



7.5 HIV TREATMENT CARE RECORD

(To be stored in a locked cabinet at the health centre and arranged serially by registration number)

1. Patient Identification Data

| Registration Number | | | | | Treatment Centre (Health Facility) | | | Patient's | | | |
|---------------------|---------|------|----|----|------------------------------------|----------|---------------------|------------|-----------|----------------|--------|
| Master | Service | Date | | | Name | District | Rural-/Municipality | First Name | Last Name | Ethnicity Code | Gender |
| | | DD | MM | YY | | | | | | code | M/F/TG |

| Patient's | | | | | | | | | | | | | |
|-------------|--|---------------|----|----|-----|-------------------|---------------------|------|----------------|-------------------|---------------------|------|----------------|
| Client Code | | Date of Birth | | | Age | Permanent address | | | | Temporary address | | | |
| | | DD | MM | YY | | District | Rural-/Municipality | Ward | Contact number | District | Rural-/Municipality | Ward | Contact number |

| Educational Status* | Education Level** | Employment status*** | Average Monthly Income (NPR) | SMS Consent | | Treatment Supporter's Information (If Applicable) | | | | | |
|---------------------|-------------------|----------------------|------------------------------|-------------|----|---|--|---------|----------------|--|--|
| | | | | Yes | No | Full Name | | Address | Contact number | | |
| Code | Code | Code | | | | | | | | | |

*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

| Confirmed HIV +ve | | | TB assessment and test at the time of enrollment in HIV Care | | | | History of Other Chronic Diseases | | | |
|-------------------|----|-------|--|---------|-------------|------------|-----------------------------------|-------|---------|-------|
| Date | | Place | Smear (Sputum) | Culture | Chest x-Ray | Gene Xpert | Disease | Drugs | Disease | Drugs |
| DD | MM | YY | | | | | | | | |

2. HIV Care History

| Date enrolled in Treatment Care | | | WHO Stage | Date of CD4 Count | | | CD4 Count | Date of CPT Start | | | Date of TBPT Start | | | Date of ART start | | | Regimen |
|---------------------------------|----|----|-----------|-------------------|----|----|-----------|-------------------|----|----|--------------------|----|----|-------------------|----|----|---------|
| DD | MM | YY | | DD | MM | YY | | DD | MM | YY | DD | MM | YY | DD | MM | YY | |

| Entry Point (Services Referring the Patient for treatment care): | HTC | 1 | TB | 2 | Outpatient | 3 | Inpatient | 4 | Paediatric | 5 | PMTCT | 6 | STI | 7 |
|--|------------|---|-----|---|---------------|----|------------------|----|------------------|----|-------|---|-----|---|
| | Private HF | 8 | NGO | 9 | Self referred | 10 | Outreach Service | 11 | Others (Specify) | 12 | | | | |

| Patient Transferred in from another treatment center | Transfer in | | | | Transfer Out | | | | | | | |
|--|-------------|--|------|----|--------------|--|-----------|--|------|----|---------|--|
| | From (Site) | | Date | | Regimen | | To (Site) | | Date | | Regimen | |
| | | | DD | MM | YY | | | | DD | MM | YY | |
| | | | DD | MM | YY | | | | DD | MM | YY | |
| | | | DD | MM | YY | | | | DD | MM | YY | |
| | | | DD | MM | YY | | | | DD | MM | YY | |

3. Personal History (Circle One Choice)

| Risk Group | Description | Code |
|------------|---|------|
| | Female Sex Worker (FSW) | 1 |
| | People Who Injects Drugs (PWIDs) | 2 |
| | Men who have sex with Men (MSM) | 3 |
| | Blood or Organ Recipient | 4 |
| | Clients of Sex Workers | 5 |
| | Migrants | 6 |
| | Spouse / Partner of Migrants | 7 |
| | Male Sex Worker (MSW) | 8 |
| | Transgender (TG) | 9 |
| | Vertical Transmission | 10 |
| | Prison Inmates | 11 |
| | Other (not specified in above category) | 12 |

Marital Status (Circle One Choice)

| Marital Status | Code |
|-----------------|------|
| Unmarried | 1 |
| Married | 2 |
| Divorced | 3 |
| Widow/Widower | 4 |
| Living Together | 5 |
| Separated | 6 |
| Not Applicable | 7 |

4. Family History

| Name of Family Members | Relation | Age | Gender | HIV Status (v/x) | ART (v/x) | Regd. No. |
|------------------------|----------|-----|--------|------------------|-----------|-----------|
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| 5. For PMTCT Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|------------------|-----------|-------------------------------------|-----------|-----------|-----------|---------------------------|-------------|---|------------------|----------------------|------------|-------------------------|----|---|----------------|---|----|---|---|---|---|---|---|---|----|----|----|--|
| Mother's ART Start Period | | | | Mother's ART Start date and Regimen | | | | Delivery Status | | | | Baby Prophylaxis | | | | Name of ARV given | ARV Start Date | | | | | | | | | | | | | |
| Before Pregnancy | Antenatal | Labor & Delivery | Postnatal | | | | | Delivered | | | Date of Delivery | Still Birth | Live Birth | Started ARV Prophylaxis | | | | Duration of ARV Prophylaxis given (Weeks) | | | | | | | | | | | | |
| | | | | | | | | Child | Yes | No | | | | Yes | No | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| | | | | DD | MM | YY | Regimen | Child 1 | | | DD/MM/YY | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Child 2 | | | DD/MM/YY | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Child 3 | | | DD/MM/YY | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Child 4 | | | DD/MM/YY | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Child 5 | | | DD/MM/YY | | | | | | | | | | | | | | | | | | | |
| 6. Clinical and Laboratory Investigations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month → | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wt (in 'Kg')/Ht (in 'cm') | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viral load reporting date (DD/MM/YY) | DD/MM/YY | | | DD/MM/YY | | DD/MM/YY | | DD/MM/YY | | DD/MM/YY | | DD/MM/YY | | | | | | | | | | | | | | | | | | |
| Viral load | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Tuberculosis treatment during HIV care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case Registration | | | | TB Registration | | | | Start Date and TB Regimen | | | | Treatment Outcome | | | | | | | | | | | | | | | | | | |
| Pulmonary Bacteriologically Confirmed (PBC) TB | 1 | PR/MDR TB | 4 | Number | | | | DD | MM | YY | | | | Cured | 1 | Lost to Follow Up | | 4 | | | | | | | | | | | | |
| Pulmonary Clinically Diagnosed (PCD) TB | 2 | Pre-XDR TB | 5 | Date | DD | MM | YY | DD | MM | YY | | | | Completed | 2 | Not Evaluated | | 5 | | | | | | | | | | | | |
| Extrapulmonary TB (EP TB) | 3 | XDR TB | 6 | Name of HF | | | | DD | MM | YY | | | | Failure | 3 | Date | DD | MM | YY | | | | | | | | | | | |
| 8. Antiretroviral Treatment | | | | | | | | | | 9. End of Follow-up | | | | | | | | | | | | | | | | | | | | |
| Started Regimen | Date | | | Substitution | Switch | Stop | Restart | Reason* | New Regimen | Lost to Follow-up (>3M) | 1 | Date of Last Visit | DD | MM | YY | Name of Transferred out Health Facility | | | | | | | | | | | | | | |
| | DD | MM | YY | | | | | | | Transferred out | 2 | Date of Transfer out | DD | MM | YY | Name of HF | | | | | | | | | | | | | | |
| | DD | MM | YY | | | | | | | Death | 3 | Date of Death | DD | MM | YY | | | | | | | | | | | | | | | |
| *Reasons Stopping ARV | | | | | | | | | | *Reasons for Substitute of ARV | | | | | | | | | | | | | | | | | | | | |
| 1=Toxicity side effects, 2=Pregnancy, 3=Treatment failure, 4=Poor adherence, 5=Illness hospitalization, 6=Drug stock out, 7=Patient lack of finance, 8=Patient decision, 9=Planned treatment interruption, 10=others | | | | | | | | | | 1= Toxicity side effects, 2= Pregnancy, 3= Risk of pregnancy, 4= Newly diagnosed TB, 5= New drug available, 6= Drug stock out, 7= Other | | | | | | | | | | | | | | | | | | | | |
| *Reasons for Switching ARV | | | | | | | | | | 1= Clinical treatment failure, 2= Immunological failure, 3= Virological failure | | | | | | | | | | | | | | | | | | | | |
| 1=Toxicity side effects, 2=Pregnancy, 3=Treatment failure, 4=Poor adherence, 5=Illness hospitalization, 6=Drug stock out, 7=Patient lack of finance, 8=Patient decision, 9=Planned treatment interruption, 10=others | | | | | | | | | | Note: SUBSTITUTION within 1st line, SWITCH to 2nd line, STOP, RESTART | | | | | | | | | | | | | | | | | | | | |

10. HIV TREATMENT CARE FOLLOW-UP

| Date of Visit | | | Date Next Visit | | | Weight (Kg) | Height (cm) for Child | WHO Stage | Pregnancy [Y/N] | OI ^o Code Method | Drugs Prescribed for Prophylaxis | ARV Drugs & Dosage Prescribed | Adherence to ART ^y - 100% (A), 80-99% (B), <80% (C) | ARV Side effects - code ^s | Lab Results When Available (CD4, Viral Load) | TB Status [Y/N] | TBPT Status ^z | CPT Status ^z |
|---------------|----|----|-----------------|----|----|-------------|-----------------------|-----------|-----------------|-----------------------------|----------------------------------|-------------------------------|--|--------------------------------------|--|-----------------|--------------------------|-------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| DD | MM | YY | DD | MM | YY | | | | | | | | | | | | | |

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|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
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| DD | MM | YY | DD | MM | YY | | | | | | | | | | | | | |
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|---|---|
| Opportunistic Infections (Enter One or More Codes) | Side Effects (Enter One or More Codes) |
| [¶] Column 11: Opportunistic Infections [1 = Bacterial pneumonia, 2 = Tuberculosis; 3 = Candidiasis; 4 = Diarrhea; 5 = Cryptococcal Meningitis; 6 = Pneumocystis Carinii Pneumonia; 7 = Cytomegalovirus Disease; 8 = Herpes zoster; 9 = Genital Herpes; 10 = Toxoplasmosis; 11 = Other-specify] | [§] Column 15: ARV Side effects: 1=No Side Effects, 2= Skin rashes, 3= Nausea, 4=Vomiting, 5= Diarrhoea,6= Neuropathy, 7= Clinical jaundice, 8= Anemia, 9= Fatigue, 10=Headache, 11=Fever, 12=Hypersensitivity, 13=Depression, 14=Pancreatitis, 16=Lipodystrophy, 17=Drowsiness, 18=Itching, 19=Dizziness, 20=Weight Gain, 21=Insomnia, 22=Dark coloured urine,23=Abdominal pain, 24=Mouth sores, 25=Others |
| [¶] Column 14: Adherence: Check by asking the patient if he/she has missed any doses during last 30 days. Write the Estimated Level of Adherence Taking with Reference to ART Guideline (e.g. 100% = A, 80-99% = B; < 80% = C) | [±] Column 18: TB Preventive Therapy (TBPT) (If TBPT is initiated to ART client upto six months should update the status) [#] Column 19: CPT (If CPT is provided to clients should update the status) |