

# **Patient Follow-up and Monitoring ARV Therapy**

**Unit 14.2**

**Paediatric Antiretroviral Therapy Workshop  
Institute of Human Virology – Nigeria ACTION Project  
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# Objectives



1. Discuss clinical monitoring including clinical and growth parameters to follow.
2. Discuss how a social history is important for monitoring a child's health

# Monitoring ARV therapy



## Clinical Information

- Gather a detailed past and present history
  - Medical problems (chronic and acute)
  - Illnesses since last visit
  - Other drugs, including herbs
- If you don't ASK, they may not tell you that there are any problems
  - They may think that you will withdraw the potentially life-saving medication if they "complain"
  - Some patients and families may be more likely tell the nurse there is a problem than to tell the doctor

# Clinical monitoring



- Growth parameters
  - Weight
    - \* Accurate weights are important for prescribing medications as all paediatric drugs are at least weight-based
      - If there is a weight discrepancy between this visit and last (any weight loss or too much weight gain), may need to re-check
    - \* Infants, toddlers, and school-age children, in general, should not lose weight between visits
    - \* If malnutrition occurs, weight is lost first

# Clinical monitoring



- Growth parameters
  - Height
    - \* Is used in calculation of some ARVs that have body surface area dosing
    - \* If discrepancy is seen (child “shrunk” or grew too much between visits), recheck height
    - \* Is affected by chronic, but not acute malnutrition

# Clinical monitoring



- Growth parameters
  - Head circumference
    - \* Usually measured in infants and toddlers up to age of 2-3 years
    - \* Method used should be consistent
    - \* Is an indirect measure of brain growth
    - \* Body tries to conserve head circumference and brain during starvation, so lack of head growth is the last thing you'll see in malnutrition

# Nursing role in filling out clinical evaluation forms



- Many of the questions on the patient management and monitoring forms do not have to be asked by a physician
- Some hospitals will prefer to have a physician ask these questions, while others may want to involve the nurse in asking these questions
  - This can greatly aid the physicians when they are evaluating the patient if they do not have to fill out the entire form and ask all the questions
- It is up to the hospital team to determine how to best utilize the nurses in the clinic

# Patient education



- Provide ongoing patient education
  - Patients and families may have new questions regarding HIV in general or medications
  - May be able to help with misconceptions
  - Nutrition counseling
    - Includes infant feeding counseling

# Monitoring ARV therapy



## Social history

- Is it important to ask about social history? Why or why not?
- What questions, if any, would you want to ask?

# Social history



- Sample social history questions
  - School
    - \* Is the child in school?
    - \* Has the child missed school lately?
    - \* How is the child performing in school?
  - Living situation
    - \* Who lives in the home?
    - \* What is the health of others living in the home?
    - \* What is/are their source(s) of income?
    - \* Who helps to give the medication?
  - Finding out the answers to these questions may help in discovering if (and why) the child is not doing very well

# Social history



*Why is it important to ask these questions at each visit?*

- Some of these situations may change over time
  - Unemployment
  - New job
  - New school
  - Child dropped out of school to work or care for a sick family member
  - Extended family now living with them or they are now living with extended family

*How might the above situations affect a child's life and/or health?*

# Social history: multiple caregivers



- Do multiple caregivers help or hurt adherence?
- How can multiple caregivers be an advantage?
- How can multiple caregivers be a disadvantage?

# Social history: multiple caregivers



- Can potentially be an advantage
  - If one forgets, the other may remember
  - If one is unavailable (work or travel) the other can administer
  - In the event of illness in the primary caregiver, another person is used to giving the medications

# Social history: multiple caregivers



- Can potentially be a disadvantage
  - Keep in mind, other caregiver may not know child's status and therefore may not choose to be persistent in giving the medicine if the child puts up a struggle
  - Potential for inaccurate dosing with one of the caregivers, especially if that one does not accompany child to the clinic/pharmacy
  - One may assume that the other has already given the medication, and then the child may not get it (*resistance*)
  - The child may say that the other person gave them the medicine already to avoid getting medicine (*resistance*)
  - The child may take extra doses (*toxicity*)

# Conclusion



- Even after a patient has started on therapy, clinic visits are important in order to monitor progress
- Clinical status (including illnesses since last visit and new medications) should be determined
- Growth parameters are important indicators that need to be evaluated at each visit
- Obtaining a social history is very important to determine if (and why) a patient is having problems
- Nurses can and should ask these questions to help in the care of the patient