



नेपाल सरकार  
स्वास्थ्य मन्त्रालय  
स्वास्थ्य सेवा विभाग

## स्वास्थ्य व्यवस्थापन सूचना प्रणाली

एच.आई.भि. उपचार सेवा रजिष्टर

## HIV TREATMENT CARE REGISTER

स्वास्थ्य संस्थाको नाम:

प्रदेश:

जिल्ला:

नगर/गाउँ पालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

Add guideline pages

## HMIS 7.4: एच.आई.भी. उपचार सेवा रजिस्टर (HIV Treatment Care Register)



## Client's Index

S.N.	Registration Date DD/MM/YY	Name of Client	Client code	Date DD/MM/YY		Sex	Risk Group	During ART Initiation		Current Treatment Status	Page Number	Remarks
				ART Start	Transfer In			Age	Regimen			
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2												
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**HIV TREATMENT CARE REGISTER**

SN	Registration		Name, Caste and Caste Code		Permanent Address		Age/Sex	Marital Status <sup>‡</sup>	Client code	Contact No		Risk Group <sup>§</sup>	Entry point	
	DD	MM	YY	Name		District	Others	Age	U/M/D/W/LT/SP/NA	Mobile	Mobile 2 (supporter)			
Master No		Service No		Caste Code		Municipality, Ward		Sex		SMS Consent		YES	NO	Code

Education Status*	Education Level**	Employment status***	Average Monthly Income (NPR)	Only for Chronic HCV diagnosed case (Viral Load HCV detectable)											
Code	Code	Code	Code	Diagnosed date	Duration of Treatment provided (in Months)						Follow-up HCV RNA Test (Result)		HCV Treatment outcome <sup>¶</sup>		
Code	Code	Code	Code		1	2	3	4	5	6	DD/MM/YY	DD/MM/YY			
				DD/MM/YY											Code
				Regimen	Regimen						Result	Result			

\*Educational Status: 1=Illiterate, 2=Literate  
 \*\*Education level: 1=Primary, 2=Secondary, 3=Higher secondary, 4=Bachelor or above  
 \*\*\*Employment status: 1=Unemployed, 2=Employed  
 ‡Marital status: 1=Unmarried, 2=Married, 3=Divorced, 4=Widow/Widower, 5=Living Together, 6=Separated, 7=Not Applicable  
 ¶HCV Treatment outcome: 1=Cured, 2=Completed, 3=Failure, 4=Lost to Follow-up (>3 months), 5=Not evaluated

**Only For PMTCT Cases**

Mother's ART Start Period				Mother's ART Start date and Regimen		Delivery Status					Baby Prophylaxis																
Before Pregnancy	Antenatal	Labor & Delivery	Postnatal			Delivered			Date of Delivery	Still Birth	Live Birth (Exposed Baby)	Started ARV Prophylaxis	Duration of ARV Prophylaxis given (Weeks)												Name of ARV given	ARV Start Date	
				Child	Yes	No	Yes	No					1	2	3	4	5	6	7	8	9	10	11	12			
				Child 1			DD/MM/YY																				DD/MM/YY
				Child 2			DD/MM/YY																				DD/MM/YY
				Child 3			DD/MM/YY																				DD/MM/YY
				Child 4			DD/MM/YY																				DD/MM/YY
				Child 5			DD/MM/YY																				DD/MM/YY

**Early Infant Diagnosis**

Child	EID Sample Collected for Testing		EID Test Result																				CPT Prophylaxis												
	Yes	No	At Birth				Within 2 months				4 - 9 months				11 - 18 months				Antibody after 18 months				DD	MM	YY										
Child 1			DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N			
Child 2			DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N			
Child 3			DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N			
Child 4			DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N			
Child 5			DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N	DD	MM	YY	P	N			

**HIV Care History**

Date HIV positive		Date of ART Enrollment			WHO stage				Date of Initial CD 4 count			Initial CD4 Count	CPT Start		Date CPT started			TBPT Start		Date TBPT started			TBPT Continuation							
DD	MM	YY	DD	MM	YY	1	2	3	4	DD	MM	YY		Y	N	DD	MM	YY	Y	N	DD	MM	YY	Month	1	2	3	4	5	6
																								Y/N						

TB assessment and test at the time of enrollment in HIV care			
Smear (Sputum)	Culture	Chest x-Ray	Gene Xpert
Result	Result	Result	Result

History of TB			
Type of TB (PBC) TB; (PCD) TB; Extrapulmonary TB (EP TB); PR/MDR TB; Pre-XDR TB; XDR TB	Date of TB treatment started	Regimen	Treatment Outcome <sup>‡</sup>
	DD MM YY		

Transfer In	From (site)	DD	MM	YY	Regimen
Transfer Out	To (site)	DD	MM	YY	Regimen

Chronic Disease			
Disease	Drugs	Disease	Drugs

ART Start date and Regimen			
DD	MM	YY	Regimen

Note:  
 1 = Cured  
 2 = Completed  
 3 = Failure  
 4 = Lost to Follow-up (>3 months)  
 5 = Not evaluated

Treatment Substituted		
Regimen	Reason	
DD MM YY	Regimen	
DD MM YY	Regimen	
DD MM YY	Regimen	

Treatment Switched		
Date	Regimen	Reason
DD MM YY	Regimen	
DD MM YY	Regimen	
DD MM YY	Regimen	

Date of Death			Cause of Death
DD	MM	YY	Code

**CD4 COUNT, FOLLOW-UP, WEIGHT AND HEIGHT (Height only applies for Children)**

Months →	At start	6 months	12 months	18 months	24 months	30 months	36 months	42 months	48 months	54 months	60 months	66 months	72 months
CD4-Date (DD/MM/YY)													
CD4 Count													
Weight (in 'Kg')/Height (in 'cm')													
Date of reporting (Viral Load) (DD/MM/YY)	DD/MM/YY			DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Viral load result													

