PMTCT Antenatal Care Encounter Form v0.08

Date: / /

Name:

Indicate patients phone number if it changed since last visit :

AMRS I.D : | | | | | | | | | | — | |

Unique patient ID(GOK):

AMPATH I.D:

TB registration ID:

Patient covered by NHIF? □Yes □No

1.Site / Satellite Clinic (Required): **Module# (If applicable) :** □ **1** □ **2** □ **3** □ **4**

2.Transfer in care from other center: □ AMPATH (specify):

3a. Discordant couple? □Yes □ No □ Unknown

3b. Marital status □ Married Polygamous □ Married Monogamous □ Single □ Divorced □ Separated □ Widowed □ Cohabiting

4. Does the patient have any interval complaints? □ Yes □ No

5. **Since last visit have you had any of the following?** *(tick all that apply)* □ None □ Cough ≥ 2 weeks
□ New exposure to household contact with TB □ Fever for ≥ 2 weeks □ Noticeable Weight loss □ Chest pain □ breathlessness
□ Night sweats ≥ 2 weeks Swelling: □ Neck □ Armpit □ Abdomen □ Joints □ Groin
If any of the above is present, indicate the diagnostic action to be taken in questions 15,17I and 20

6a. Has patient been Hospitalized since last visit? □ Yes □ No **6b.** If yes, Diagnosis:

7. Danger signs

Danger signs this visit? □ Yes □ No **(if yes tick all that apply and then refer to maternity)**
□Decreased fetal movement □Vaginal Bleeding □Headache □Visual changes □Leakage of fluid □Lower abdominal pain □Epigastric pain

8. Obstetric history

Enter number of:
8a. Total pregnancies (gravida) _____
8b. Total births (para)_____
8c. Currently living_____(if none-> mark 0)

8d.LMP _____/_____/_____
DD MM YYYY
8e.□ Unknown
□ Ultra Sound based EDD

8f.EDD_____/_____/_____
DD MM YYYY

8g. Gestational age in weeks _____
NOTE
CD4> 350 start ≥12wks
CD4<350 start ARVs as soon as possible

9. Current Medications

9a. ARVs: □ Yes □No **9b.** Has this patient ever changed drug for any reason? □ Yes □No
9c. If started since last visit record the date _____/_____/_____
9d. Treatment categories : □ First Regimen □ Second Regimen (following viral failure) □ Third (Salvage) Regimen
(check any that the patient has taken during this pregnancy)

9e ARV durgs: □NVP200/ZDV300/3TC/150 □TDF300mg/3TC300mg/EFV600mg □ NVP200/D4T30/3TC150 □ 3TC150mg/ZDV300mg	□3TC300mg/TDF300mg □ 3TC150mg/D4T30mg □ Efavirenz600mg □ Nevirapine200mg	□ Abacavir300mg □ Lamivudine150mg □ Zidovudine 300mg □Aluvia**(kaletra)** 200mgLPV/50mgRIT	□ Raltergravir400mg □Truvada**(Emtri200mg/TDF300)** □ Atazanavir/Ritonavir (Atazanavir300/ritonavir100) □Other:_____

9f. ANC medications/treatments: □ None □Antenatal Vitamin □Iron □Folic acid □IPT(fansidar) □Praziquantel
□ Deworming(albendazole/mebendazole) □TT □ITN

9g. PCP Prophylaxis: □ None □ Septrin □ Dapsone100mg

9h. TB Prophylaxis: □ None □ Isoniazid 300mg

9i. TB Treatment : □ None □On treatment **(Start Date of TB treatment**___/____/_____)
9j. Site of TB meds pick-up: □ This AMPATH site □ Other (specify) _____

9k* □ Rifafour(RHZE) __tabs/day □ 3-FDC(RHE)__ tabs/day □ Rifater(RHZ)___tabs/day □ Rifinah(RH) __tabs/day	□ Streptomycin____mg □ Ethambutol _____mg/day □ Rifabutin___tabs □ Pyrazinamide _____mg	□ Ethizide (EH) ___mg □ Rifampicin____mg □ INH_____mg □ MDR TB Drugs	□ Completed (Completed Date:____/____/_____) □Other:_____

9l. Cryptococcus Tx: □ None □ Fluconazole 200mg

9m. Other Drugs:

10. Adherence: During the last seven days how many of his/her pills did the patient take						
□ ARVS:	□ None	□ Few	□ Half	□ Most	□ All	Drug(s) missed:
□ PCP Prophylaxis :	□ None	□ Few	□ Half	□ Most	□ All	Drug(s) missed:
□TB Prophylaxis :	□ None	□ Few	□ Half	□ Most	□ All	Drug(s) missed:
□TB Treatment:	□ None	□ Few	□ Half	□ Most	□ All	Drug(s) missed:

11a.Side-effects/Toxicity: Any side-effects attributable to any drug that the patient is currently taking? □ Yes □ No

11b.If Yes, drug(s) :_____

11c.If yes, tick all that apply: □ Rash □ Anemia □ Lipo-dystrophy □ Hepatitis □ Neuropathy □ IRIS □ Steven-Johnson syndrome □ Lactic Acidosis □ Diarrhea □ Persistent Vomiting □ Other (specify):_____

11d.Severity of the reaction: □ Mild □ Moderate □ Severe □ Unknown

11e.Cause of the reaction/Toxicity:□ Certain □ Probable/Likely □ Possible □ Unlikely □ Conditional/Unclassified □ Unassessable/Unclassified

12. Physical Exam:

12a. BP____/____ Pulse_____rate/min Temp[C]_____ Wt_____kg SaO_2_____

(If greater than 140/90 -> check urinalysis and rule out preeclampsia)

12b.Edema □ Yes □ No

12c.Fundal height in cm___ (if greater than 2 weeks different from dates then refer for Ultrasound)

12d. Fetal presentation □ cephalic □ breech □ transverse □ unknown Fetal Heart Tone_

13. Do you have any of the following?	Genital ulcers □ Yes □ No	Urethral Discharge □ Yes □ No	Vaginal Discharge □ Yes □ No

14. WHO Stage: □ 1 □ 2 □3 □4 Criteria: New Stage? □ Yes □ No

15. Test Results: (Please record date test was drawn, rather than date test was run)

Test	**Result**	**Test Date**		**Test**	**Result**	**Test Date**
WBC/mm3				**VDRL**		
Hgb g/dL				**CD4**		
MCV				**CD4%**		
Platelets/ mm3				**Viral load**		
ALC/ mm3				**Blood group(RH)**		
SGPT(ALT)				**Sputum AFB Smear**		
Creatinine mmol/L				**Urinalysis**		

CXR Test Date: ___/____/_____ **code**: 0 = normal 1=Pl Effusion 2=Infiltrate 3=Miliary 4= Diffuse abn/non-miliary 5=Cavitary 6= Cardiomegaly 7=Other abnormality

Other Test	**Result**	**Test Date**		**Other Test**	**Result**	**Test Date**

16. Problem* (* *Tick "Add" to add a problem to summary sheet. Tick "Remove" to delete problem from summary sheet)*		**Add**	**Ongoing**	**Remove**
1.		□	□	□
2.		□	□	□

17. Plan:

17a.ARVs: □ None □ Start ARVs □ Continue Regimen □ Restart □ Change Dose □ Drug Substitution □ Change Regimen □ Change Formulation □ Stop All

(If start or change, tick new regimen on question 15e)

17b.Reason to start ARVs: □ Discordant Couple □ CD4<350 □WHO Stage 3 □WHO Stage 4

17c.Reason for stopping/change/substitution □ Toxicity_____

□ Adherence concerns □ Due to new TB □ Other: __

17d.Eligible for ARVs but not started: □ Patient Refused □ Adherence Concerns □Other

17e.Treatment categories : □ First Regimen □ Second Regimen (following viral failure) □ Third (Salvage) Regimen

17f □ NVP200/ZDV300/3TC/150	□ 3TC300mg/TDF300mg	□ Abacavir300mg	□ Raltergravir400mg
□TDF300mg/3TC300mg/EFV600mg	□ 3TC150mg/D4T30mg	□ Lamivudine150mg	□Truvada(Emtri200mg/TDF300)
□ NVP200/D4T30/3TC150	□ Efavirenz600mg	□ Zidovudine 300mg	□ Atazanavir/Ritonavir (Atazanavir300/ritonavir100)
□ 3TC150mg/ZDV300mg	□ Nevirapine200mg	□Aluvia(kaletra) 200mgLPV/50mgRIT	□Other:_____

17g.ANC medications/treatments: □ None □Antenatal Vitamin □Iron □Folic acid □IPT(fansidar) □ Praziquantel □ Deworming(albendazole/mebendazole) □ TT □ITN

17h. PCP Prophylaxis: □ None □ Start □ Continue Regimen □ Change Regimen □ Stop	**17i.New Drugs:** □ Septrin □ Dapsone100mg
17j.Reason for stop: □ Toxicity : _____	□ Other:
17k. TB Prophylaxis: □ None □ Start Isoniazid □ Continue Isoniazid □ Stop Isoniazid	
17l.Reason for stop: □ Completed □ Active TB □Toxicity □ Other	
17m.TB Treatment : □None □Start Induction □Change to Continuation □Continue Regimen □Drug substitution □Re-dose □ Stop	
17n.Reason for start :□ New treatment(1st line) □ Defaulted->restart 1st line □ Regimen failure->start Retreatment MDR TB regimen □ Relapse/re-infection->Retreatment	
17o. Reason for stop/change/re-dose: □ Completed □ Toxicity _____ □ Other	

17p. □ Rifafour (RHZE) _tabs/day □ 3-FDC (RHE)_ _tabs/day □ Rifater (RHZ)_ _tabs/day □ Rifinah (RH) tabs/day	□ Streptomycin__mg □ Ethambutol __mg/day □ Rifabutin _tabs	□ Pyrazinamide __mg □ Ethizide (EH) _mg □ Rifampicin ___mg	□ INH___mg □ MDR TB Drugs □ Other (specify):

17q. Cryptococcus Tx: □ None □ Start Fluconazole □ Continue Fluconazole □ Stop Fluconazole

18. Additional drugs started this visit:	**Dose**	**Freq & Duration**	**Additional drugs started this visit:**	**Dose**	**Freq & Duration**
1.			**3.**		
2.			**4.**		

19.Birth plan

19a. Do you know when the baby is due? □ Yes □ No **19b.** Where do you plan to deliver? □Home □Hospital **19c**. Who will be your birth companion?_____ **19d**. Funds saved for delivery? □ Yes □ No	**19e.** What is your infant feeding plan? □ Exclusive breast □ Mixed feeding □Formula □Undecided

20. Tests Ordered:

□ None □ Full Haemogram □ Hgb □ SGPT □ CD4 Panel □ Viral Load □ Creatinine □ CXR
Sputum : □ AFB Smear □ TB Culture □ Gene Xpert
□ Radiology test (Specify): □ Other

21. What referrals will be made for the patient? □ None □ Social Work Service □ Psychosocial Support
□ Disclosure counseling □ Family Planning services □ TB treatment/DOT program □ Diabetes □ Nutritional support
□ Adherence Counseling □ Alcohol counseling/ support groups □ Mental Health Services □ Cardiology
□ Other referral (specify):

Notes:

22. Hospitalization: □ MTRH □ Local Health Centre/Hospital □ Other: _____
Reason for Admission: _____
23.Transfer care to other centre: □AMPATH : □non-AMPATH :

24.Return to Clinic: Week/ _ Month/s **Return to clinic date** _____/_____/_____ *(Fill every visit even if admitted)*

Nurse:	**P#:**	**Medical Officer:**	**P#:**
Clinical Officer:	**P#:**	**Consultant Physician:**	**P#:**