

**Electronic protocols for ART patient triaging**  
**Supplemental Table I - Patients missed for referral**

Physician Reasons for Recommended Referral	Physician Action	Related screening question included in protocol	Referred if PDA question included	Comments
Adherence	None listed	Y		Answered "no" to adherence problems
Adherence	None listed	Y		Answered "no" to adherence problems
Adherence; Review lab results	None listed	Y		Answered "no" to adherence problems; Need to review labs not recorded in charts
Adherence; Review lab results	Routine blood monitoring	Y		Answered "no" to adherence problems; Need to review labs not recorded in charts
Adherence; Review lab results	Ordered viral load test	Y		Answered "no" to adherence problems; Need to review labs not recorded in charts
Breast mass; Anemia	Referred for mamogram	Y		Answered "no" to changes in abdomen/breast; No specific question about anemia; Answered "no" to other problems, other medical problems and feeling ill
Confusion; Adherence problems	Social referral	Y		Answered "no" to adherence problems; No specific question for confusion
Diabetes; Hyperlactaemia follow-up	Hyperlactaemia follow-up	Y		Need to review labs not recorded in charts; Answered "no" to other problems, other medical problems and feeling ill
Fungal infection in finger	None listed	Y		Answered "no" to rash
Genital discharge	Given treatment for STI	Y		Answered "no" to genital problems
Genital discharge	None listed	Y		Answered "no" to genital problems
Kaposi sarcoma	Referred to oncology	Y		Answered "no" to rash
Patient had problems to discuss with doctor	None listed	Y		Answered "no" to other problems
Patient had problems to discuss with doctor	None listed	Y		Answered "no" to other problems
Patient had problems to discuss with doctor;	None listed	Y		Answered "no" to other problems
Patient had problems to discuss with doctor; Problems at home	Referral to social worker & home affairs	Y		Answered "no" to other problems; Answered "yes" to problems at home
Patient had problems to discuss with doctor; Lipoatrophy; Headaches; Chest pain	Ordered ECG	Y		Answered "no" to other problems; Answered "yes" to sexually active;
PPE	None listed	Y		Answered "no" to rash
Rash	Given topical OTC ointment	Y		Answered "no" to rash
Rash	Changed non-ART treatment	Y		Answered "no" to rash
Rash	Ordered test of liver enzymes	Y		Answered "no" to rash
Rash	Prescribed topical antibiotic	Y		Answered "no" to rash
Rash; Skin lesions on finger leg	None listed	Y		Answered "no" to rash
Review viral load results	None listed	Y		Need to review labs not recorded in charts

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Physician Reasons for Recommended Referral	Physician Action	Related screening question included in protocol	Referred if PDA question included	Comments
Menorrhoea	None listed	N	N	Answered "no" to missed periods
Coughing	Chest Xray, Sputum for culture	N	N	Answered "no" to coughing
Diarrhea;Stomach pain/discomfort;Poor appetite	Ordered lactic acid test	N	N	Answered "no" to stomach pain and diarrhea
Monitoring liver function test	None listed	N	N	Answered "no" to all questions
Monitoring liver function test	None listed	N	N	Answered "no" to other problems, other medical problems and feeling ill
Peripheral Neuropathy	Special tests	N	N	Answered "no" to burning feet
Peripheral Neuropathy	None listed	N	N	Answered "no" to burning feet
Stomach pain/discomfort;	Given antibiotic	N	N	Answered "no" to stomach pain
Unspecified	Special investigations TB	N	N	Answered "no" to all TB related questions, including coughing, night chills, and breathing difficulties
Allergic conjunctivitis	None listed	N	Y	No specific questions about eyes; Answered "yes" to other medical problems
Coughing	None listed	N	Y	Answered "yes" to coughing
Coughing;General body pain	Special investigations for non-TB	N	Y	Answered "yes" to coughing
Peripheral Neuropathy	None listed	N	Y	Answered "yes" to burning feet
Back ache	None listed	N	U	No specific question about back ache; Answered "no" to all questions
Breast pain	None listed	N	U	No specific question about pain; Answered "no" to other problems, other medical problems and feeling ill
Constipation	None listed	N	U	No specific questions about constipation; Answered "no" to other problems, other medical problems and feeling ill
Eye problems	Referred to eye specialist	N	U	No specific question about eyes; Answered "no" to other problems, other medical problems and feeling ill
Insomnia	None listed	N	U	No specific question about insomnia; Answered "no" to all questions
Joint pains	None listed	N	U	No specific question related to joint pain; Answered "no" to other problems, other medical problems and feeling ill
Leg pain	None listed	N	U	No specific question for pain; Answered "no" to other problems, other medical problems and feeling ill
Menorrhagia	Referral to gynecologist	N	U	No specific questions about menorrhagia; Answered "no" to all questions
Mild high cholesterol	Referred to dietician	N	U	No specific question related to high cholesterol; Answered "no" to other problems, other medical problems and feeling ill
Small Hemorrhoids	None listed	N	U	No specific question for hemorrhoids; Answered "no" to other problems, other medical problems and feeling ill
Tiredness	None listed	N	U	No specific question for tiredness; Answered "yes" to sexually active; Answered "no" to all other questions

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Physician Reasons for Recommended Referral	Physician Action	Related screening question included in protocol	Referred if PDA question included	Comments
Unspecified	Referred to eye specialist	N	U	No specific question about eyes; Answered "no" to other problems, other medical problems and feeling ill
Weight loss	None listed	N	U	No specific question related to weight loss; Answered "no" to other problems, other medical problems and feeling ill
Admitted to hospital	Changed diabetes medications			Answered "no" to all questions
Unspecified	Given antibiotic			Answered "no" to all physical complaints
Unclear - "Patient came"	None listed			Answered "yes" to new traditional medicines
Unspecified	Referral (unspecified)			Answered "no" to all physical complaints; Answered "yes" to sexually active
Unspecified	Referral (unspecified)			Answered "no" to all questions
Unspecified	Routine blood monitoring			Answered "yes" to sexually active; Answered "no" to all other questions
Unspecified	Start non-ART medication			Answered "yes" to sexually active; Answered "no" to all other questions
Unspecified	Referral (unspecified)			Answered "no" to all physical complaints; Answered "yes" to sexually active
Unspecified	Referral (unspecified)			Answered "yes" to sexually active; Answered "no" to all other questions

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