

Clinical Encounter Record: Oral Pre-Exposure Prophylaxis (PrEP)

Name of facility: _____ Delivery Point: _____ Tier: _____ MFL code: _____
 County: _____ Sub county: _____ Ward: _____

A. Client Profile

Unique client record number: _____ / _____ / _____ Initial visit date: dd / mm / yyyy

Name: First _____ Middle _____ Last _____ Telephone no: _____

Alien/National ID/passport/Birth Cert No: _____ NHIF No: _____ County of Birth _____

Sex: Male Female Date of birth: dd / mm / yyyy Age (years): _____ If age <19, attends school: Yes No
 Marital status (select one): Never married Cohabiting Married monogamous Married polygamous Separated/divorced Widowed
 Population Type: Gen Population Discordant couple Key Population (Specify) _____ MSM MSW FSW PWID

B. Entry Point & Transfer Status

Referred from (select one):
 HBTC VCT site OPD MCH TB clinic IPD CCC
 Peer Outreach Self-referral Community Other: _____

If transferred in:
 PrEP start date: dd / mm / yyyy Regimen: TDF-FTC TDF TDF-3TC
 Facility transferred from: _____ MFL code: _____ County: _____

C. Baseline Assessment

Behaviour risk assessment

Mark all that apply:

- Sex partner(s) is HIV+ and (mark all that apply):
 - Not on ART
 - On ART <6 months
 - Suspected poor adherence to ART
 - Detectable HIV viral load
 - Couple is trying to conceive
- Sex partner(s) high risk & HIV status is unknown
- Has sex with >1 partner
- Ongoing IPV/GBV
- Transactional sex
- Recent STI (past 6 months)
- Recurrent use of post-exposure prophylaxis (PEP)
- Recurrent sex under influence of alcohol/recreational drugs
- Inconsistent or no condom use
- Injection drug use with shared needles and/or syringes

(If yes to any) →

Complete section if sex partner is HIV+

HIV+ partner CCC number: _____ / _____
 or NA (not enrolled at a CCC)
 or CCC number/enrollment status unknown

HIV+ partner ART start date: dd / mm / yyyy
 or not on ART at initial visit

Time known to be HIV-serodiscordant: _____ years + _____ months

Sex without a condom with HIV+ partner in past 30 days: Yes No

Number of living children with HIV+ partner: _____

Medical assessment & fertility intentions

Blood pressure (mm Hg): _____ / _____ Temperature: _____ °C
 Weight (kg): _____ Height (cm): _____
 Signs/symptoms of STI: Yes; Use codes provided: _____ No

Male only:
 Circumcised: Yes No Unknown

Female only:
 LMP: dd / mm / yyyy
 Pregnant: Yes No
 If pregnant: Planned Unplanned
 Breastfeeding: Yes No
 On family planning: Yes No FP methods: _____
 Plan to have children (select one):
 Trying to conceive Future No Don't know

Chronic illnesses & comorbidities	Treatment
Liver disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kidney disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Other description	
2. Other description	

Clinical notes:

D. PrEP initiation

Lab results (Investigations should not delay PrEP initiation. To be recorded when available.)

Test	Result	Additional steps
Hepatitis B (HBsAg)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done	If negative, vaccine series initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date sample collected: dd / mm / yyyy
Hepatitis C	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done	Date sample collected: dd / mm / yyyy
Serum creatinine	_____ (µmol/L) or <input type="checkbox"/> Not done	If done, CrCl (mL/min): _____ If creatinine is out of range, or CrCl <50 mL/min, refer for further assessment.

Previous PrEP use: Yes No Condom Issued: Yes No
 Willing to start PrEP: Yes No Adherence Counseling Done: Yes No
 If not willing, reason (mark all that apply): None Side effects (ADR) Stigma Pill burden Taking pills for a long time Too many HIV tests

Signs/symptoms of acute HIV: Yes No
 Medically ineligible to start PrEP: Yes No
 Contraindications for TDF-FTC /TDF-3TC/TDF: Yes No

Eligible for PrEP → Prescribed PrEP at initial visit: Yes No
 Regimen: TDF-FTC TDF TDF-3TC
 # of months: _____
 Date of initiation: dd / mm / yyyy

Next appointment date: dd / mm / yyyy

Clinician initials: _____

I. Monthly refill form

To be filled each month when the client is coming for a refill only in the months appearing under date of refill column else fill the follow up visit

Unique client record number: _____ / _____ / _____

Name of client: _____

Date of Refill	Behaviour risk assessment (Yes/No)	Adherence counselling (Yes/ No)	Continue /Discontinue PrEP (indicate appropriately)	Next appointment date	Remarks
Month 2				dd/mm/yyyy	
4				dd/mm/yyyy	
6				dd/mm/yyyy	
7				dd/mm/yyyy	
8				dd/mm/yyyy	
10				dd/mm/yyyy	
11				dd/mm/yyyy	
13				dd/mm/yyyy	
14				dd/mm/yyyy	
16				dd/mm/yyyy	
17				dd/mm/yyyy	
19				dd/mm/yyyy	
20				dd/mm/yyyy	
22				dd/mm/yyyy	
23				dd/mm/yyyy	
25				dd/mm/yyyy	
26				dd/mm/yyyy	
28				dd/mm/yyyy	
29				dd/mm/yyyy	
31				dd/mm/yyyy	
32				dd/mm/yyyy	
34				dd/mm/yyyy	
36				dd/mm/yyyy	
37				dd/mm/yyyy	
38				dd/mm/yyyy	
40				dd/mm/yyyy	
41				dd/mm/yyyy	
43				dd/mm/yyyy	
44				dd/mm/yyyy	
46				dd/mm/yyyy	
47				dd/mm/yyyy	
49				dd/mm/yyyy	
50				dd/mm/yyyy	
52				dd/mm/yyyy	
53				dd/mm/yyyy	
55				dd/mm/yyyy	
56				dd/mm/yyyy	

Follow Up Visit

Unique client record number: _____ / _____ / _____ Name of client: _____

Visit date: *dd / mm / yyyy*

Visit type: scheduled **unscheduled**

E. Medical assessment & fertility intentions

Clinical notes

Summary of findings

Blood pressure _____ / _____ mm Hg
 Weight _____ kg Temperature _____ °C
 Signs/symptoms of STI(s) yes no If yes Use codes provided _____
 Signs/symptoms of acute HIV yes no
 If male, circumcised since last visit yes no na (already circumcised)

Possible adverse drug reaction none

1 *Description* _____
 mild moderate severe life threatening not graded
 Action (mark all that apply) stop switched regimen Other _____

2 *Description* _____
 mild moderate severe life threatening not graded
 Action (mark all that apply) stop switched regimen Other _____

Chronic illnesses & comorbidities	Treatment
Liver disease <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kidney disease <input type="checkbox"/> Yes <input type="checkbox"/> No	

1 *Other description* _____
 2 *Other description* _____

Plan to have children

If female LMP: _____ Pregnant trying to conceive future no don't know client/partner is pregnant
 Breastfeeding yes no
 On family planning yes no
 If ended pregnancy since last visit _____ or methods (Indicate the code): _____

Outcome date *dd / mm / yyyy*
 Outcome term live preterm live induced abortion loss
 Birth defect(s) yes no don't know

F. Behaviour risk assessment

Mark all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Sex partner(s) is HIV+ and:
<input type="checkbox"/> not on ART
<input type="checkbox"/> <6 months ART use
<input type="checkbox"/> poor adherence to ART
<input type="checkbox"/> detectable HIV viral load
<input type="checkbox"/> couple is trying to conceive | <input type="checkbox"/> Sex partner(s) at high risk for HIV & HIV status unknown
<input type="checkbox"/> Has sex with >1 partner
<input type="checkbox"/> Ongoing IPV/GBV
<input type="checkbox"/> Transactional sex
<input type="checkbox"/> Recent STI | <input type="checkbox"/> Recurrent use of PEP
<input type="checkbox"/> Recurrent sex under influence of alcohol/recreational drugs
<input type="checkbox"/> Inconsistent or no condom use
<input type="checkbox"/> IDU with shared needles/syringes |
|--|--|--|

G. Follow up laboratory investigations

HIV test	<input type="checkbox"/> Positive <input type="checkbox"/> negative <input type="checkbox"/> not done	If positive, collect sample for drug resistance. Client linked to care <input type="checkbox"/> Yes <input type="checkbox"/> No
Serum creatinine (as per guidelines)	_____ μmol/L or <input type="checkbox"/> not done	If creatinine is out of range, or CrCl <50 mL/min, refer for further assessment
If creatinine done, CrCl ≥50 mL/min	<input type="checkbox"/> yes <input type="checkbox"/> no	
Other (write in test, results & units [if applicable])	1 _____ 2 _____	

H. PrEP

Self-assessment of adherence since last visit Good Fair Bad n/a (did not pick up PrEP at last visit)
 If Fair/ bad, reason(s) (mark all that apply) forgot lost/out of pills separated from HIV+ partner no perceived risk side effects sick
 stigma pill burden shared with others none other _____

Adherence Counseling done yes no **Condoms issued:** yes no

PrEP status continue restart discontinue

Prescribed PrEP today yes no
 TDF-FTC TDF TDF-3TC number of months _____

If yes, regimen and duration _____
 If discontinued, reason(s) (mark all that apply) HIV test is positive low risk of HIV renal dysfunction client request not adherent to PrEP
 viral suppression of HIV+ partner too many HIV tests other _____

Adherence

Clinician initials:

Adherence

Good: missed 0-3 doses in past 1 month
 Fair: missed 4-5 doses in past 1 month
 Bad: missed 6-7 doses in past 1 month

Creatinine clearance

$$\text{GFR (adult males)} = \frac{(140 - \text{Age}) \times 1.23}{\text{serum creatinine (in micromol/L)}}$$

$$\text{GFR (adult females)} = \frac{(140 - \text{Age}) \times 1.23}{\text{serum creatinine (in micromol/L)}} \times 0.85$$

FP Methods:

C = Condoms
 TL = Tubal ligation/female sterilization
 FA = Fertility awareness method/periodic abstinence
 D = Diaphragm/cervical cap
 LAM = Lactational Amenorrhea Method
 IUD = Intra uterine device
 IMP = Implant
 INJ = Injectable
 OC = oral contraceptive pills
 ECP = Emergency contraceptive pills dispensed
 V = Vasectomy (partner's)

STI Diagnosis:

Genital Ulcer Disease (GUD),
 Vaginitis and/or Vaginal Discharge (VG),
 Cervicitis and/or Cervical Discharge (CD),
 Pelvic Inflammatory Disease (PID),
 Urethral Discharge (UD),
 Anal Discharge (AD),
 Others (O)