/> NSF <input type="radio"/> Distention <input type="radio"/> Hepatomegaly <input type="radio"/> Splenomegaly <input type="radio"/> Tenderness <input type="radio"/> Other (specify) _____	<b>Neurological</b> <input checked="" type="radio"/> NSF <input type="radio"/> Orientation to TPP <input type="radio"/> Speech slurs <input type="radio"/> Neck stiffness <input type="radio"/> Blindness 1/2 eyes <input type="radio"/> Hemiplegia/paresis <input type="radio"/> Numbness of extremities <input type="radio"/> Other (specify) _____	<b>Mental status</b> <input checked="" type="radio"/> NSF <input type="radio"/> Slow mentation <input type="radio"/> Memory loss <input type="radio"/> Mood swings <input type="radio"/> Depression <input type="radio"/> Anxiety <input type="radio"/> Suicidal ideation <input type="radio"/> Other (specify) _____	<b>Additional and detailed findings:</b> _____ _____	

**25. Assessment**

- Asymptomatic     
  Symptomatic     
  AIDS defining illness/opportunistic infection

**26. WHO staging criteria (History of any of the following)**

- |  |                  |   |                  |
|--|------------------|---|------------------|
| <ul style="list-style-type: none"> <li><input type="radio"/> Asymptomatic</li> <li><input type="radio"/> Persistent generalized lymphadenopathy</li> <li><input type="radio"/> Performance scale: 1 asymptomatic, normal activity</li> </ul>   | } <b>Stage 1</b> | <ul style="list-style-type: none"> <li><input type="radio"/> HIV Wasting syndrome</li> <li><input type="radio"/> PCP</li> <li><input type="radio"/> Toxoplasmosis, CNS</li> <li><input type="radio"/> Cryptosporidiosis with Diarrhea (&gt;1 month)</li> <li><input type="radio"/> Cryptococcosis, Extrapulmonary</li> </ul>  | } <b>Stage 4</b> |
| <ul style="list-style-type: none"> <li><input type="radio"/> Weight loss &lt;10% of body weight</li> <li><input type="radio"/> Minor Mucocutaneous Manifestations</li> <li><input type="radio"/> Herpes Zoster (within last 5 years)</li> <li><input type="radio"/> Recurrent Upper Respiratory Tract Infections</li> <li><input type="radio"/> Performance scale: 2 symptomatic, normal activity</li> </ul>   | } <b>Stage 2</b> | <ul style="list-style-type: none"> <li><input type="radio"/> Cytomegalovirus disease</li> <li><input type="radio"/> Herpes Simplex (mucotaneous &gt;1 month)</li> <li><input type="radio"/> Progressive Multifocal Leukoencephalopathy</li> <li><input type="radio"/> Mycosis, disseminated</li> <li><input type="radio"/> Candidiasis</li> </ul>   |                  |
| <ul style="list-style-type: none"> <li><input type="radio"/> Weight loss &gt;10% of body weight</li> <li><input checked="" type="radio"/> Unexplained Chronic Diarrhea (&gt;1 month)</li> <li><input type="radio"/> Unexplained Prolonged Fever</li> <li><input type="radio"/> Oral Candidiasis</li> <li><input type="radio"/> Oral Hairy Leukoplakia</li> <li><input type="radio"/> TB, Pulmonary (within previous year)</li> <li><input type="radio"/> Severe Bacterial Infections</li> <li><input type="radio"/> Performance scale: 3 bedridden &lt;50% of day in last month</li> </ul> | } <b>Stage 3</b> | <ul style="list-style-type: none"> <li><input type="radio"/> Atypical Mycobacteriosis, disseminated</li> <li><input type="radio"/> Salmonella Septicemia, Non-typhoid</li> <li><input type="radio"/> TB, Extrapulmonary</li> <li><input type="radio"/> Lymphoma</li> <li><input type="radio"/> Kaposi's Sarcoma</li> <li><input type="radio"/> HIV encephalopathy</li> <li><input type="radio"/> Performance scale: 4 bedridden &gt;50% of the day in last month</li> </ul> |                  |

**27. WHO Stage**

**3**

Patient Name:

Theresa Smith

Hospital (Unit) No.

957355

28 a. Plan Lab test for CD4 count

28 b. Plan (specify orders on requisition)

- Lab evaluation CD4
- Screen for tuberculosis
- OI Prophylaxis
- Post Exposure Prophylaxis (PEP)
- Adherence counseling
- OI therapy
- Admission
- Symptomatic treatment/pain control (specify)
- Other referrals (specify)
- Other referrals (specify)

29. Enroll in:  General medical follow-up  ARV therapy  Pending lab results

30. ARV Therapy

- Continue current treatment
- Restart treatment
- Start new treatment
- Ongoing monitoring –ARV Tx not indicated
- Ongoing monitoring –ARV Tx post-poned for clinical reasons
- Change treatment (indicate reason code)
- Stop treatment (indicate reason code)

Reason code selection box

Reason codes:	
1 Felt good	9 Toxicity
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8 Patient moved	16. Virologic Failure
	17. Other (Specify)

31 a. Regimen

- d4T/3TC/NVP } 1st line
- ZDV/3TC/NVP } 1st line
- d4T/3TC/EFV } 1st line
- TDF/ddI/IDV/r } 2nd line
- ABC/ddI/SQV/r } 2nd line
- TDF/ddI/(IDV/r)/(LPV/r) } Salvage
- ABC/ddI/(SQV/r)/(LPV/r) } Salvage
- Enfuvirtide + 2nd availability } Salvage
- MEGA (GIGA) HAART } Salvage

31 b. Drugs in regimen

32. Patient has disclosed status to:

- No one
- Family member
- Spiritual leader
- Friend
- Spouse
- Other

34 a. Patient has received care for HIV/AIDS from:

- None received
- Gov't sponsored pgm
- Mission/faith based
- Self-pay
- USG sponsored program
- This facility

33. HIV status can be discussed with : John Smith (Husband)

(record reported person, if any)

34 b. Specify facility name National Hospital

35. Is patient a member of a support group?  Y  N

36. Additional Notes

Blank lines for additional notes

37. When is the patient's next appointment?

- 1 week
- 2 weeks
- 3 months
- 4 weeks

1/3/2006 DD/MM/YYYY

Clinician's Signature

Handwritten signature

Print Name

Bobby White