

account. encounter - datetime

MASAKA HEALTHCARE CENTRE: INITIAL PEDIATRIC VISIT FORM v01032010

Encontuer 1713 DATE ENROLLED INTO CARE 1623

DISTRICT:  Masaka SITE:  Masaka Regional Referral hospital COHORT (FOR ART)...../...../..... 1622

PATIENT DEMOGRAPHICS

Patient Name patient, given-name, middle-name family-name Patient I.D.: 1622  
Sex:  Female  Male Age 1748 Date of Birth patient - birthdate (dd/mm/yyyy)

Address: District: 1371 Sub county 1372 Parish 1373 LCI 1720

Phone contact: 1403 (Whose) 1431

Educational level:  None  Primary  Secondary  Tertiary

Occupation:  Not applicable  Student  Other 1389 (specify) 1426 1427

Care Entry point:  CBO  Inpatient  Outpatient  T.B unit  PMTCT  Self referral  Private  Other... (specify) 1424 1362 1429

CARE GIVER

Name of Care Giver: 1404  
Address: District: 1405 Sub county 1406 Parish 1407 LCI 1747 Phone No. 1409

Relation to patient:  sibling  Family Member  Grandparent  Mother  Father  Friend  Other 1413

Tested for HIV  Yes  No if yes  Antibody  PCR (if <18 months) 1624

Date of confirmed Positive Test 1577 1626 1625 (d/m/y) Where 1486

Probable mode of transmission (tick all applicable):  MTCT  Breastfeeding  Heterosexual  Blood transfusion  other (Specify) 1499 1491 1498 1492 1063 1362

Number of people in the household 1416

Number of children in household who are Negative 1736 Positive 1735 Unknown 1737

Names of family members in care	age	I.D number	Relation to client
<u>2436</u>	<u>1107</u>	<u>1744</u>	<u>2439</u>
			- 1483, - 971
			- 1751, - 1362
			- 5618, - 1752
			- 1750
			- 970

Disclosure:  None  Friend  Relative  Child  other 1746 (specify) 1742

Counselled:  Yes  No 2275

HISTORY

Prior ART:  None  Transfer in with records  Earlier ARV not transfer in  PMTCT 1490

If transfer in / earlier ART, treatment received  D4T+3TC+NVP  D4T+3TC+EFV  AZT+3TC+NVP  AZT+3TC+EFV  TDF+3TC+NVP  TDF+3TC+EFV  TDF+3TC+AZT  AZT+DDI+LPV/r  AZT+3TC+LPV/r  TDF+ETC+LPV/r  ABC+3TC+LPV/r  TDF+ABC+LPV/r  AZT+3TC+DDI+LPV/r  ABC+DDI+LPV/r  AZT+DDI+NVP  TDF+FTC+DDI+LPV/r  Other 1746

DATE ART WAS STARTED 1539

VITALS SIGNS : Wt 5.089 (kg) Ht 5090 (cm) Temp 5088 (°C) MUAC 1343 (cm) Head Circumference 5314 (cm)

MEDICAL HISTORY

Drug Allergy: Sulpha drugs:  Yes  No 6012 Penicillin:  Yes  No 6011 Other:  Yes  No 1083

Alcohol Use:  Yes  No 1534 Smoking:  Yes  No 1533 Current herbal drug Use:  Yes  No

Previous medical conditions 1507 1506 6033 175 1362 1508

Previous Hospitalization: 1694 Yes  No  Number of hospitalizations: 1695

Complaints  Feeling well 1468  Having symptoms 1538  
How long have you(the child) been feeling unwell:  days  weeks  months  years  unknown 1537 1469 1072 1073 1074 1470 1067

**NEW PROBLEMS/OIs** — 1729 42 5945 832 1294 620 512 2004

None  Joint Pain  Genital Sores  PTB  Fever  Weight Loss  CCM  Headache  Rash  Genital Ulcers  
 Palpitation  STI  Oral Ulcers  Regressed Milestones  PPE  Visual Impairment  Dysuria  Pneumonia  
 Chest Pain  Paralysis  Dysphagia  Peripheral Neuropathy  Conjunctivitis Allergic  Cough  Oral Candidiasis  
 Pruritis  Toxoplasmosis  Vaginal Candidiasis  Kaposi Sarcoma  Otitis Media  UTI  PID  Neurological Disorders  
 Abdominal Pain  Diarrhea  RTI  Flu  Epigastric Pain  Back Pain  Vomiting  Haemoptysis  Herpes Zoster  
 Oral Thrush  Other: IC 997 2040 2200 456 5980 1513 836

**PHYSICAL EXAMINATION: NOTES:**

**LABORATORY REQUEST:**  None  CD4  HB  RFTS  CBC  LFTS  Sputum  CXR  Other.....

**WHO STAGE:**  1  2  3  4 **Diagnosis:** 2302

**FUNCTIONAL STATUS:**  Working  Ambulatory  Bedridden **New Problem** 1733 2320 2321 2322

**KARNOFSKY SCORE (KPS)** See codes: Q 100 Q 90 Q 80 Q 70 Q 60 Q 50 Q 40 Q 30 Q 20 Q 10 Q 0  
**KPS Codes:** 10 Moribund 20 Very Sick, requires active supportive treatment, 30 Severely disabled 40 Disabled requires special assistance 50 Requires considerable assistance 60 Requires occasional assistance, cares for most needs 70 Able to care for self but unable to do normal activities 80 Normal Activity with some Effort 90 Able to perform normal activity with only minor symptoms, 100 Normal, no evidence of disease. 2323

**TREATMENT:** 1515 2160 1518 1512

**TB Status:**  No Signs  Suspected  Diagnosed  On Treatment  Completed Treatment 2151 1519

**TB Treatment:**  None  Start Rx  Continue Rx  Re-Treatment  Stop Rx **Stop Reason**  Completed  Toxicity

**TB Drugs:**  EH  RH  RHZE  SRHZE  Other..... 1588 1590 1756 1587

**ARVs:**  Not eligible  eligible, not ready to start  Start  switch to 2nd line  Stop  substitute  Restart  continue

**Reason for starting/eligibility criteria:**  PMTCT  TLC  CD4  Transfer in on ART  Clinical 1595 1597 1539 1598

**Reason for not starting when eligible:** 1596 1597

**Reason for switch / stop / substitute:** 1598 1362

Toxicity/ side effects  pregnancy  treatment failure  poor adherence  illness/ hospitalization  drugs out of stock  
 other patient decision  planned treatment interruption  new TB treatment  new drug available  lack of patient finances  other..... 1357 1573 1574 1575 1357 1578 1578 1580 (specify)

**ARVs**  Yes  No **ARV Regimen:**  None — 1107

**1st Line:** 2499 2500 2291 2505

D4T+3TC+NVP  D4T+3TC+EFV  AZT+3TC+NVP  AZT+DDI+LPV/r 2505  AZT+3TC+LPV/r  Other  
 AZT+3TC+EFV  TDF+3TC+NVP  TDF+3TC+EFV  TDF+FTC+LPV/r 2509  ABC+3TC+LPV/r  
 TDF+FTC+NVP  TDF+FTC+EFV  TDF+3TC+AZT  TDF+ABC+LPV/r 2511  AZT+3TC+DDI+LPV/r  
 ABC+DDI+LPV/r 2512  AZT+DDI+NVP  
 TDF+FTC+DDI+LPV/r  TDF+FTC+AZT+LPV/r 2515  
 ABC+AZT+3TC+PPV/r  ABC+D4T+3TC 2519  
 TDF+DDI+LPV/r 2520  3TC+DDI+LPV/r 2521

**1085 ARV Drugs given, Dose/Freq, Duration (days) and amounts supplied**

If start or change, tick regimen:		Dose x Frequency/Day		Duration		Amount Supplied	
2493	<input type="checkbox"/> Triomune Baby <input type="checkbox"/> Syrup _____ ml	<input type="checkbox"/> Tabs _____ mg	.....	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> other.....	.....	.....	.....
2494	<input type="checkbox"/> Triomune Junior <input type="checkbox"/> Syrup _____ ml	<input type="checkbox"/> Tabs _____ mg	.....	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> other.....	.....	.....	.....
2495	<input type="checkbox"/> Lamivir. S. Baby <input type="checkbox"/> Syrup _____ ml	<input type="checkbox"/> Tabs _____ mg	.....	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> other.....	.....	.....	.....
2496	<input type="checkbox"/> Lamivir. S. Junior <input type="checkbox"/> Syrup _____ ml	<input type="checkbox"/> Tabs _____ mg	.....	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> other.....	.....	.....	.....
2497	<input type="checkbox"/> Lamivir. S. 30 <input type="checkbox"/> Syrup _____ ml	<input type="checkbox"/> Tabs _____ mg	.....	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> other.....	.....	.....	.....
628	<input type="checkbox"/> 3TC <input type="checkbox"/> Syrup _____ ml	<input type="checkbox"/> Tabs _____ mg	.....	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> other.....	.....	.....	.....

Q28	<input type="checkbox"/> D4T	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg	Dose / freq	<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
797	<input type="checkbox"/> AZT	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
631	<input type="checkbox"/> NVP	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
633	<input type="checkbox"/> EFV	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
631	<input type="checkbox"/> NVP	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
814	<input type="checkbox"/> ABC	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
792	<input type="checkbox"/> DDI	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
1548	<input type="checkbox"/> TVD	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
714	<input type="checkbox"/> Kaletra	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
635	<input type="checkbox"/> Nelfinavir	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
630	<input type="checkbox"/> Combivir	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
2291	<input type="checkbox"/> Combipack	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
792	<input type="checkbox"/> Triomune	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other
5424	<input type="checkbox"/> Other	<input type="checkbox"/> Syrup	ml	<input type="checkbox"/> Tabs	mg		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> other

Prophylaxis Drugs:  None  Cotrimoxazole (Septrin)  Fluconazole (Diflucan)  Dapsone  Other **2516**

	Dose (Days)	Duration:	Amount Supplied
<input checked="" type="checkbox"/> Fluconazole (Diflucan)	Dose / freq	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> other	
<input checked="" type="checkbox"/> Cotrimoxazole (Septrin)	Dose / freq	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> other	<b>2450</b>
<input type="checkbox"/> Dapsone		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> other	
<input type="checkbox"/> Other		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> other	

**Additional Drugs Ordered:**

Drug	Dose	Frequency	Duration	Amount Supplied
<b>2446</b>	<b>2447</b>	<b>2448</b>	<b>2449</b>	<b>2450</b>

REFERRAL / LINKAGE:  None

Internal:  Wards  MCH  TB clinic  Other (specify) Reason for referral: **1666**

External:  Adherence / support groups  CBOs  Other Care; (where) **1669**

Transferred Out:  Yes  No if yes Where: **1796**

Return Date: **1354** **1354** Patient Seen By: **1656**