CLINICAL NOTES

Date *(dd/mm/yy)*	Freehand Clinical Notes

AUGUST, 2016

MINISTRY OF HEALTH

HIV Exposed Infant (HEI) Follow-up Card

Name of Facility: .... Facility Code: ....
County.. Sub-County..

INFANT PROFILE

HEI Unique ID Number: Cohort by month and year of Birth: (MM - YYYY)

NAME (First, Middle, Last)

SEX: M ☐ F ☐ Date of Birth: (dd-mm-yyyy) / / Birth Weight (kg)

Date of Enrollment: Age at Enrollment

Source of Referral: ☐ IPD ☐ OPD ☐ Maternity ☐ CCC ☐ MCH/PMTCT ☐ Other (Specify) ....

ARVs Prophylaxis: ☐ AZT for 6 weeks ☐ NVP for 12 weeks ☐ None ☐ Other (Specify) ....

History of TB Contact in Household Yes ☐ No ☐ *If "YES", Screen For TB; and Appropriately refer for INH prophylaxis if no TB*

PARENT PROFILE

Name of Mother (First, Middle, Last) Alive? Yes ☐ No ☐

Mother received Drugs for PMTCT? Yes ☐ No ☐ Parent's CCC No. ☐☐☐☐☐-☐☐☐☐☐

IfYes, (Select Drug Combination) ☐ HAART (Regimen) ______
☐ None
☐ Other(Specify)..... (Regimen) ______

on ART at Enrolment of Infant? Yes ☐ No If "Yes" Enter Regimen:______

Mode of Delivery: SVD ☐ C-section ☐ Place of Delivery: Facility: ☐ Home ☐

IMMUNISATION HISTORY

BCG ☐	OPV at Birth ☐	OPV 3 ☐	Measles 6 Mths ☐
OPV 1 ☐	OPV 2 ☐	Penta 3 ☐	Measles 9 Mths ☐
Penta 1 ☐	Penta 2 ☐	PCV 10-3 ☐	Measles 18 Mths ☐
PCV 10-1 ☐	PCV 10-2 ☐	IPV ☐	Other (Specify) ☐
Rota 1 ☐	Rota 2 ☐		

LABORATORY INFORMATION

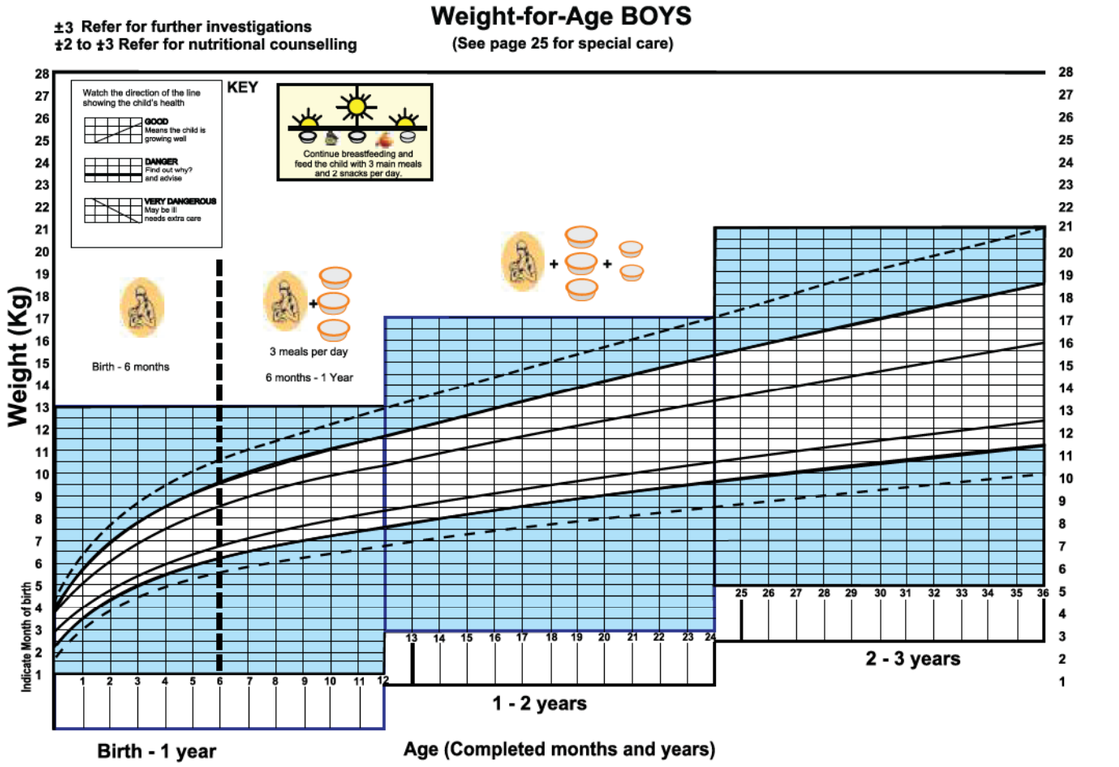
Type of Test	Date of Sample Collection	DBS Sample Code	Results	Date Results Collected	Comments:
1st DNA PCR					
2nd DNA PCR at 6 months					
3rd DNA PCR at 12 months					
Confirmatory PCR, (for +ve)					
Baseline viral load (for +ve)					
Final Antibody at 18 Months					

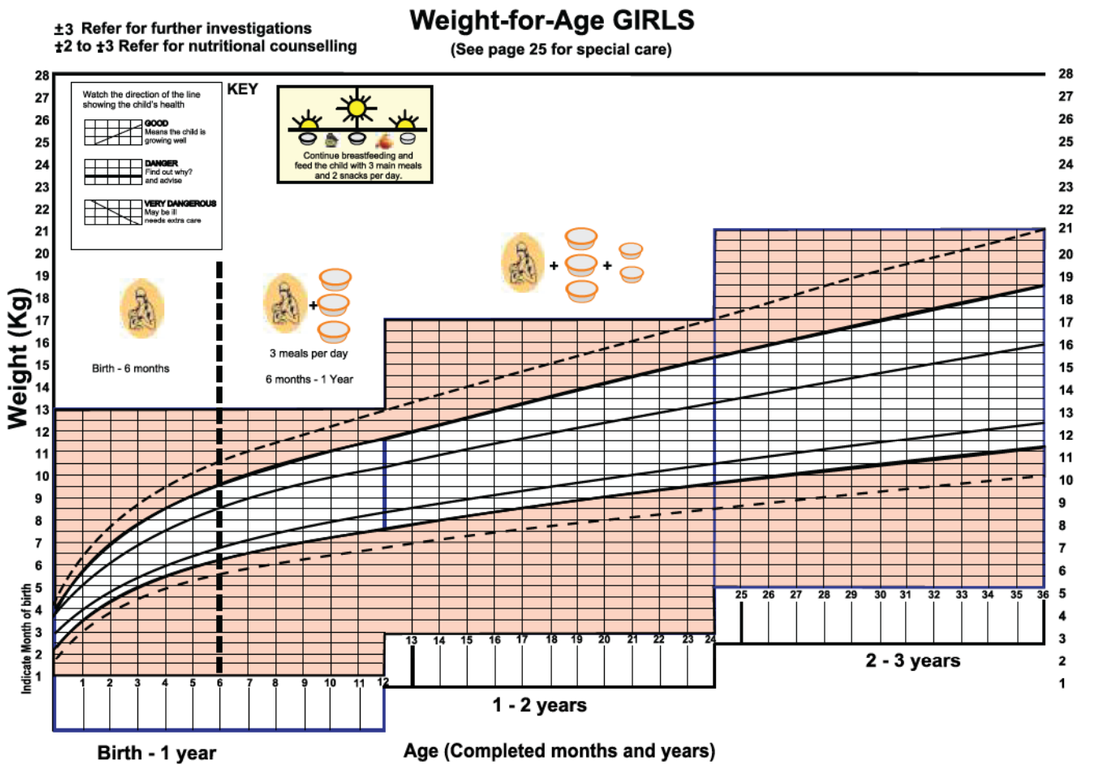
FINAL HEI OUTCOMES AT EXIT

Discharged at 18 Months ☐ Transferred Out ☐ Dead ☐
Referred to CCC ☐ CCC No. ☐☐☐☐☐-☐☐☐☐☐ Lost to follow up ☐ Other (Specify) ______

PATIENT LOCATOR INFORMATION

Current Address	Permanent Address
Is address for Parent ☐ Guardian ☐	Is address for Parent ☐ Guardian ☐
Name: ______	Name: ______
Telephone Number: ______	Telephone Number: ______
County: ______	County: ______
Sub-County: ______	Sub-County: ______
Ward: ______	Ward: ______
Estate / Village: ______	Location: ______
Hse/Plot #: ______	Estate/ Village: ______
Sub/Chief's Name: ______	Hse/Plot #: ______
Landmark: (e.g School / Market) ______	Sub/Chief's Name: ______
	Landmark: (e.g School / Market) ______





GROWTH, NUTRITION AND DEVELOPMENT MONITORING

Date	Age *(Wks/mths)*	Weight *(kgs)*	Height *(cm)*	Infant Feeding	Mothers Viral Load	Medication Indicate dose				*TB Assessment Outcome	Milestones Normal (N) Delayed (D) Regressed (R)	Date of Next Appointment
						AZT (mls)	NVP (mls)	CTX (mls/mg)	M/Vit (tick)			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)

Infant Feeding Codes

If Infant < 6 Months

EBF = Exclusive Breastfeeding

ERF = Exclusive Replacement Feeding

MF = Mixed Feeding

If Infant > 6 Months

BF - Breastfeeding
NBF - Not breastfeeding

TB Assessment Outcomes

No Signs = No signs or symptoms of TB
- **IPT initiated**
- **On IPT**
- **IPT completed**

Presumed TB = TB referral or sputum sent

Confirmed = Confirmed Sputum (+)

TB Rx= currently on TB treatment.

Not Done (ND) = Not assessed this visit.

Development Milestones by Age

Age Ranges	Milestones
4-6 Weeks	Social Smile
1-3 Months	Head Holding / Control
2-3 Months	Turns towards the origin of sound
2-3 Months	Extends hand to grasp a toy
5-9 Months	Sitting
7-13 Months	Standing
12-18 Months	Walking
9-24 Months	Talking

Delayed Milestones > Reference range for age