

## Patient master record card for antiretroviral therapy

**Figure 2: PATIENT MASTER RECORD CARD FOR ARV:** Unique ARV Number \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Initial Wt (Kg) \_\_\_\_\_ Transfer-In (Y/N) \_\_\_\_\_

Address (physical / PO Box) \_\_\_\_\_

Name of identifiable guardian \_\_\_\_\_ Date and place of positive HIV test \_\_\_\_\_

Date of starting 1<sup>st</sup> line ARV regimen (specify d4t/3TC/NVP formulation) \_\_\_\_\_ Reason for ARV: \_\_\_\_\_

Date of starting alternative 1<sup>st</sup> line ARV regimen (specify) \_\_\_\_\_ Date of starting 2<sup>nd</sup> line ARV regimen (specify) \_\_\_\_\_

Year	Month	Date	Wt Kg	Outcome status					Of those alive			Ambulatory		Work/school		Side effects		No. Pills in Bottle	ARV Given		ARV not given	
				A	D	DF	Stop	TO	Start	Sbs	Switch	Amb	Bed	Yes	No	Y	N		P	G		
	Jan																					
	Feb																					
	Mar																					
	Apr																					
	May																					
	Jun																					
	Jul																					
	Aug																					
	Sep																					
	Oct																					
	Nov																					
	Dec																					

**Specify reason for ARV therapy (Stage III, Stage IV, CD4 < 200, PTB, EPTB, Transfer-in)**

**Outcome status:** A =alive; D=dead; DF=defaulted and not seen for 3 months; Stop=stopped medication; TO=transferred out to another unit

**Of those alive:** Start=alive and on first line regimen; Sbs=alive and substituted to alternative first line regimen;

Switch=alive and switched to a second line regimen because of failure of first line regimen

**Ambulatory:** Amb=able to walk to/at treatment unit and walks at home unaided; Bed=most of time in bed at home

**Work/school:** Yes=engaged in previous work / employment or at school; No=not engaged in previous work /employment or not at school

**Side effects:** If Yes, specify – YES-PN= peripheral neuropathy; YES-HP=hepatitis; YES-SK=skin rash

**No.Pills in bottle:** if patient comes at 4 weeks count number of pills in bottle (8 pills or less = 95% adherent)

**ARV given / not given:** tick whether ARV therapy given in the appropriate column **P** = patient, **G** = Guardian; if no ARV, then indicate why