

# ..... Clinical .....

# Management Support

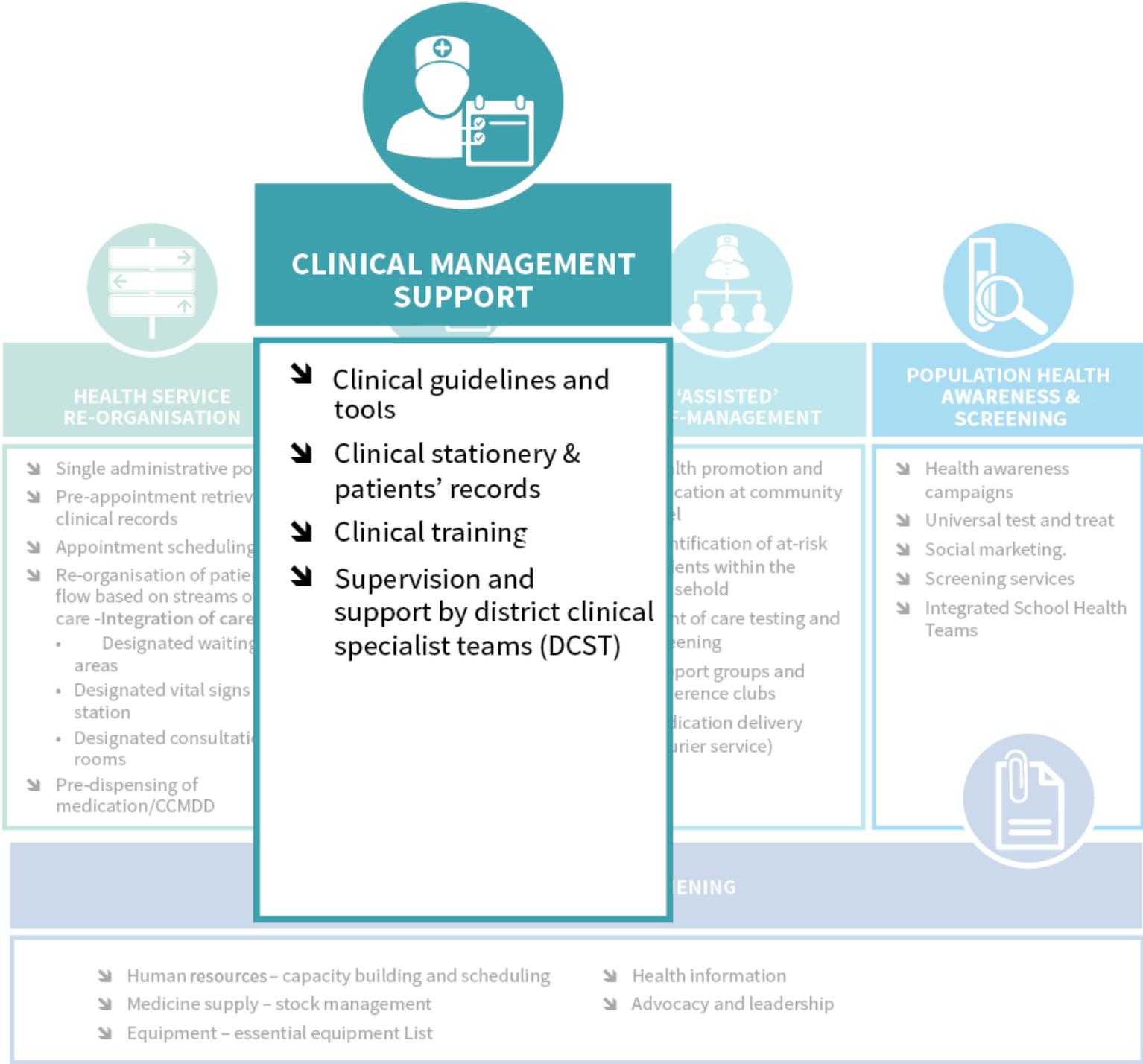


health

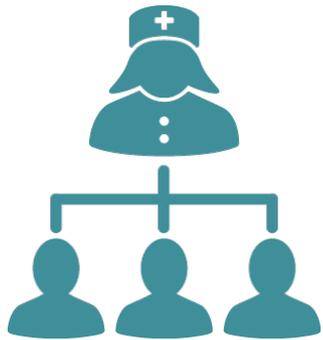
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Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# What is clinical management support?



# Clinical Management Support



**CLINICAL MANAGEMENT  
SUPPORT**

**CLINICAL GUIDELINES  
AND TOOLS**

**CLINICAL STATIONERY  
& PATIENTS RECORDS**

**TRAINING OF STAFF**

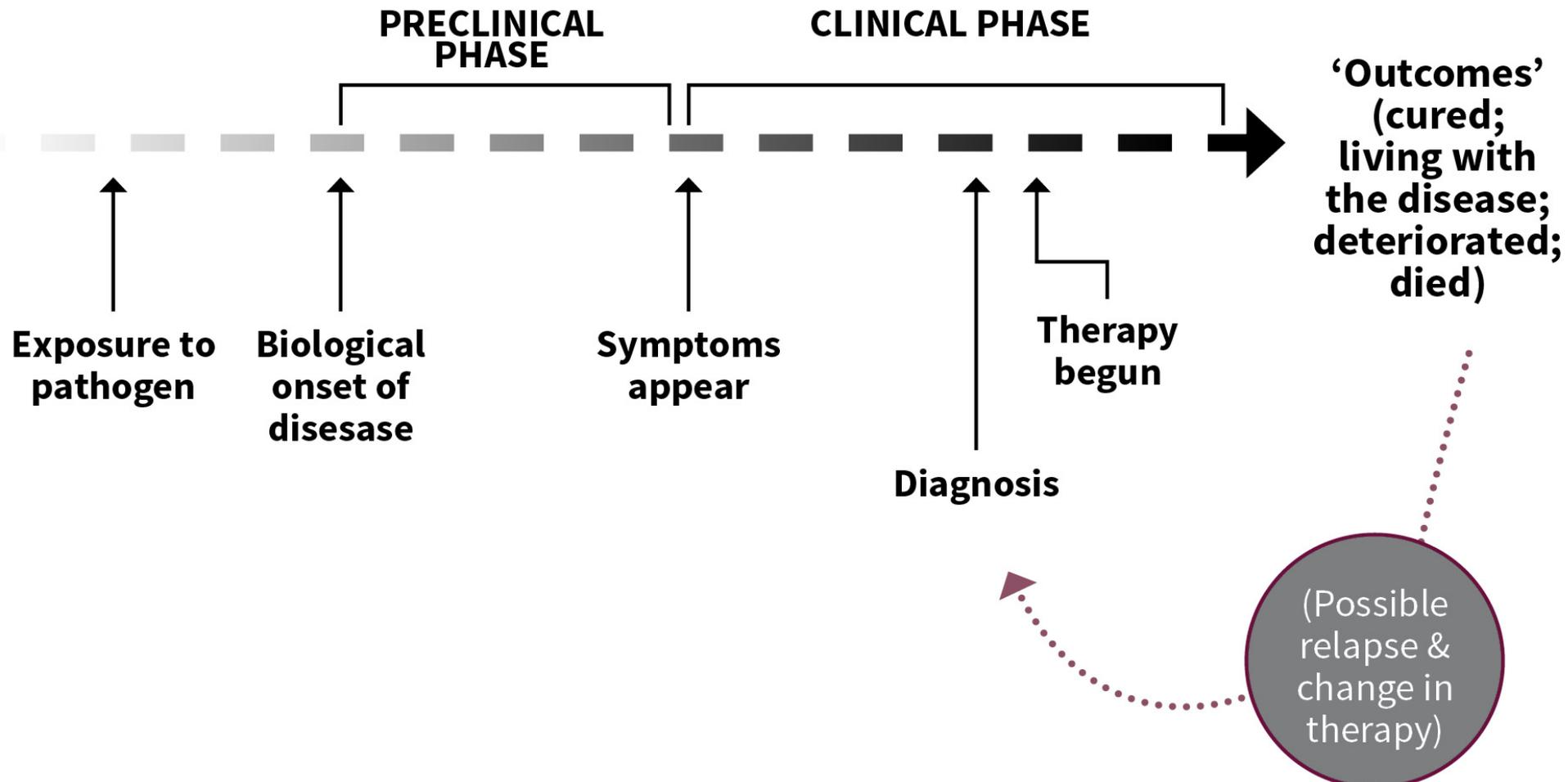
**DR & DISTRICT  
CLINICAL SPECIALIST  
TEAM**



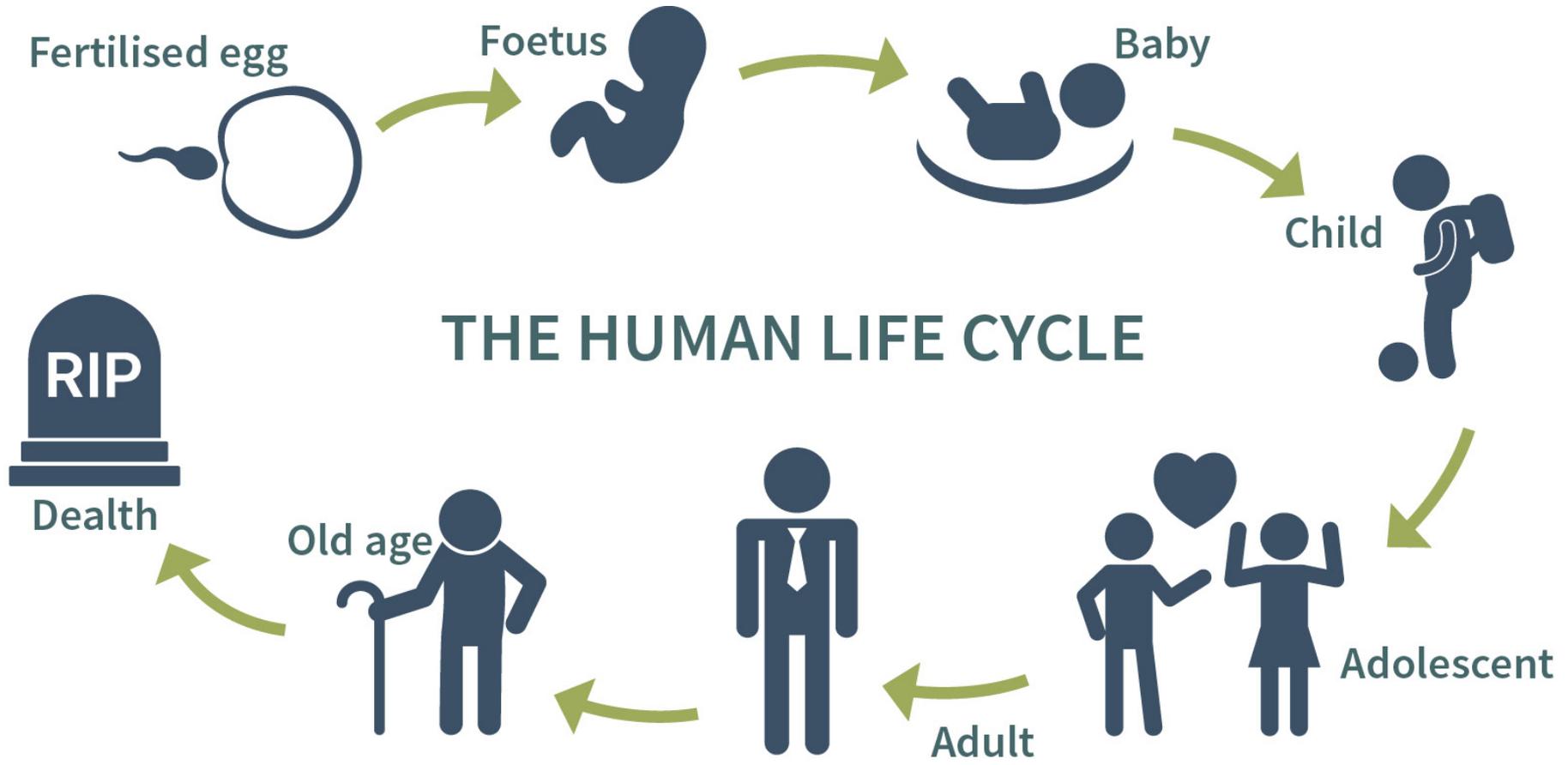
## Improve clinical outcomes of patients

- Maintain health
- Decrease risk of long term complications

# Natural history of disease



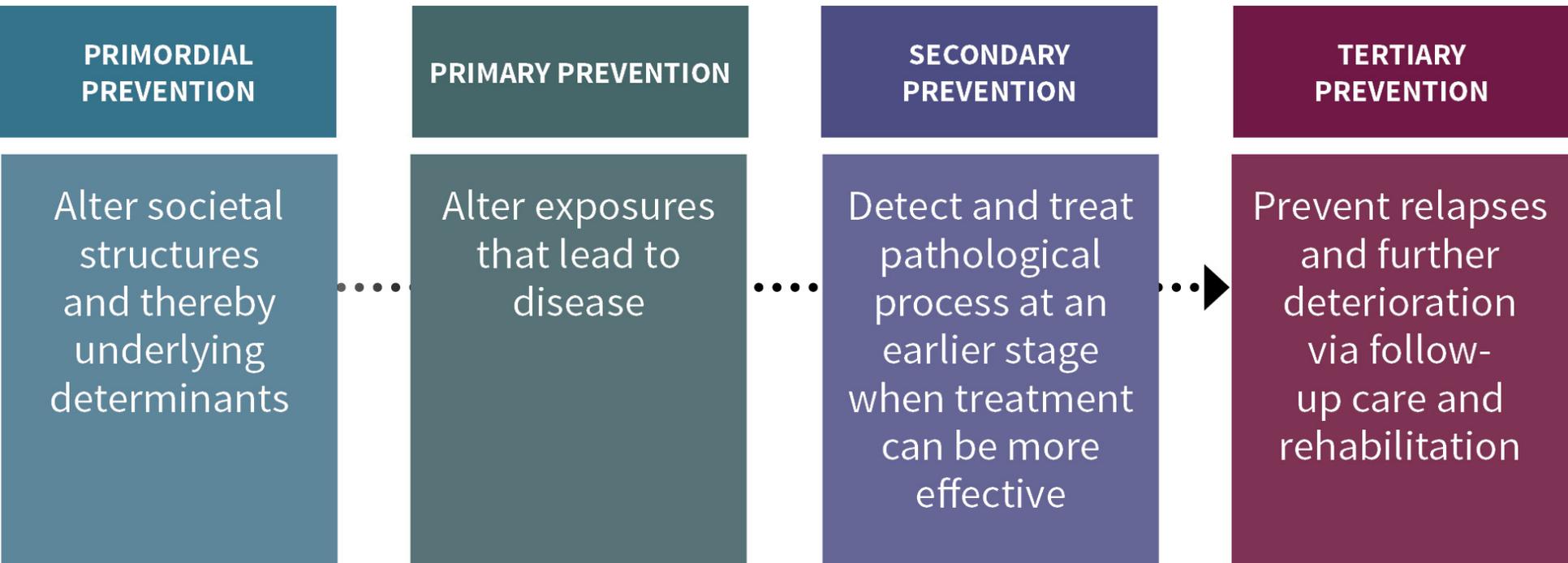
# Human life cycle



# Continuum of care



Health services are required to take cognisance of both the **human life cycle** as well as the **natural disease process**. A continuum of care comprising **primary prevention, screening,** and **tertiary prevention** is required during the different phases of life



# ICSM-compliant package of clinical guidelines



- The National Department of Health has embarked on a process of developing **evidence based guidelines/tools** that will improve patient outcomes
- Each service provider should have **a copy of these guidelines** that are accessible during the patients consultations either in hard copies or electronically
- The guidelines and manuals are available from <https://www.idealclinic.org.za>

# Evidence based guidelines



All PHC Consultation Rooms	Doctors Room (Additional)
<b>Adult Primary Care (APC/PC101)</b>	<b>Standard Treatment Guidelines and Essential Medicine List for Hospitals, 2012</b>
<b>Standard Treatment Guidelines and Essential Medicine List for Primary Health Care, 2014</b>	<b>Standard Treatment Guidelines and Essential Medicine List for Paediatrics, 2013</b>
<b>Integrated Management of Childhood Illness, 2014</b>	<b>Newborn Care Charts - Management of sick and small newborns in hospitals, 2014</b>
<b>Health Promotion for All</b>	

# Guides to be in facility manager's office



- Primary Healthcare Laboratory Handbook
- National Consolidated Guidelines for the Prevention of Mother-to-Child Transmission of HIV and the Management of HIV in Children, Adolescents and Adults **2015**
- National Tuberculosis Management Guidelines **2014**
- National Guidelines for the Management of Tuberculosis in Children **2013**
- National Management of Drug-Resistant Tuberculosis, Policy Guidelines **2013**
- Infection Prevention and Control Guidelines for TB, MDR-TB and XDR-TB

# Guides to be in operational managers office



- Guidelines for Maternity Care in South Africa **2015**
- Sexually Transmitted Infections Management Guidelines **2015**
- National Management of Type 2 Diabetes at Primary Care Level **2014**
- National Clinical Guidelines for management of hypertensions **1998**

# Health for All



## What is it?

A clinical tool for health promotion in Primary Health Care

## Who will use it?

The healthcare professional (nurse or doctor) during the consultation with the patient

## Why?

- To identify risks
- To prevent complications of existing disease

## introduction

### WHAT IS IT?

This is a clinical tool for health promotion in Primary Health Care. It is designed specifically for use by the health care professional (nurse or doctor) during the consultation between the health care worker and the patient.

### WHY?

The increase in chronic conditions (communicable and non-communicable diseases, and mental health) needs to be actively addressed in order to promote good health and prevent disease in the population. This tool helps to identify risk factors that threaten good health. It will assist doctors and nurses to make patients aware of these factors to reduce the effect of those patients who have existing conditions.

### WHO BENEFITS?

The information in this tool is designed so that it can be given in a way that is easy to understand. The messages should be tailored to the needs of patients towards self-management.

### HOW DOES IT WORK?

This tool contains the basic facts (TO KNOW) on 22 main conditions and 7 key risks. It provides information that the doctor/nurse can share with the patient, and identify key risks that threaten the patient's health.

The action messages (TO DO) give direction to the patient to make informed choices that will improve health.

These messages have been designed to target the general population. At the individual level, the tool can be used to tailor the messages to fit the patient's needs.



# Health for All

Health Promotion - a clinical tool

# Adult Primary Care (APC/PC 101)



APC/PC101 is a 101-page clinical guideline which covers the management of **all common symptoms and conditions seen in adults (15 years and above) who seek care from PHC facilities**

The guideline has been expanded from PALSA Plus to address 40 common presenting symptoms, 20 chronic conditions and acute and minor ailments in adults



## ADULT PRIMARY CARE (APC) GUIDE 2016/2017

Commissioned and published by: The National Department of Health Private Bag x828 Pretoria 0001.

Developed by the Knowledge Translation Unit of the University of Cape Town Lung Institute for the National Department of Health.

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### What is Adult Primary Care?

Adult Primary Care is the new name for Primary Care 101 (PC 101).

Adult Primary Care is a symptom-based integrated clinical management tool using a series of algorithms and checklists to guide the management of common symptoms and chronic conditions in adults. APC has been developed using the approved clinical policies and guidelines issued by the National Department of Health. It is intended for use by all health care practitioners working at primary care level in South Africa.

### Rationale and ethos of Adult Primary Care

The aim is to standardise the approach to adults presenting to primary care with symptoms, or attending for review of their chronic condition or conditions. APC is aimed at assisting primary healthcare practitioners in providing the best evidence-informed clinical care for patients whilst being fully cognisant that this is only one element of good quality care. The other key values that must be practised during all interactions with patients are:

- To accept that each person is unique and must be approached with due regard for their multiple roles as individuals, within families and as a member of their community
- To respect your patient's concerns and choices
- To develop a relationship of mutual trust with your patient
- To communicate effectively, courteously and with empathy
- To actively arrange follow-up care especially for patients with chronic conditions
- To link the patient to community-based resources and support
- To ensure continuity of care, if possible.

### Development of Adult Primary Care

Adult Primary Care is an expansion by the KTU of the Practical Approach to Lung Health and HIV/AIDS in South Africa (PALSA PLUS), which originally drew on the World Health Organisation's Practical Approach to Lung Health. Adult Primary Care was finalised through a rigorous process of consultation with health managers in the public sector, clinicians, patient advocacy groups and inputs from the Colleges of Medicine of South Africa, the South African Nursing Council, the South African Pharmacy Council and Medicines Control Council. More details regarding the development and the role of contributors can be found at [www.knowledgetranslation.co.za](http://www.knowledgetranslation.co.za).

Adult Primary Care 2016/2017 edition is aligned with the following Department of Health policies and clinical protocols inter-alia:

- National Consolidated Guidelines for the Prevention of Mother-To-Child Transmission of HIV (PMTCT) and the Management of HIV in Children, Adolescents and Adults (April 2015)
- National Department of Health HIV Testing Services Policy 2016
- National Tuberculosis Management Guidelines 2014
- Management of Drug-Resistant Tuberculosis (January 2013)
- National Infection Prevention and Control Policy and Strategy 2007
- Sexually Transmitted Infections Management Guidelines 2015
- National Contraception Clinical Guidelines 2012 (including circular updates)
- Guidelines for Maternity Care in South Africa 2016 (4th edition)

Adult Primary Care 2016/2017 contains new guidance to support the National Department of Health's programme for the universal testing and treatment of people living with HIV, including a revised approach to the inconclusive HIV test result and recommendations to start ART regardless of CD4 count or clinical stage, from 1 September 2016.

### Implementing Adult Primary Care

The Adult Primary Care training programme recognises that guidelines alone are insufficient to improve practice. Active implementation is recommended, and this guide is combined with short on-site training sessions, repeated over several months to allow primary healthcare practitioners to integrate recommendations into their clinical practice, and feedback experiences. APC is being implemented as part of the ICSM (Integrated Clinical Services Management), a health system strengthening model that aims to improve the quality of care and health outcomes for all patients. The ICSM integrates chronic disease care at primary care clinics for patients with both communicable and non-communicable conditions, and is aligned with the PHC Re-engineering Framework. The ICSM engages stakeholders at multiple levels to strengthen the quality of care provided at clinics, to assist individuals to assume responsibility for their health, and for communities to participate in screening and health promotion activities.

### Using Adult Primary Care

Adult Primary Care is divided into two main sections: symptoms and chronic conditions. In patients presenting with symptoms, start by identifying your patient's main symptom. Use the symptoms contents page to find the relevant symptom page in the guide. Then follow the algorithms to either a management plan for that symptom or to the relevant chronic condition in the second section of the guide.

In patients presenting with a known chronic condition, use the chronic conditions contents page to find that condition in the guide. Now go to the routine care pages for that condition to manage your patient using the assess, advise and treat framework. The goal of routine care is to achieve control of the chronic condition to prevent complications and early death. The definition of control with each condition (e.g. BP <140/90 for hypertension, undetectable viral load for HIV on ART). The majority (60–75%) of patients with a chronic condition attending primary care clinics do not currently meet criteria for clinical control and require education, adherence support and if appropriate intensification of treatment. Patients who are clinically controlled, adherent and attend regularly should be considered for spaced/fast lane appointments and decentralised medication collection to facilitate long term adherence.

Patients with chronic conditions may also have other symptoms - these can be managed using the relevant symptom pages.

All medication names are highlighted in either **orange** or **blue**.

- **Orange-highlighted medications** may be prescribed by a doctor or a nurse according to his/her scope of practice.
- **Blue-highlighted medications** may only be prescribed by a doctor.

Furthermore, APC prompts the inclusion of health promotion in the primary care consultation. Refer to the Health for All health promotion tool when you see the icon below.

Health for All



# APC/PC 101



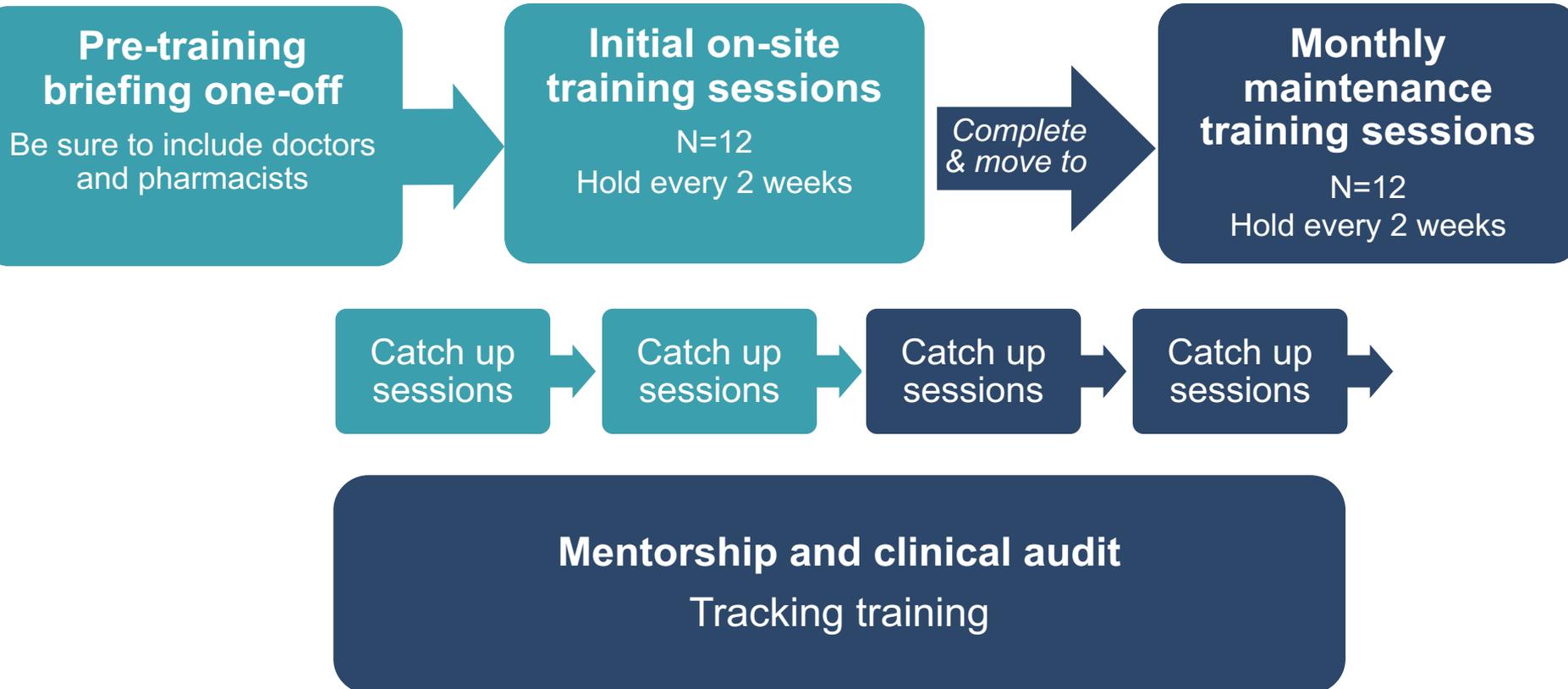
Each facility should receive copies of the **Adult Primary Care Clinical Guidelines** for use by professional nurses whilst consulting patients



At each facility, a **single facility trainer** should be capacitated on the methodology to train all professional nurses at the facility

- **Short sessions** that are designed to last no longer than one-and-a-half hours
- These sessions are held **on-site** at the facility
- Multiple sessions are delivered over a prolonged period. The initial training comprises **12 sessions** delivered within a three-month period. This has been designed to standardise the on-site training and ensure that every clinic staff member receives the training needed to identify and manage priority chronic conditions in adults. The initial on-site training is followed by a **maintenance training programme**, comprising one training session per month
- It provides a **supportive learning environment**: relationships are built between trainers and staff that are critical in the learning processes that take place at facilities
- Sessions are **interactive** and use clinical cases. Staff are able to participate in the group sessions, contribute their knowledge and even bring their own cases for discussion
- The training is **inclusive** because it involves all facility staff
- Training does not end after session 12. Facility trainers are encouraged to continue with **on-site refresher training** (once per month) to ensure use of the guideline in clinical practice becomes embedded, to strengthen clinical skills and to keep staff abreast of changes in the policy
- Facility trainers are encouraged to view the application of this model not as a once-off implementation, but rather as the **beginning of a learning relationship** in which they return to mentor clinical staff, reinforce key areas, troubleshoot problems and keep staff up-to-date with new revisions of the guideline.

# APC/PC 101



-  Initial on-site training
-  Structured sustained support

# APC/PC 101 initial on-site training format

Training session	Topic	Case (case number)
1	<ul style="list-style-type: none"> <li>• Introduction to PC 101</li> <li>• Introductory game</li> <li>• Approach to symptoms:               <ul style="list-style-type: none"> <li>- Patient needing urgent attention: seizure</li> <li>- Using an algorithm</li> <li>- 2 symptoms</li> </ul> </li> </ul>	Faizel (1) Anna (2) Patricia (3)
2	<ul style="list-style-type: none"> <li>• Checking for chronic condition</li> <li>• Approach to routine care: Assess, Advise, Treat: STI, epilepsy</li> </ul>	Godfrey (6) Herman (5), Sophie (4) Faizel (26)
3	<ul style="list-style-type: none"> <li>• 'Who needs ART?'</li> <li>• HIV routine care</li> </ul>	Stanley (7)
4	<ul style="list-style-type: none"> <li>• TB game</li> <li>• TB: diagnosis and follow-up</li> </ul>	Sister Betina (8) Bongani (9)
5	<ul style="list-style-type: none"> <li>• HIV routine care ART and complications</li> </ul>	Nondumiso (10; 13) Rethabile (11) Andreas (14)
6	<ul style="list-style-type: none"> <li>• Integrating TB and HIV routine care</li> <li>• Occupational infection</li> </ul>	Nobantu (15) Rethabile (16)
7	<ul style="list-style-type: none"> <li>• Pregnancy: routine HIV and antenatal care</li> </ul>	Melissa (12)
8	<ul style="list-style-type: none"> <li>• Chronic respiratory disease</li> <li>• Spacer/inhaler demonstration</li> </ul>	Mrs Dube (17) Sophie (18) Auntie Gertie (19)
9	<ul style="list-style-type: none"> <li>• CVD risk and disease</li> <li>• Prep Room Page Activity</li> </ul>	Thobeka (20) Xolani (21) Siphos (22)
10	<ul style="list-style-type: none"> <li>• Integrating diabetes and hypertension routine care</li> </ul>	Caroline (23)
11	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Substance abuse</li> </ul>	Jane (24) Adelaide (25)
12	<ul style="list-style-type: none"> <li>• Integrating the routine care of the patient with multiple chronic conditions: musculoskeletal condition, CVD risk, substance abuse</li> </ul>	Boeta (27)



# Using the Guidelines for Maternity Care in SA



## What are the guidelines?

Evidence based management principles to be used by doctors and midwives providing obstetric and anaesthetic services to pregnant mothers

## Why?

To assist practitioners in the management of pregnant patients in order to improve quality of care and reduce mortality

## When?

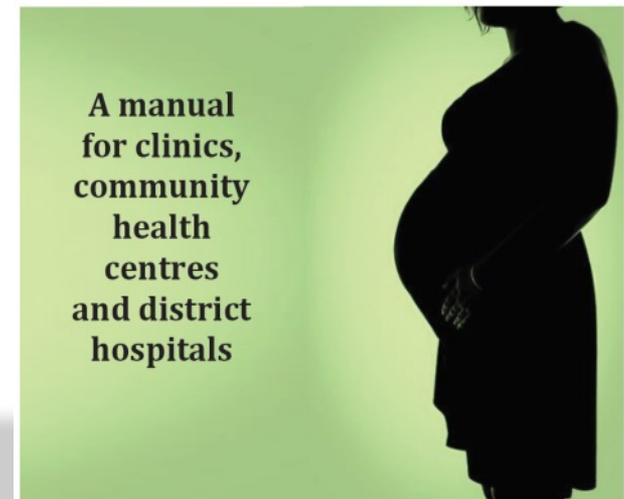
Should be used during consultation with pregnant patients

## How?

As a document that guides the development of facility specific protocols based on each facilities unique circumstances



## GUIDELINES FOR MATERNITY CARE IN SOUTH AFRICA



Fourth Edition  
**2015**

National Department of Health,  
Republic of South Africa

# Using the Guidelines for Maternity Care in SA



## Objective of the maternity guidelines

These guidelines have been prepared by the Sub directorate: Maternal Health for the **guidance of health workers** (doctors and midwives) providing obstetric, surgical and anaesthetic services for pregnant women in district clinics, health centres and district hospitals.

In the absence of a functioning system of primary health care and without guidance for clinical management and referral, pregnancy related deaths and ill health could be expected to continue at unacceptably high rates.

## Format and content

These guidelines are intended for use in clinics, community health centres and district hospitals where specialist services are not normally available. The guidelines deal mainly with the diagnosis and especially the management of common and serious pregnancy problems. The assumption is made that the reader has a basic knowledge and understanding about the care of pregnant women. With a few exceptions (e.g. pre-eclampsia), there is no mention of aetiology and pathogenesis of the conditions described.

# Using the Guidelines for Maternity Care in SA



- The emphasis is on the **practical identification** and **correct management of problems**, including referral to higher levels of care. The approach is unashamedly dry, and reduced to point format, so that a management plan can be quickly assimilated and enacted.
- For certain clinical problems, algorithms (flow diagrams) have been prepared. The guidelines are based on the **best available evidence** from published research, modified where necessary to suit local conditions. References are not given, but are available from the authors on request. Specifics of management and drug dosing are not cast in stone, and can be modified according to the experience and new evidence.
- **Each patient is an individual** and may not necessarily be served best by the suggested guidelines.
- The guidelines would be used most effectively if individual hospitals and community health centres **drew up their own protocols** based on the contents, adjusted to their own particular circumstances.

# The first visit (how, what, why)

How	What	Why – Identify special conditions or risk factors for referral
Ask	Personal history	Identify special conditions or risk factors for referral
	Name	
	Age	<16 or >37 years high risk. Refer to genetic counselling for >37 years
	Address and telephone or cell number	Contact
	Relationship with father of child	
	Tobacco and alcohol use	Tobacco – increased risk growth restriction, abruptio placentae Alcohol – Fetal alcohol syndrome
	Housing	Support system
	Sanitary conditions	Hygiene possible
	Energy source	Storage medication
	Literate	Information given to woman – written or verbal
	Income, occupation	Resources available,
	Obstetric history	Identify special conditions or risk factors for referral
	Number previous pregnancies	More than 5 pregnancies
	Year, gestational age at birth of baby, sex, birth weight	Low birth weight (<2500g), growth-restricted, pre-term (<34 weeks), macrosomic (>4500g)
	Method of delivery (obstetric operations)	Previous caesarean section Previous assisted delivery
	Outcome (live, miscarriage, IUD, ENND, LND, infant deaths)	Risk for current pregnancy. If any deaths – refer
	Special maternal complications	Recurrent early abortion, thrombosis, embolus, hypertension, pre-eclampsia, eclampsia, abruptio placentae, placenta praevia, breech or transverse presentation, obstructed labour, third-degree tears, third stage excessive bleeding, puerperal sepsis, post-partum depression – refer
	Special perinatal (fetal and newborn) complications	Multiple pregnancy, malformed or abnormal child, Rhesus-antibody affection, resuscitation or other treatment of newborn - refer
	Gestational age history	Calculate EDD
	First day of last normal menstrual period (LNMP)	Calculate gestational age
	Cycle, regular/irregular, duration	Reliability of LNMP to calculate gestational age
	Previous contraception, type	Determine “washout” period
	When contraception stopped	Reliability of LNMP to calculate gestational age
	When and how pregnancy was confirmed	Help with estimation of gestational age
	Sonar in this pregnancy	Accurate gestational age

# The first visit (how, what, why)

How	What	Why – Identify special conditions or risk factors for referral
	Future plans for pregnancies	Introduction to contraceptive use after current pregnancy and what contraceptive method would be appropriate
	Medical history	Identify special conditions or risk factors for referral
	Specific conditions: hypertension, heart, kidney, diabetes, epilepsy, asthma, tuberculosis (TB)	High risk pregnancy - refer
	HIV-infected	Stage, ART, PMTCT, viral load, adherence, other medication
	Medication	Severity of medical condition, teratogenic drugs
	Operations other than C/S	Might indicate high risk
	Allergies	Penicillin allergy
	Family history: twins, diabetes, congenital abnormality	Risk for current pregnancy, might need referral
	Current cough, no weight gain, night sweats, fever	Symptom screen for TB, for sputum test
Look, feel, listen		Identify special conditions or risk factors for referral
(Physical Examination)	Record weight and height; mid-upper arm circumference (MUAC)	Body mass index (weight (kg)/height(m) <sup>2</sup> ) - refer if BMI <18.5 or >32.3 kg/m <sup>2</sup> (malnutrition or overweight); MUAC <23 or ≥33 cm
	Measure blood pressure	Hypertension - refer
	Check general condition, pale, malnourished, jaundiced, short of breath, etc.	Anaemia, chronic disease - refer
	Thyroid mass	Thyroid lump high risk - refer
	Breasts	Ability to breast feed
	Chest and heart auscultation	Heart or lung lesions - refer
	Feel for uterus (if palpable measure height in centimetres) Look for abdominal scars, especially caesarean section scars	Correlate with estimated gestational age calculated from LNMP - if don't correlate refer for sonar
	Consider vaginal examination using a speculum	If 30 years or more with no cervical smear, or suspect STI
Tests		Identify special conditions or risk factors for referral
	Test urine: protein, nitrites, leucocytes, glucose	Pre-eclampsia, urinary tract infection, diabetes
	Haemoglobin	Anaemia
	Rapid Rh test	Rhesus iso-immunisation
	RPR	Syphilis

# The first visit (how, what, why)

How	What	Why – Identify special conditions or risk factors for referral
	HIV counselling and testing	Positive – ART. Negative – lifestyle, condoms, bring partner for testing Early detection of adherence issues or HIV resistance to drugs
Plan		Determine level of antenatal care
	Classify for BANC or referral	
	Clinic Checklist	Check that nothing overlooked
Implement		Preventing complications
	Iron and folate supplements to all women	Prevent anaemia
	Calcium supplementation to all women	Prevent hypertension and pre-eclampsia
	Tetanus toxoid: booster or first injection	Prevent neonatal tetanus
	RPR positive – treat for syphilis	Prevent congenital syphilis and stillbirths
	Rh negative send Coombs test or refer	Prevent rhesus iso-immunisation or refer for treatment
	HIV-infected – start ART	Improve woman's health and pregnancy outcome for infant
	In malaria endemic areas: sulphadoxine/pyrimethamine	Prevent malaria
	Refer high-risk cases – see checklist	Improve pregnancy outcome
Give advice		Preventing complications and improve general health
	Safe sex and partner HIV testing	Prevent STIs and HIV infection
	Stop tobacco, alcohol	Prevent fetal alcohol syndrome, growth restriction, abruptio placentae
	Infant feeding	Discuss options if HIV-infected, promote exclusive breast feeding
	Education about haemorrhage & warning signs	Educate woman
	Birth plan	Where (what institution) she will give birth, arrangements for transport when goes she into labour
Questions & answers	Give time for free communication	May raise issues that are worrying woman or things left out
Schedule next visit	Write on antenatal record and clinic checklist	
Complete records	Complete clinic record	Checklist helps to prevent things being overlooked
	Complete antenatal care and give it to the woman	Patient carried record is far more effective than clinic held notes

# Follow-up visits (How, what, when, why)

How	What	When							Why
<b>Rapid assessment and management (RAM)</b>									Act immediately if there is an emergency
<b>Ask</b>		<b>20</b>	<b>26</b>	<b>30</b>	<b>34</b>	<b>36</b>	<b>38</b>	<b>40</b>	
	How are you?	x	x	x	x	x	x	x	
	Is the baby moving?	x	x	x	x	x	x	x	
	Have you had any bleeding?	x	x	x	x		x		
	Have you any concerns/symptoms of?	x	x	x	x	x	x	x	
	Vaginitis								Risk of ascending infections
	Urinary tract infection								Risk of ascending infections
	Cough, weight loss, night sweats, fever								Tuberculosis, other chest infections
	Malnutrition								Chronic disease, poverty
	HIV/AIDS								Ensure proper management
<b>Check antenatal record</b>									
	Calculate current gestational age	x	x	x	x	x	x	x	Check fetal growth and confirm at 40 weeks
	Syphilis serology	x	x	x	x	x	x	x	Check result and treat if necessary
	Haemoglobin	x	x	x	x	x	x	x	Check result and treat for anaemia if Hb low
	HIV counselling and testing	x	X	x	x	x	x	x	Check if retested, start ART if HIV-infected
	HIV/AIDS care and monitoring	x	x	x	x	x	x	x	Monitor viral load as per guidelines
	Booster dose Tetanus toxoid			x					Only if immunising for the first time
	Previous visits concerns	x	x	x	x	x	x	x	Have these been solved?
<b>Look, feel, listen</b>									
	Pallor	x	x	x	x		x		Screen for anaemia, repeat Hb 30 & 38 weeks
	Blood pressure	x	x	x	x	x	x	x	Screen for hypertension
	Urine; protein/glucose	x	x	x	x	x	x	x	Screen for pre-eclampsia and diabetes
	Uterine growth	x	x	x	x		x		Screen for IUGR
	Fetal presentation				x		x		Screen for abnormal lie, e.g. breech

# Follow-up visits (How, what, when, why)

How	What	When							Why
		20	26	30	34	36	38	40	
<b>Signs</b>		x	x	x	x	x	x	x	Note all the abnormalities
<b>Classify</b>		x	x	x	x	x	x	x	Classify the abnormalities into diseases
<b>Treat and advise</b>		x	x	x	x	x	x	x	Treat and advise according to the diseases identified.
<b>Fill in antenatal record and revise birth plan if needed</b>		x	x	x	x	x	x	x	
<b>Implement interventions</b>	Iron and folate supps for all women	x	x	x	x		x		To prevent anaemia
	Calcium supplements for all women	x	x	x	x		x		To prevent hypertension
	Tetanus toxoid booster or first injection								To prevent neonatal tetanus
	RPR positive – treat for syphilis	x	x	x	x	x	x	x	To prevent congenital syphilis and stillbirths
	Rh negative send Coombs test or refer								To identify Rh iso-immunisation
	HIV infected – start/continue ART	x	x	x	x	x	x	x	To support, treat and prevent transmission
	In malaria endemic areas:	x	x	x	x		x		
	sulphadoxine/pyrimethamine								
<b>General advice</b>	Safe sex	x	x	x	x		x		Prevent STIs
	Stop tobacco, alcohol	x	x	x	x		x		Prevent IUGR and congenital abnormalities
	Infant feeding advice	x	x	x	x		x		Plan for feeding choice and reduce MTCT
	Plan for haemorrhage or warning signs	x	x	x	x		x		Early identification of complications
	Birth plan	x	x	x	x	x	x	x	Make sure that an appropriate institution for delivery is identified and that there is a transport plan to get there
	Contraceptive advice	x	x	x	x		x	x	Plan for future pregnancies and space children
<b>Questions and answers</b>		x	x	x	x	x	x	x	Enable woman to voice concerns
<b>Date next follow-up visit</b>		x	x	x	x	x	x	x	
<b>Maintain complete records</b>		x	x	x	x	x	x	x	Ensure antenatal care and clinic checklist completed

# Newborn Care Charts



## What are the new born care charts?

Guidelines on the routine care to be provided to **all babies** at birth

## Why?

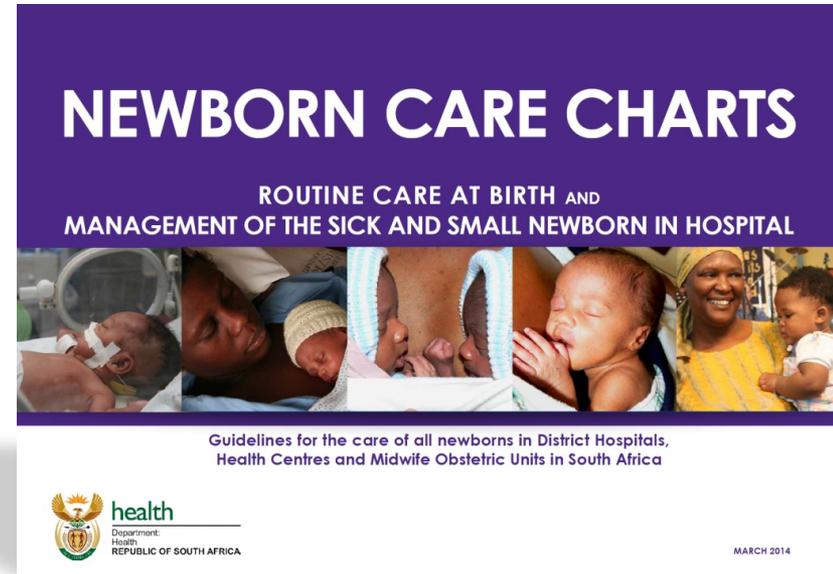
To provide guidance for primary care practitioners on routine management of babies

## When?

To manage babies from birth to the time of discharge home or transfer of a sick or small baby to the neonatal unit

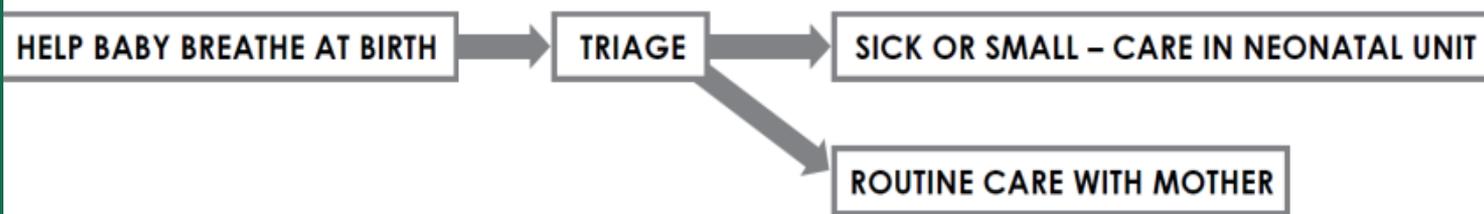
## How?

Use the *Management of the Sick and Small New-born* charts to provide care in the neonatal unit of your hospital by following the colour codes. Urgent treatment required and admission to neonatal unit **specific care** and treatment now **routine care**, once complete baby can be discharged home

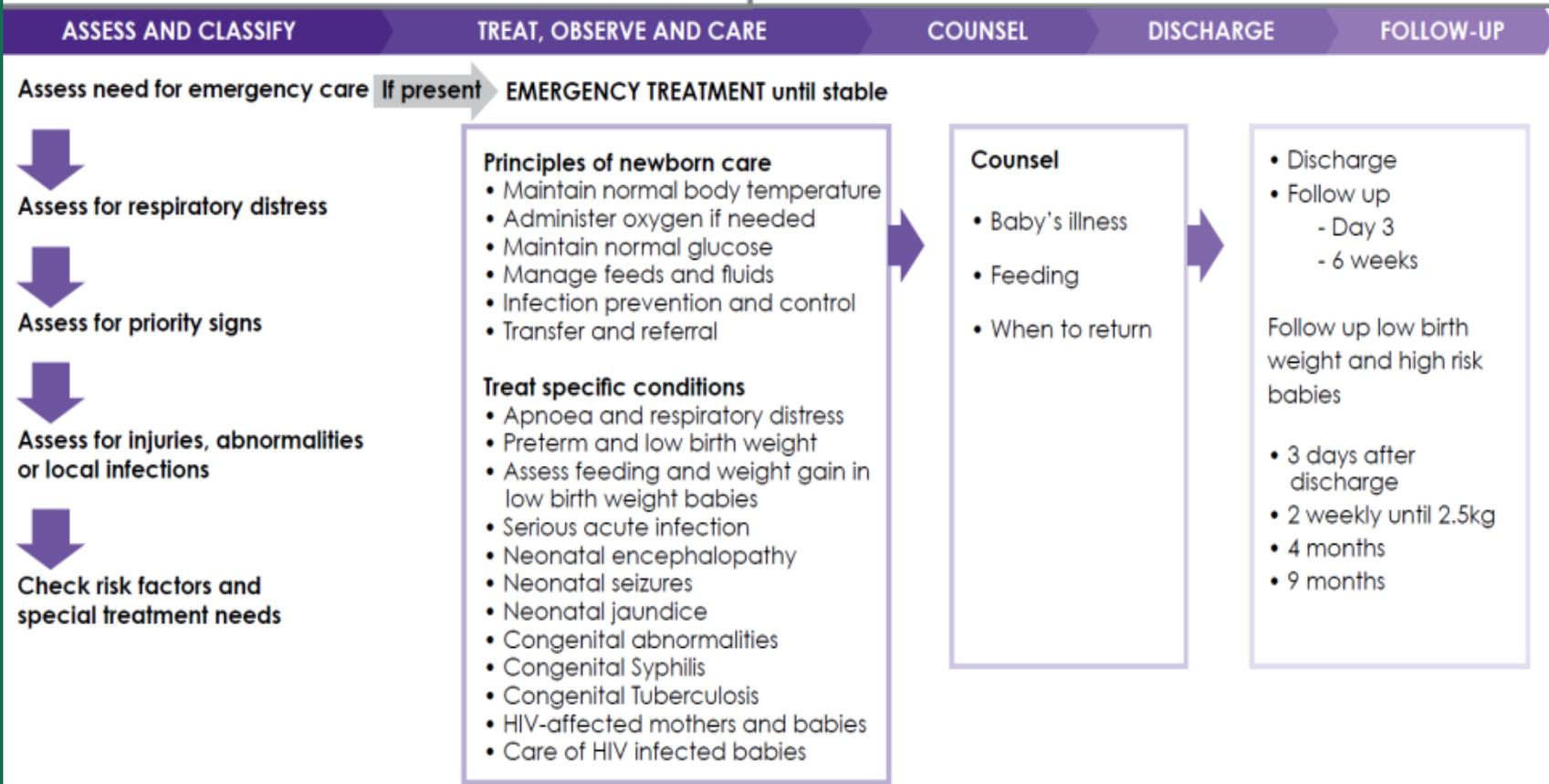


# Newborn Care Charts

## Management of newborns: routine care at birth



### MANAGEMENT OF SICK AND SMALL NEWBORNS



# Newborn Care Charts: Post natal care - mother

## Patient Details

Discharge (Mother)  
 Date: \_\_\_\_\_  
 Exam by: \_\_\_\_\_  
 Delivered at: \_\_\_\_\_

## Examination within 1 week (Mother)

Date: \_\_\_\_\_  
 Exam by: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Clinic No \_\_\_\_\_

## Examination at 6 weeks (Mother)

Date: \_\_\_\_\_  
 Exam by: \_\_\_\_\_  
 Clinic: \_\_\_\_\_

<b>Mother's Name:</b>				*Ask the mother the following				*Ask the mother the following			
				Feeling unhappy?		YES	NO	Able to resume normal activities		YES	NO
<b>Hosp No</b>				Poor appetite?		YES	NO	Problems with infant feeding?:		YES	NO
<b>Address:</b>				Cough/ Breathing difficulties?		YES	NO	Cough/ Breathing difficulties?:		YES	NO
<b>Tel/cellphone no</b>				Problems with C/S wound?		YES	NO	Problems with episiotomy?:		YES	NO
<b>Age:</b>	<b>Parity:</b>	<b>Gravidity</b>		Lochia foul smelling?		YES	NO	Vaginal discharge?		YES	NO
<b>ANC complications</b>				Heavy vaginal bleeding?		YES	NO	Urinary incontinence?		YES	NO
				Urinary incontinence?		YES	NO			YES	NO
<b>Delivery route :</b>				* Examine the following				* Examine the following			
<b>Birth weight</b>				UMAC:	Temp	Pulse	BP				
<b>Date of delivery</b>				Pale:		YES	NO				
<b>Gestational age</b>				If breast feeding, nipples cracked /breast inflamed		YES	NO	If breast feeding, are nipples cracked / breast inflamed		YES	NO
<b>Complications in labor:</b>				Uterus involuted appropriately:		YES	NO	*Test the following			
<b>Postpartum course:</b>				Uterine tenderness		YES	NO	Urine normal:			
				If C/S, is wound infected:		YES	NO	Hb g/l (value)			
								Hb< 10g/d l		YES	NO
<b>UMAC</b>								*If ticks in shaded areas comment on back → Refer, if cannot treat			
<b>Rh</b>								CD4 Taken		YES	NO
<b>RPR</b>								Type of contraception			
<b>Hb</b>								* If ticks in shaded area comment as to why on back			
<b>Code:</b>				Sutures removed		YES	NO				
<b>Vitamin A given</b>				YES	NO						
<b>Iron/folate given</b>				YES	NO	Episiotomy infected:		YES	NO		
<b>Type of contraception</b>				*Test the following							
<b>* If ticks in shaded area comment as to why on back</b>				Urine normal		YES	NO				
				*If ticks in shaded areas comment on back → Refer, if cannot treat							

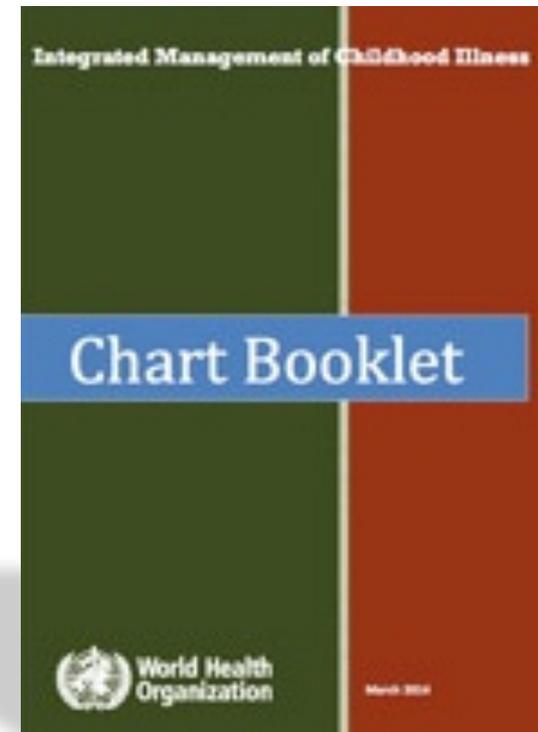
# Newborn Care Charts: Postnatal care - infant

Patient Details Discharge (Infant) Date: _____ Exam by: _____ Delivered at: _____				Examination within 1 week (Infant) Date: _____ Exam by: _____ Clinic: _____				Examination at 6 weeks (Infant) Date: _____ Exam by: _____ Clinic: _____					
Infant's name:				Infant's name				*Ask the following					
Feeding?		EBF	FF	Other		*Ask the following				Feed ing?	EBF	FF	Mixed
Feeding well		YES		NO		Feeding?	EBF	FF	Mixed	Problems Excessive sleeping/alert?	YES Not		NO NO
Examination at discharge				Problems				YES	NO	*Examine the following			
Birth weight		Gestational age		Passed urine?				YES	NO	Record weight and head circumference on Road to Health Chart			
Jaundice:		Respiratory problems		Passed stool?				YES	NO	Jaundice:	YES	NO	
YES	NO	YES	NO	*Examine the following				Pale		YES	NO		
CVS problems		Abdomen problems		Temperature (axillary)				Pale		YES	NO	Cyanosis:	
YES	NO	YES	NO	+Examine the following				Responds to sound:		YES	NO		
Genitalia problems		CNS problems		Eyes (white spot)				Thrush		YES	NO		
YES	NO	YES	NO	Pale				Fontanel abnormal (anterior)		YES	NO		
Umbilical problems		Hip dislocation:		Jaundiced:				YES	NO	Heart murmur		YES	NO
YES	NO	YES	NO	Conjunctivitis				YES	NO	Abdominal mass:		YES	NO
If ticks in shaded area comment on back as to problem and actions taken				Umbilical cord smelly:				YES	NO	* If ticks in shaded areas comment on back. Refer, if cannot treat			
				* If ticks in shaded area comment on back. Refer, if cannot treat				• Vaccinate					
NVP	YES	NO	N/A					PCR test:	YES	NO	N/A		
AZT	7days	28days	N/A					Consent given:	YES	NO	N/A		
Permission for PCR								Bactrim prophylaxis:	YES	NO	N/A		
YES	NO	N/A						Vitamin A supplementation:	YES	NO	N/A		
Mother's name													
Signature(mother)													
Signature(Witness)								* If ticks in shaded area please explain why on back					

# Integrated Management of Childhood Illness (IMCI)



- **Developed by WHO and UNICEF** to improve management of children at primary care level in order to reduce the number of deaths in children in developing countries.
- IMCI is taught to health workers working at primary level in a structured 11-day training course.
- All IMCI trained health workers are then visited at their own clinics to help them transfer the skills they have learnt into the workplace. This aspect of IMCI is known as the **case management component**
- The **health system component** is designed to make sure that all supports are in place for implementation of IMCI wherever health workers are being trained.
- The **community component**, which aims to identify key family practices which can promote the health of children at home. These include encouraging good nutrition practices like exclusive breastfeeding and nutritious complementary feeds.



# Integrated Management of Childhood Illness (IMCI)

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# Integrated Management of Childhood Illness (IMCI)



## What is IMCI guidelines?

- It facilitates the use of the IMCI case management process in practice and describes a series of all the case management steps in a form of IMCI charts

## Who should use it?

- The IMCI chart booklet is for use by doctors, nurses and other health professionals who see young infants and children less than five years old

## When?

- The IMCI chart booklet should be used by all healthcare professionals when providing care to sick children to help them apply the IMCI case management guidelines

# Integrated Management of Childhood Illness (IMCI)



## How?

- These charts show the sequence of steps and provide information for performing them. The chart booklet is divided into two main parts because clinical signs in sick young infants and older children are somewhat different and because case management procedures also differ between these age groups

## Sick child aged two months to five years

- This part contains all the necessary clinical algorithms, information and instructions on how to provide care to sick children aged two months to five years

## Sick young infant aged up to two months

- This part includes case management clinical algorithms for the care of a young infant aged up to two months.
- Each of these parts contains IMCI charts corresponding to the main steps of the IMCI case management process.

# IMCI training schedule



GROUP A
Day 1 ( 08:30 - 10:00 )
Registration
Introduction Module
Lunch ( 13:00 - 13:30)
Module 5 (Young infant Pages 1-21)
Day2 (08:30 - 10:00 )
Helping Babies Breathe ( HBB )
Helping Babies Breathe practical
Lunch ( 13:00 - 13:30 )
Continue Module 5 ( page 21 till HIV management)
Day 3 ( 08:30 - 13:00 )
Continue Module 5 (Pages 14-42 )
Lunch (13 :00 - 13:30 )
In-patients Practical ward 4
Day 4 (08:30 - 13:00)
Start Module 2 till page 36 (Diarrhoea )
Lunch ( 13:00 - 13:30 )
Continue module 2 ( Fever - Page 53 Ear infection )
Day 5 (08:30 - 13:00 )
RTC
Malnutrition (page 54-66 )
Lunch (13:00 - 13:30 )
Practical Ward 6 ( Assess General Danger Signs till fever)

GROUP A
Day 6 ( 08:30 - 13:00 )
LOTUS GARDENS CLINIC
Practical: Assess Child till HIV box
Lunch ( 13:00 - 13:30)
Read from TB to the end of Module 2
Day7 (08:30 - 13:00 )
RTC
Continue Module 3 till Page 37 (Treat the child)
Finish Treat the child Module (Page 37 - 68)
Lunch ( 13:00 - 13:30 )
Practical Assess till TB box (Ward 6)
Day 8 ( 08:30 - 13:00 )
LOTUS GARDENS CLINIC
Practical Assess and treat
Lunch (13 :00 - 13:30 )
Start counsel The Mother Module (Module 4)
Day 9 (08:30 - 13:00)
RTC
Continue with Module 4
Lunch ( 13:00 - 13:30 )
Day 10 (08:30 - 13:00 )
RTC
Start Follow-up (Module 6)
Lunch (13:00 - 13:30 )
Finish Module 6
Way forward

# Primary Healthcare Laboratory Handbook



## What is the Laboratory Handbook?

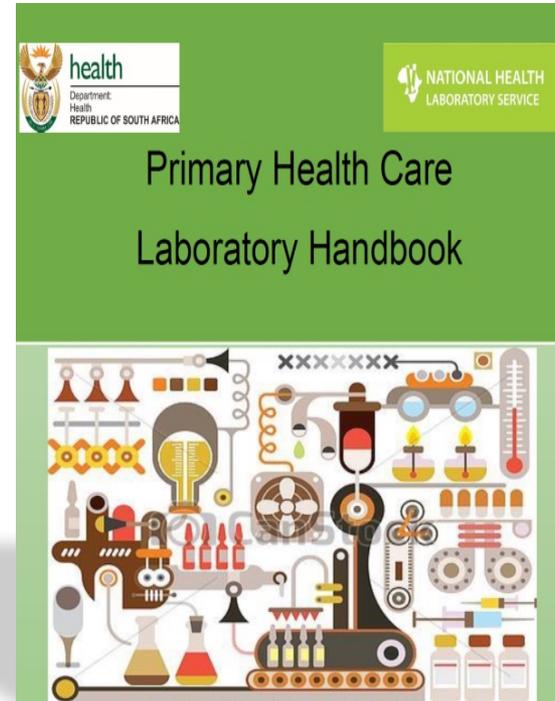
Step-by-step guide for the process of identifying, collecting and submitting laboratory specimens to the laboratory.

## Why?

To enhance the appropriate use of diagnostic services as part of ICSM  
To foster an understanding of appropriate and most cost effective tests that should be performed at the primary healthcare

## When?

During the process of ordering investigations for patients



### Primary Health Care Laboratory Handbook

**Form**  
complete  
well as  
minimum  
elements.

#### Section 2: Collect Specimen from patient

Step-by-Step guide to collect the various specimens required for the tests identified in the Essential Lab List (ELL).

#### Section 4: Specimen Storage

Step-by-Step guide on the correct storage of patient specimens prior to and after the daily courier collection time/s.

#### Section 5: Specimen Collection by Courier

Step-by-Step guide to preparing specimens for collection by courier.

#### Section 6: Results Access

Step-by-Step guide on the different ways to access patient results - from the delivery of printed reports to web-based access.

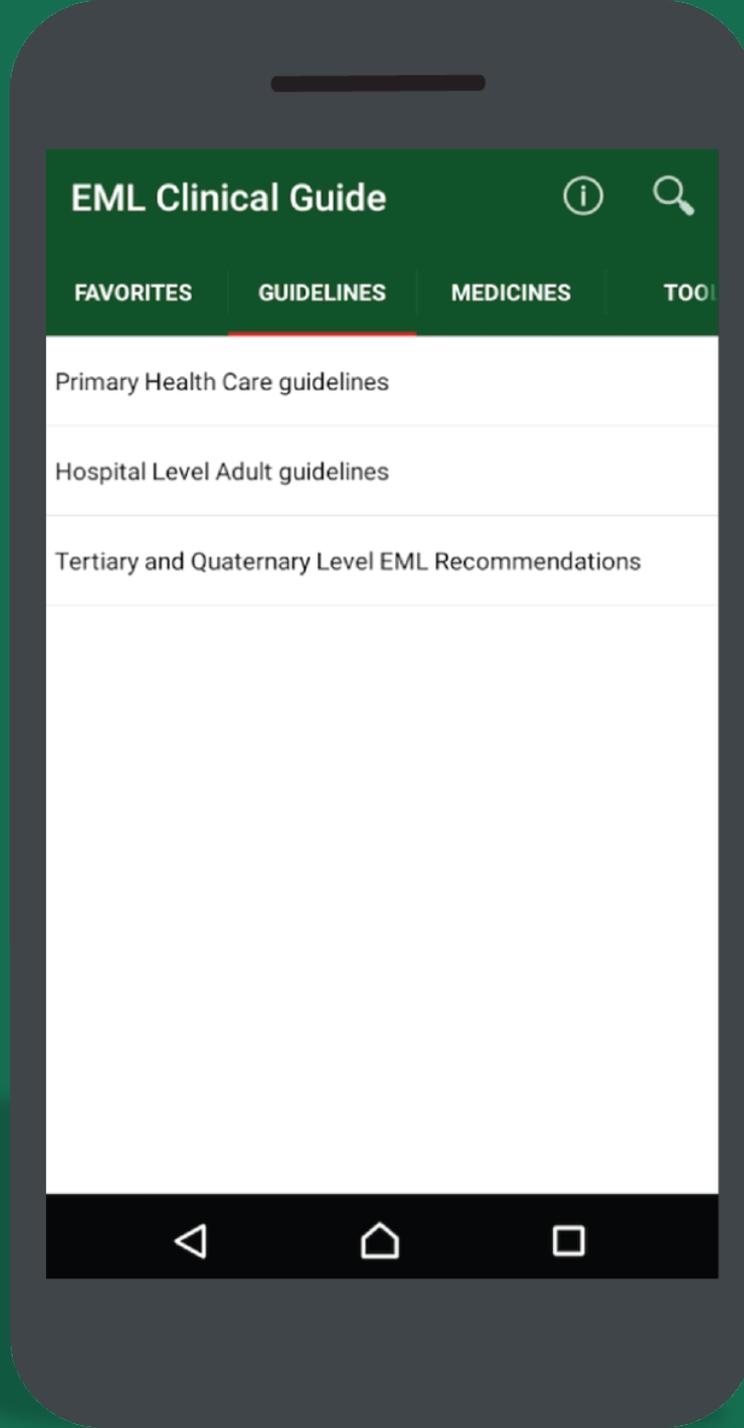
#### Section 7: Order Specimen Collection Materials

Step-by-Step guide to ordering laboratory request forms and specimen collection materials from your local laboratory.

#### Section 8: Access to additional Information

This provides resources for additional information and contact details about laboratory services.

# Mobile application for the Standard Treatment Guidelines and Essential Medicines List



# Single patient clinical record



**Children**  
**Adult Male**  
**Adult Female**

# Children clinical record

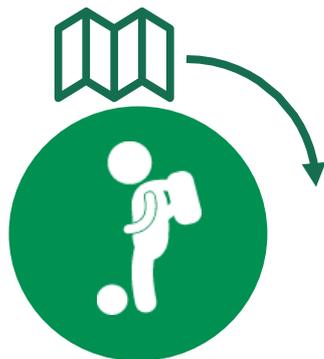


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indicating  
composition of  
children's  
records

## table of contents

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HPRS Label	<b>DEMOGRAPHIC DETAILS</b>	Allergy sticker
Patient file number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ID/passport number:	<input type="text"/>	
Name:	<input type="text"/>	
Surname:	<input type="text"/>	
Date of birth:	<input type="text"/>	
Facility name:	<input type="text"/>	
Facility unique number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>RESIDENTIAL ADDRESS</b>		
House number and street name:	<input type="text"/>	
Suburb:	<input type="text"/>	
Town/city:	<input type="text"/>	
Postal code:	<input type="text"/>	
<b>MOTHER'S DETAILS</b>		
Name of mother:	<input type="text"/>	
Home telephone number:	<input type="text"/>	
Cell number:	<input type="text"/>	
<b>FATHER'S DETAILS</b>		
Name of father:	<input type="text"/>	
Home telephone number:	<input type="text"/>	
Cell number:	<input type="text"/>	
<b>GUARDIAN'S DETAILS</b>		
Name of guardian:	<input type="text"/>	
Home telephone number:	<input type="text"/>	
Cell number:	<input type="text"/>	
<b>ALTERNATIVE CONTACT DETAILS</b>		
Next of kin (name & surname):	<input type="text"/>	
Relationship to patient:	<input type="text"/>	
Home telephone number:	<input type="text"/>	
Cell number:	<input type="text"/>	
Date completed:	<input type="text"/>	

All details to be completed by administrative clerk on registering patient for the first time



## PATIENT PROFILE - ANNUAL REVIEW

Social <i>(please tick)</i>												
<b>Child lives with</b>	Mother	Father	Both parents		Grandparent	Relative	Family friend	Foster parents	Home/place of safety			
<b>Living conditions:</b>	Informal dwelling		Formal house		Hostel		Other (specify):					
	Number in household:											
	Piped water inside dwelling		Piped water outside dwelling		Communal tap		Borehole		Rain water		Stream water	
	Flushing toilet in house		Flushing toilet outside		Pit toilet		VIP toilet		Bucket system		None	
<b>School grade <i>(where applicable)</i></b>	Attending school		Y	N	In grade expected for child of this age						Y	N
<b>Social assistance</b>	Disability grant		Child support grant		Foster care grant		Other (specify):					
<b>Nutrition</b>	Have you missed a meal due to unavailability of food in the last 2 days				Y	N						
<b>Date completed:</b>	d	d	m	m	y	y	y	y				

Social <i>(please tick)</i>												
<b>Child lives with</b>	Mother	Father	Both parents		Grandparent	Relative	Family friend	Foster parents	Home/place of safety			
<b>Living conditions:</b>	Informal dwelling		Formal house		Hostel		Other (specify):					
	Number in household:											
	Piped water inside dwelling		Piped water outside dwelling		Communal tap		Borehole		Rain water		Stream water	
	Flushing toilet in house		Flushing toilet outside		Pit toilet		VIP toilet		Bucket system		None	
<b>School grade <i>(where applicable)</i></b>	Attending school		Y	N	In grade expected for child of this age						Y	N
<b>Social assistance</b>	Disability grant		Child support grant		Foster care grant		Other (specify):					
<b>Nutrition</b>	Have you missed a meal due to unavailability of food in the last 2 days				Y	N						
<b>Date completed:</b>	d	d	m	m	y	y	y	y				

Social <i>(please tick)</i>												
<b>Child lives with</b>	Mother	Father	Both parents		Grandparent	Relative	Family friend	Foster parents	Home/place of safety			
<b>Living conditions:</b>	Informal dwelling		Formal house		Hostel		Other (specify):					
	Number in household:											
	Piped water inside dwelling		Piped water outside dwelling		Communal tap		Borehole		Rain water		Stream water	
	Flushing toilet in house		Flushing toilet outside		Pit toilet		VIP toilet		Bucket system		None	
<b>School grade <i>(where applicable)</i></b>	Attending school		Y	N	In grade expected for child of this age						Y	N
<b>Social assistance</b>	Disability grant		Child support grant		Foster care grant		Other (specify):					
<b>Nutrition</b>	Have you missed a meal due to unavailability of food in the last 2 days				Y	N						
<b>Date completed:</b>	d	d	m	m	y	y	y	y				



Changes in patient's social history is updated annually

# Children clinical record: Immunisation and developmental screening

The clinical records have appropriate sections for immunisation, development screening and growth profiles

## IMMUNISATIONS

Age group	Batch No.	Vaccine	Site	Date given	Signature		
Birth		BCG	Right arm	d d m m y y y y y y			
		OPV (0)	Oral	d d m m y y y y y y			
		OPV (1)	Oral	d d m m y y y y y y			
6 weeks		RV (1)	Oral	d d m m y y y y y y			
		Hexavalent (DTaP-IPV-Hib-HBV (1)	Left thigh	d d m m y y y y y y			
10 weeks		PCV (1)	Right thigh	d d m m y y y y y y			
		Hexavalent (DTaP-IPV-Hib-HBV (2)	Left thigh	d d m m y y y y y y			
14 weeks		Hexavalent (DTaP-IPV-Hib-HBV (3)	Left thigh	d d m m y y y y y y			
		PCV (2)	Right thigh	d d m m y y y y y y			
		RV (2)	Oral	d d m m y y y y y y			
6 months		Measles (1)	Left thigh	d d m m y y y y y y			
9 months		PCV (3)	Right thigh	d d m m y y y y y y			
12 months		Measles (2)	Right arm	d d m m y y y y y y			
18 months		Hexavalent (DTaP-IPV-Hib-HBV (4)	Left arm	d d m m y y y y y y			
5-6 years		Td vaccine	Left arm	d d m m y y y y y y			
12 years		Td vaccine	Left arm	d d m m y y y y y y			
Additional Immunisations (e.g. HPV, influenza, yellow fever, varicella etc)				d d m m y y y y y y			
				d d m m y y y y y y			
				d d m m y y y y y y			
				d d m m y y y y y y			
				d d m m y y y y y y			
<b>Vitamin A Supplementation</b> Give at 6 monthly interval, starting from the age of 6 months			<b>Deworming Treatment (Mebendazole)</b> Give at 6 monthly interval, starting from the age of 12 months				
	At age	Date given	Signature	Dose	At age	Date given	Signature
100 000 IU		d d d d d d				d d d d d d	
200 000 IU every 6 months		d d d d d d				d d d d d d	
		d d d d d d				d d d d d d	
		d d d d d d					d d d d d d
		d d d d d d					d d d d d d
		d d d d d d					d d d d d d
		d d d d d d					d d d d d d
		d d d d d d					d d d d d d
<b>Additional Vitamin A Doses</b>							
Measles, persistent diarrhoea, severe malnutrition and xerophthalmia: Give one dose daily for two consecutive days. Record the reason and dose given below.							
Date		Dose	Reason	Batch No	Batch No		
d d m m y y y y y y							
d d m m y y y y y y							
d d m m y y y y y y							
d d m m y y y y y y							
LEGEND: IM Intra muscular, DTaP-IPV-Hib-HBV = Diphtheria, Tetanus, Inactivated Polio Vaccine, Haemophilus Influenza, Hepatitis B Vaccine, PCV, = Pneumococcal Vaccine, Measles Vaccine, Td Vaccine = Tetanus and reduced strength of Diphtheria Vaccine							

## DEVELOPMENTAL SCREENING

	VISION AND ADAPTIVE	HEARING AND COMMUNICATION	MOVEMENT AND PHYSICAL ABILITY	PERSONAL AND SOCIAL INTERACTION
<b>ALWAYS ASK AND OBSERVE</b>	Can the child see?	Can the child hear and communicate with children?		
6 weeks	Fists clenched Grasp reflex Blinks at light Eyes follow moving object horizontally	Startle reflex to loud noise  Vocalization other than crying	Movement symmetrical Ventrals droops below plane Prone: head rests on one side with knee up Sucks well 	
	14 weeks	Baby follows close objects with eyes Baby responds to sound by stopping sucking, blinking or turning	Child lifts head when held against shoulder 	
6 months	Baby recognises familiar faces Eyes move well together (No squint)	Child turns head to look for sound	Child holds a toy in each hand 	
9 months	Child's eyes focus on far objects	Child turns when called	Child sits and plays without support 	
18 months	Child looks at small things and pictures	Child points to 3 simple objects Child uses at least 3 words other than names Child understands simple commands	Child walks well  Child uses fingers to feed	
	3 years	Sees small shapes clearly at 6 metres Child speaks in simple 3 word sentences	Child runs well and climbs on things	
5-6 years: School readiness	No problem with vision, use a Snellen E chart to check	Speaks in full sentences and interact with children and adults	Hops on one foot  Able to draw a stick person	
REFER	Refer the child to the next level of care if child has not achieved the development milestone. Refer motor problem to Occupational Therapist/Physiotherapist and hearing and speech problem to Speech therapist/Audiologist. If you have the services at your facilities.			



# Children clinical record: Prescription and lab results

## PRESCRIPTION

PATIENT'S NAME AND SURNAME													
ID:												AGE:	
ALLERGIES:													
Date	DETAILS OF PRESCRIPTION Print the name of the drugs in the blocks below  - NOTE ONE ITEM PER BLOCK	REPEATS											
		1 of 6 (Initial)	2 of 6	3 of 6	4 of 6	5 of 6	6 of 6						
	or equivalent Prescriber name, signature & qualifications	Date											
		Quantity											
	or equivalent Prescriber name, signature & qualifications	Batch No											
		Dispenser Signature											
	or equivalent Prescriber name, signature & qualifications	Print Name											
		Date											
	or equivalent Prescriber name, signature & qualifications	Quantity											
		Batch No											
	or equivalent Prescriber name, signature & qualifications	Dispenser Signature											
		Print Name											
	or equivalent Prescriber name, signature & qualifications	Date											
		Quantity											
	or equivalent Prescriber name, signature & qualifications	Batch No											
		Dispenser Signature											
	or equivalent Prescriber name, signature & qualifications	Print Name											
		Date											
	or equivalent Prescriber name, signature & qualifications	Quantity											
		Batch No											
	or equivalent Prescriber name, signature & qualifications	Dispenser Signature											
		Print Name											

A complete prescription is required in order to be compliant with Pharmacy Council requirements

## LABORATORY RESULTS

Done	Results							
	Date:	Date:	Date:	Date:	Date:			
	Date:	Date:	Date:	Date:	Date:			
	Date:	Date:	Date:	Date:	Date:			
	Date:	Date:	Date:	Date:	Date:			
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	

Allows for tracking of laboratory tests: When they were done and recording of results

# Children clinical record: ART initiation

## ART INITIATION

To be completed at ART initiation or transfer-in

HISTORY AND EXAMINATION & PLAN					
Expose to TB:	<input type="checkbox"/> Y <input type="checkbox"/> N	Screened for TB:	<input type="checkbox"/> Y <input type="checkbox"/> N	On TB treatment Started date:	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	
Screened for Cotrimoxazole:	<input type="checkbox"/> Y <input type="checkbox"/> N	Already on Cotrimoxazole:	<input type="checkbox"/> Y <input type="checkbox"/> N	Qualifies/started Cotrimoxazole: Date:	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	
CD4 <500 cells/ul	<input type="checkbox"/> Y <input type="checkbox"/> N	WHO stage 3 or 4	<input type="checkbox"/> Y <input type="checkbox"/> N		
PSYCHO-SOCIAL READINESS					
Has patient/parent/guardian attended all required counselling sessions?		<input type="checkbox"/> Y <input type="checkbox"/> N	Does patient/parent/guardian attend support group sessions		<input type="checkbox"/> Y <input type="checkbox"/> N
Does patient attend the clinic regularly?		<input type="checkbox"/> Y <input type="checkbox"/> N			
PRE-ART COUNSELLING					
Session	Date	Counsellor/group	Treatment buddy attended?	Comments	
General HIV Education and Healthy Living			<input type="checkbox"/> Y <input type="checkbox"/> N		
Antiretroviral Therapy			<input type="checkbox"/> Y <input type="checkbox"/> N		
Adherence Planning			<input type="checkbox"/> Y <input type="checkbox"/> N		
Other			<input type="checkbox"/> Y <input type="checkbox"/> N		
Name and details for treatment buddy					
Patient/parent/guardian agreed to home visit?	<input type="checkbox"/> Y <input type="checkbox"/> N	Name of community health worker:		Attends a support group:	<input type="checkbox"/> Y <input type="checkbox"/> N
What is patient/parent/guardian understanding (in their own words) for wanting ART					
BASELINE SAFETY BLOODS					
Test	Date	Result	Notes		
ALT					
Haemoglobin					
CD4					
Creatinine Clearance					
Cholesterol					
Triglycerides					
Other:					
TREATMENT PLAN					
Plan:	ARV 1	ARV 2	ARV 3		
Next visit in:	weeks				
Health Care Practitioner					
Name:					
Surname:					
Signature:					
SANC/HPCSA No:					
Date completed:	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y				

## ART INITIATION

To be completed at ART initiation or transfer-in

HISTORY AND EXAMINATION & PLAN					
Expose to TB:	<input type="checkbox"/> Y <input type="checkbox"/> N	Screened for TB:	<input type="checkbox"/> Y <input type="checkbox"/> N	On TB treatment Started date:	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	
Screened for Cotrimoxazole:	<input type="checkbox"/> Y <input type="checkbox"/> N	Already on Cotrimoxazole:	<input type="checkbox"/> Y <input type="checkbox"/> N	Qualifies/started Cotrimoxazole: Date:	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	
CD4 <500 cells/ul	<input type="checkbox"/> Y <input type="checkbox"/> N	WHO stage 3 or 4	<input type="checkbox"/> Y <input type="checkbox"/> N		
PSYCHO-SOCIAL READINESS					
Has patient/parent/guardian attended all required counselling sessions?		<input type="checkbox"/> Y <input type="checkbox"/> N	Does patient/parent/guardian attend support group sessions		<input type="checkbox"/> Y <input type="checkbox"/> N
Does patient attend the clinic regularly?		<input type="checkbox"/> Y <input type="checkbox"/> N			
PRE-ART COUNSELLING					
Session	Date	Counsellor/group	Treatment buddy attended?	Comments	
General HIV Education and Healthy Living			<input type="checkbox"/> Y <input type="checkbox"/> N		
Antiretroviral Therapy			<input type="checkbox"/> Y <input type="checkbox"/> N		
Adherence Planning			<input type="checkbox"/> Y <input type="checkbox"/> N		
Other			<input type="checkbox"/> Y <input type="checkbox"/> N		
Name and details for treatment buddy					
Patient/parent/guardian agreed to home visit?	<input type="checkbox"/> Y <input type="checkbox"/> N	Name of community health worker:		Attends a support group:	<input type="checkbox"/> Y <input type="checkbox"/> N
What is patient/parent/guardian understanding (in their own words) for wanting ART					
BASELINE SAFETY BLOODS					
Test	Date	Result	Notes		
ALT					
Haemoglobin					
CD4					
Creatinine Clearance					
Cholesterol					
Triglycerides					
Other:					
TREATMENT PLAN					
Plan:	ARV 1				
Next visit in:	weeks				
Health Care Practitioner					
Name:					
Surname:					
Signature:					
SANC/HPCSA No:					
Date completed:	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y				

Antiretroviral treatment initiation does not require additional stationary

# Children clinical record: Clinical management

## CLINICAL MANAGEMENT

Visit number:	1	2	3	
Date of visit:	d d m m y y y y	d d m m y y y y	d d m m y y y y	
<b>Vital signs</b>				
Weight:				
Height:				
BMI:				
Temperature:				
Pulse:				
Blood pressure:				
Blood glucose:				
Urine:				
<b>Basic screening</b>				
HIV	Y N	Y N	Y N	
TB	Y N	Y N	Y N	
STI	Y N	Y N	Y N	
Diabetes	Y N	Y N	Y N	
<b>Lifestyle risk assessment</b>				
Alcohol:	Y N	Y N	Y N	
Smoke/tobacco:	Y N	Y N	Y N	
Physical activity:	Y N	Y N	Y N	
Healthy eating:	Y N	Y N	Y N	
Sexual behaviour:	Y N	Y N	Y N	
<b>Known conditions: (Please tick)</b>				
	<b>Heart disease</b>	<b>Hypertension</b>	<b>Diabetes</b>	<b>Asthma/COPD</b>
HIV	Y N	Y N	Y N	Y N
WHO star				
V				
C				
	Continuation phase	Intensive phase	Continuation phase	Intensive phase
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N
<b>Additional medication:</b>				
<b>Presenting complaints (Symptoms, duration, severity):</b>				

Clinical records for different phases of childhood

## CLINICAL MANAGEMENT - 6 - 15 YEARS

Visit number:	1	2	3	
Date of visit:	d d m m y y y y	d d m m y y y y	d d m m y y y y	
Attending school:	Y N	Y N	Y N	
School grade:				
<b>Vital signs</b>				
Weight:				
Height:				
BMI:				
Temperature:				
Pulse:				
Blood glucose (when applicable):				
Urine:				
<b>Basic screening</b>				
HIV	Y N	Y N	Y N	
TB	Y N	Y N	Y N	
STI	Y N	Y N	Y N	
Diabetes (when applicable):	Y N	Y N	Y N	
Other screening done (e.g. amegon):	Y N	Y N	Y N	
<b>Lifestyle risk assessment (10 - 15 years)</b>				
Alcohol:	Y N	Y N	Y N	
Smoke/tobacco:	Y N	Y N	Y N	
Sexually active:	Y N	Y N	Y N	
<b>Known conditions: (Please tick)</b>				
	<b>Disability</b>	<b>Asthma/ Allergy</b>	<b>Epilepsy</b>	<b>Rheumatic Heart disease</b>
HIV	Y N	Y N	Y N	Y N
WHO stage:				
Viral load:				
CD4:				
On ART:	Y N	Y N	Y N	Y N
TB:	Intensive phase	Continuation phase	Intensive phase	Continuation phase
	Y N	Y N	Y N	Y N
Adherence to medication and pill count:	Y N	Y N	Y N	Y N
<b>Tolerability to medication:</b>				
<b>Other hospital/doctor visits:</b>				
<b>Additional medication:</b>				
<b>Presenting complaints (Symptoms, duration, severity):</b>				

# Male clinical record



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indicating  
composition of  
male clinical  
records

# Male clinical record: Demographic and first visit

HPRS Label

**DEMOGRAPHIC DETAILS**

Allergy sticker

Patient file number:  -  -

ID/passport number:

Name:

Surname:

Date of birth:  d  d  m  m  y  y  y  y

Facility name:

Facility unique number:

Gender:  Male  Female

**RESIDENTIAL ADDRESS**

House number and street name:

Suburb:

Town/city:

Postal code:

**MOTHER'S DETAILS**

Name of mother:

Home telephone number:

Cell number:

**FATHER'S DETAILS**

Name of father:

Home telephone number:

Cell number:

**GUARDIAN'S DETAILS**

Name of guardian:

Home telephone number:

Cell number:

**ALTERNATIVE CONTACT DETAILS**

Next of kin (name & surname):

Relationship to patient:

Home telephone number:

Cell number:

Date completed:  d  d  m  m  y  y  y  y

Demographic details to be completed by administrative clerk (similar to children record)

**PATIENT PROFILE - FIRST VISIT**

*To be completed at first visit*

**Social** (Please Tick)

<b>Type of employment:</b>	Unemployed	Self-employed	Formally employed		
<b>Living conditions:</b>	Informal dwelling	Formal House	Hostel	Other institutions (specify):	
	Owner	Tenant	Number in household:		
	Piped water inside dwelling	Piped water outside dwelling	Communal tap		
	Borehole	Rain water	Rain/stream water		
	Flushing toilet in house	Flushing toilet outside house	Pit toilet		
	VIP toilet	Bucket system	None		
<b>Cooking method:</b>	Electricity	Gas	Paraffin	Coal	Firewood
<b>Social assistance:</b>	Disability grant	Child support grant	Foster care grant	Pension	

**Risk Factors** (Please Tick)

<b>Alcohol:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	(If Yes)	Type:	Quantity:	Frequency:
<b>Smoking/tobacco:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	(If Yes)	Year Started:	Frequency:	
<b>Other substances:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Specify:			
<b>Physical activity:</b>	Walk		Run		Active sport
<b>Healthy eating:</b>	Do you run out of food?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you eat a heaped plate of food?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you eat food high in: Salt? <input type="checkbox"/> Y <input type="checkbox"/> N
			Do you eat food high in: Fat? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you eat food high in: Sugar? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Sexual behavior:</b>	Number of current partners:				
	Have you had multiple partners in the past six months? <input type="checkbox"/> Y <input type="checkbox"/> N				
	Do you protect yourself and your partner every time you have sex? <input type="checkbox"/> Y <input type="checkbox"/> N				
	HCT done?	<input type="checkbox"/> Y <input type="checkbox"/> N	Date of last test: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative					

**Family History** (Please Tick)

Heart Disease     Hypertension     Diabetes  
 TB     Mental Health     Cancer; if yes, specify: \_\_\_\_\_  
 Other; specify: \_\_\_\_\_

**Known Chronic Health Conditions**

	Year diagnosed				
	Y	N	Y	Y	Y
HIV					
TB					
Hypertension					
Ischaemic heart disease					
Diabetes					
Asthma/ COPD					
Mental Health					
Epilepsy					
Rheumatic heart disease					
Physical Disability; e.g. blindness, limited mobility, etc.					
Chemotherapy					
Liver disease					
Kidney disease					
Other; specify					
Date completed:					

During the patients first visit a detailed social history is taken

# Male clinical record: Annual review

Annual review:  
Updating of any  
changes in risk  
factors

## PATIENT PROFILE - ANNUAL REVIEW

Update as relevant

Social (Please Tick)								
<b>Type of employment:</b>	Unemployed	Self-employed	Formally employed					
<b>Living conditions:</b>	Informal dwelling	Formal House	Hostel	Other institutions (specify):				
	Owner	Tenant	Number in household:					
	Piped water inside dwelling	Piped water outside dwelling	Communal tap					
	Borehole	Rain water	Rain/stream water					
	Flushing toilet in house	Flushing toilet outside house	Pit toilet					
	VIP toilet	Bucket system	None					
<b>Cooking method:</b>	Electricity	Gas	Paraffin	Coal	Firewood			
<b>Social assistance:</b>	Disability grant	Child support grant	Foster care grant	Pension				
Date completed:	d	d	m	m	y	y	y	y

Social (Please Tick)								
<b>Type of employment:</b>	Unemployed	Self-employed	Formally employed					
<b>Living conditions:</b>	Informal dwelling	Formal House	Hostel	Other institutions (specify):				
	Owner	Tenant	Number in household:					
	Piped water inside dwelling	Piped water outside dwelling	Communal tap					
	Borehole	Rain water	Rain/stream water					
	Flushing toilet in house	Flushing toilet outside house	Pit toilet					
	VIP toilet	Bucket system	None					
<b>Cooking method:</b>	Electricity	Gas	Paraffin	Coal	Firewood			
<b>Social assistance:</b>	Disability grant	Child support grant	Foster care grant	Pension				
Date completed:	d	d	m	m	y	y	y	y

Social (Please Tick)								
<b>Type of employment:</b>	Unemployed	Self-employed	Formally employed					
<b>Living conditions:</b>	Informal dwelling	Formal House	Hostel	Other institutions (specify):				
	Owner	Tenant	Number in household:					
	Piped water inside dwelling	Piped water outside dwelling	Communal tap					
	Borehole	Rain water	Rain/stream water					
	Flushing toilet in house	Flushing toilet outside house	Pit toilet					
	VIP toilet	Bucket system	None					
<b>Cooking method:</b>	Electricity	Gas	Paraffin	Coal	Firewood			
<b>Social assistance:</b>	Disability grant	Child support grant	Foster care grant	Pension				
Date completed:	d	d	m	m	y	y	y	y

## PATIENT PROFILE - ANNUAL REVIEW

Update as relevant

Risk Factors (Please Tick)																						
<b>Alcohol:</b>	Y	N	(If Yes)	Type:	Quantity:	Frequency:																
<b>Smoking/tobacco:</b>	Y	N	(If Yes)	Year Started:	Frequency:																	
<b>Other substances:</b>	Y	N	Specify:																			
<b>Physical activity:</b>	Walk			Run			Active sport															
<b>Healthy eating:</b>	Do you run out of food?	Y	N	Do you eat a heaped plate of food?	Y	N	Do you eat food high in:	Salt?	Y	N	Do you eat food high in:	Sugar?	Y	N								
		Do you eat food high in:	Fat?		Y	N		in:														
<b>Sexual behavior:</b>	Number of current partners:																					
	Have you had multiple partners in the past six months?											Y	N									
	Do you protect yourself and your partner every time you have sex?											Y	N									
	HCT done?											Y	N	Date of last test	d	d	m	m	y	y	y	y
Results:											Positive	Negative										
Date completed:	d	d	m	m	y	y	y	y														

Risk Factors (Please Tick)																						
<b>Alcohol:</b>	Y	N	(If Yes)	Type:	Quantity:	Frequency:																
<b>Smoking/tobacco:</b>	Y	N	(If Yes)	Year Started:	Frequency:																	
<b>Other substances:</b>	Y	N	Specify:																			
<b>Physical activity:</b>	Walk			Run			Active sport															
<b>Healthy eating:</b>	Do you run out of food?	Y	N	Do you eat a heaped plate of food?	Y	N	Do you eat food high in:	Salt?	Y	N	Do you eat food high in:	Sugar?	Y	N								
		Do you eat food high in:	Fat?		Y	N		in:														
<b>Sexual behavior:</b>	Number of current partners:																					
	Have you had multiple partners in the past six months?											Y	N									
	Do you protect yourself and your partner every time you have sex?											Y	N									
	HCT done?											Y	N	Date of last test	d	d	m	m	y	y	y	y
Results:											Positive	Negative										
Date completed:	d	d	m	m	y	y	y	y														

Risk Factors (Please Tick)																						
<b>Alcohol:</b>	Y	N	(If Yes)	Type:	Quantity:	Frequency:																
<b>Smoking/tobacco:</b>	Y	N	(If Yes)	Year Started:	Frequency:																	
<b>Other substances:</b>	Y	N	Specify:																			
<b>Physical activity:</b>	Walk			Run			Active sport															
<b>Healthy eating:</b>	Do you run out of food?	Y	N	Do you eat a heaped plate of food?	Y	N	Do you eat food high in:	Salt?	Y	N	Do you eat food high in:	Sugar?	Y	N								
		Do you eat food high in:	Fat?		Y	N		in:														
<b>Sexual behavior:</b>	Number of current partners:																					
	Have you had multiple partners in the past six months?											Y	N									
	Do you protect yourself and your partner every time you have sex?											Y	N									
	HCT done?											Y	N	Date of last test	d	d	m	m	y	y	y	y
Results:											Positive	Negative										
Date completed:	d	d	m	m	y	y	y	y														

# Male clinical record: ART initiation

## ART INITIATION

To be completed at ART initiation or transfer-in

Transfer-in: <input type="checkbox"/> Y <input type="checkbox"/> N										
Referral clinic: _____ ART start date: <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y										
Presents from:		TB Clinic	PMTCT	VCT	Other ART clinic	PHC	In-patient	Correc-tional services	Work	Other
Has patient disclose HIV status <input type="checkbox"/> Y <input type="checkbox"/> N										
<b>CLINICAL ASSESSMENT: FIRST VISIT AT THIS CLINIC</b>										
<b>WHO CLINICAL STAGING:</b>										
If the patient has, OR HAS EVER HAD, any of the illnesses below, and none in stage 4, and a CD4 count>350, the patient needs HIV care					If the patient has, OR HAS EVER HAD, any of the illnesses below, and a CD4 count<350, the patient needs ART					
WHO stage	Clinical features				WHO stage	Clinical features				
WHO stage 1	Persistent generalised lymphadenopathy <input type="checkbox"/> Y <input type="checkbox"/> N Other: <input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage 4	Herpes simplex virus lesions >1 month <input type="checkbox"/> Y <input type="checkbox"/> N Oesophageal candidiasis <input type="checkbox"/> Y <input type="checkbox"/> N Pneumocystis jiroveci (former PCP) <input type="checkbox"/> Y <input type="checkbox"/> N Kaposi sarcoma <input type="checkbox"/> Y <input type="checkbox"/> N HIV wasting syndrome <input type="checkbox"/> Y <input type="checkbox"/> N HIV encephalopathy <input type="checkbox"/> Y <input type="checkbox"/> N Recurrent pneumonia <input type="checkbox"/> Y <input type="checkbox"/> N Cytomegalovirus <input type="checkbox"/> Y <input type="checkbox"/> N Isosporiasis/ Cryptosporidiosis <input type="checkbox"/> Y <input type="checkbox"/> N Bedridden >50%/day most of last month <input type="checkbox"/> Y <input type="checkbox"/> N Cryptococcal meningitis <input type="checkbox"/> Y <input type="checkbox"/> N Lymphoma <input type="checkbox"/> Y <input type="checkbox"/> N Extra-pulmonary TB <input type="checkbox"/> Y <input type="checkbox"/> N Other <input type="checkbox"/> Y <input type="checkbox"/> N				
WHO stage 2	Weight loss <10% body weight <input type="checkbox"/> Y <input type="checkbox"/> N Minor mucocutaneous conditions <input type="checkbox"/> Y <input type="checkbox"/> N Recurrent URTI <input type="checkbox"/> Y <input type="checkbox"/> N Uncomplicated Herpes Zoste <input type="checkbox"/> Y <input type="checkbox"/> N Other: <input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage 4	CD4 result <input type="text"/> _____				
WHO stage 3	Weight loss >10% body weight <input type="checkbox"/> Y <input type="checkbox"/> N Diarrhoea > 1 month <input type="checkbox"/> Y <input type="checkbox"/> N Oral candidiasis <input type="checkbox"/> Y <input type="checkbox"/> N Severe bacterial infections including Pneumonia <input type="checkbox"/> Y <input type="checkbox"/> N Oral hairy leukoplakia <input type="checkbox"/> Y <input type="checkbox"/> N Prolonged fever <input type="checkbox"/> Y <input type="checkbox"/> N Bedridden <50%/day most of last month <input type="checkbox"/> Y <input type="checkbox"/> N Pulmonary TB (current or in last year) <input type="checkbox"/> Y <input type="checkbox"/> N Other: <input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage 4					
<b>NUTRITIONAL ASSESSMENT</b>										
Symptoms present: (Please tick)	Nausea	Vomiting	Diarrhoea	Severe loss of weight	Difficulty swallowing					
Baseline BMI:										

## ART INITIATION

To be completed at ART initiation or transfer-in

<b>HISTORY AND EXAMINATION &amp; PLAN</b>										
Screened for IPT: <input type="checkbox"/> Y <input type="checkbox"/> N		Qualifies for IPT: <input type="checkbox"/> Y <input type="checkbox"/> N		Started IPT Date: <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="checkbox"/> Y <input type="checkbox"/> N						
Screened for Cotrimoxazole: <input type="checkbox"/> Y <input type="checkbox"/> N		Already on Cotrimoxazole: <input type="checkbox"/> Y <input type="checkbox"/> N		Qualifies/started Cotrimoxazole: Date: <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="checkbox"/> Y <input type="checkbox"/> N						
Screened for other/ Fluconazole: <input type="checkbox"/> Y <input type="checkbox"/> N		Qualifies/started other/Fluconazole: <input type="checkbox"/> Y <input type="checkbox"/> N		Qualifies/started other/Fluconazole: Date: <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="checkbox"/> Y <input type="checkbox"/> N						
CD4 >350 AND stage 1 – 3 <input type="checkbox"/> Y <input type="checkbox"/> N				CD4 <- 350 <input type="checkbox"/> Y <input type="checkbox"/> N						
<b>PSYCHO-SOCIAL READINESS</b>										
Has patient attended all required counselling sessions? <input type="checkbox"/> Y <input type="checkbox"/> N				Does patient have a treatment buddy? <input type="checkbox"/> Y <input type="checkbox"/> N						
Has patient disclosed to anyone? <input type="checkbox"/> Y <input type="checkbox"/> N				Does patient attend the clinic regularly? <input type="checkbox"/> Y <input type="checkbox"/> N						
<b>PRE-ART COUNSELLING</b>										
Session	Date	Counsellor/group	Treatment buddy attended?	Comments						
General HIV Education and Healthy Living			<input type="checkbox"/> Y <input type="checkbox"/> N							
Antiretroviral Therapy			<input type="checkbox"/> Y <input type="checkbox"/> N							
Adherence Planning			<input type="checkbox"/> Y <input type="checkbox"/> N							
Other			<input type="checkbox"/> Y <input type="checkbox"/> N							
Name and details for treatment buddy										
Patient agreed to home visit? <input type="checkbox"/> Y <input type="checkbox"/> N		Name of community health worker: _____				Attends a support group: <input type="checkbox"/> Y <input type="checkbox"/> N				
What is clients understanding (in their own words) for wanting ART										
<b>BASELINE SAFETY BLOODS</b>										
Test	Date	Result	Notes							
ALT										
Haemoglobin										
CD4										
ART drug clearance										
<b>FACTORS INFLUENCING REGIMEN CHOICE</b>										
Patient <input type="checkbox"/> Y <input type="checkbox"/> N		Has been more than 1 month on ART (excluding PMTCT or PEP) <input type="checkbox"/> Y <input type="checkbox"/> N				PLAN: ARV 1				
Peripheral neuropathy <input type="checkbox"/> Y <input type="checkbox"/> N		BMI > 27.5 <input type="checkbox"/> Y <input type="checkbox"/> N				ARV 2				
Psychiatric illness <input type="checkbox"/> Y <input type="checkbox"/> N		Other: _____				ARV 3				
<b>ART INITIATION</b>										
SANC/HPCSA No: _____										
Date completed: <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y										

Antiretroviral treatment stationary is integrated in the single record

# Male clinical record: clinical management

## CLINICAL MANAGEMENT

Visit number:	1				2				3												
Date of visit:	d	d	m	m	y	y	y	d	d	m	m	y	y	y	d	d	m	m	y	y	y
<b>Vital signs</b>																					
Weight:																					
Height:																					
BMI:																					
Temperature:																					
Pulse:																					
Blood pressure:																					
Blood glucose:																					
Urine:																					
<b>Basic screening</b>																					
HIV			Y	N			Y	N			Y	N									
TB			Y	N			Y	N			Y	N									
STI			Y	N			Y	N			Y	N									
Diabetes			Y	N			Y	N			Y	N									
<b>Lifestyle risk assessment</b>																					
Alcohol:			Y	N			Y	N			Y	N									
Smoke/tobacco:			Y	N			Y	N			Y	N									
Physical activity:			Y	N			Y	N			Y	N									
Healthy eating:			Y	N			Y	N			Y	N									
Sexual behaviour:			Y	N			Y	N			Y	N									
<b>Known conditions:</b> <i>(Please tick)</i>	<b>Heart disease</b>		<b>Hypertension</b>		<b>Diabetes</b>		<b>Asthma/COPD</b>														
HIV			Y	N			Y	N			Y	N									
WHO stage:																					
Viral load:																					
CD4:																					
On ART:			Y	N			Y	N			Y	N									
<b>TB:</b>	<b>Intensive phase</b>	<b>Continuation phase</b>																			
<b>Mental health</b>			Y	N			Y	N			Y	N									
<b>Adherence to medication and pill count:</b>			Y	N			Y	N			Y	N									
<b>Side effects to medication:</b>																					
<b>Other hospital/doctor visits:</b>																					
<b>Additional medication:</b>																					
<b>Presenting complaints (Symptoms, duration, severity):</b>																					

Chronic patient record with relevant section for completion at each patient visit

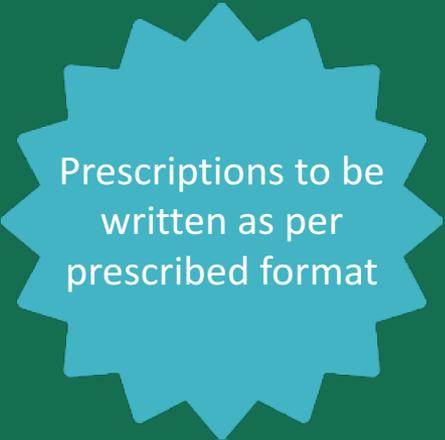
## LABORATORY TEST RESULTS

TEST	Date requested:	Date requested:	Date requested:	Date requested:																
	d	d	m	m	y	y	y	d	d	m	m	y	y	y	d	d	m	m	y	y
	Results	Results	Results	Results																
ALP																				
ALT																				
Calcium																				
CD4																				
Cholesterol																				
Coomb's Test																				
CRAG (Cryptococcal antigen test)																				
Creatinine (eGFR)																				
CPR																				
Cytology																				
Differential count																				
FT4 (Free Thyroxine 4)																				
Gamma GT																				
Haemoglobin																				
HbA1c																				
Hepatitis A, B or C																				
HIV PCR for infants																				
INR																				
Lactic Acid																				
LDL																				
Lipase																				
MCS (Non-TB)																				
MCV																				
Pap smear																				
Phenytoin																				
Platelets																				
Potassium																				
PSA																				
Red Cell Folate																				
RPR																				
Sodium																				
Stool parasites																				
TB Drug Susceptibility																				
TB Line Probe Assay																				
TB M&S (re-treatment and HIV patients)																				
Triglycerides																				
TSH																				
Uric Acid (Serum)																				
Urine albumin: creatinine ratio																				
Urine protein: creatinine ratio																				
Viral load																				
Vitamin B12																				
WBC																				
Xpert MTB/RIF																				
Other																				

Complete list of laboratory investigations that can be conducted with relevant section for results

## PRESCRIPTION

<b>PATIENT'S NAME AND SURNAME</b>													
<b>ID:</b>										<b>AGE:</b>			
<b>ALLERGIES:</b>													
Date	<b>DETAILS OF PRESCRIPTION</b> Print the name of the drugs in the blocks below <b>- NOTE ONE ITEM PER BLOCK</b>	<b>REPEATS</b>											
		1 of 6 (Initial)	2 of 6	3 of 6	4 of 6	5 of 6	6 of 6						
	or equivalent	Date											
		Quantity											
	Prescriber name, signature & qualifications	Batch No											
		Dispenser Signature											
	Print Name												
	or equivalent	Date											
		Quantity											
	Prescriber name, signature & qualifications	Batch No											
		Dispenser Signature											
	Print Name												
	or equivalent	Date											
		Quantity											
	Prescriber name, signature & qualifications	Batch No											
		Dispenser Signature											
	Print Name												
	or equivalent	Date											
		Quantity											
	Prescriber name, signature & qualifications	Batch No											
		Dispenser Signature											
	Print Name												
	or equivalent	Date											
		Quantity											
	Prescriber name, signature & qualifications	Batch No											
		Dispenser Signature											
	Print Name												



Prescriptions to be written as per prescribed format



# Female clinical record



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# Female clinical record: Antenatal – subsequent visits and gestational chart

## FOLLOW-UP ANTENATAL CARE VISITS

If the first visit is later than 12 weeks, all activities for the '12' week visit should be undertaken at that time, regardless of gestation. Put date and for test the results

		Weeks																		
		20		26		32		38												
Date		d	d	m	m	y	y	d	d	m	m	y	y	d	d	m	m	y	y	
General examination	Blood pressure																			
	Maternal weight (kg)																			
	Haemoglobin test (result)																			
	Blood glucose (If applicable)																			
	Urine test (result)																			
Abdominal examination	Clinical examination for anaemia																			
	Fundus height (cm)																			
	Lie																			
	Presentation																			
	Fetal heart rate																			
Supplements given	Fetal movements																			
	Detection of breech																			
Supplements given	Iron and folate supplementation	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Calcium supplementation	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Health education	Information on emergencies given	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Antenatal card completed, given to woman	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Contraception	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Instructions given for delivery and transport							Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Advice on lactation and contraception							Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Health Care Practitioner	Reminder to bring card when in labour									Y	N	Y	N	Y	N	Y	N	Y	N	
	Name:																			
	Surname:																			
	Signature:																			
	SANC/HPCSA No:																			

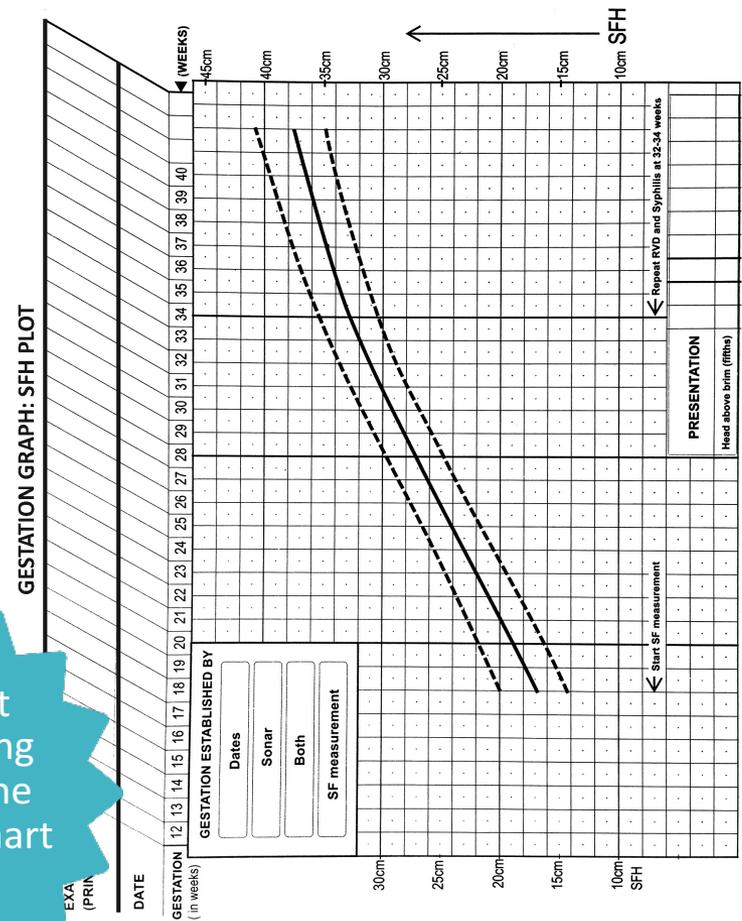
Delivery Summary (To be completed after delivery of this pregnancy)	
Birth Date: d d m m y y y y	Place of birth:
Birth weight:	Birth length:
Apgar:	1 minute      5 minutes
Delivery mode: (NV=Normal Vaginal ES=Forceps VE=Vacuum Extraction CS=Caesarean Section)	NV   FS   VE   CS   Comments:
Pregnancy outcome: (A=Alive ID=Infant death NID=Neonatal death IUD=Intra-uterine Death)	A   ID   NND   IUD   Comments:
Comment on birth and/or delivery:	
Health Care Practitioner:	Name and surname: Signature: SANC/HPCSA No:

v2/2016

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v2/2016

## GESTATIONAL GRAPH PLOT DURING PREGNANCY



EXA (PRIN)

DATE

GESTATION (in weeks)

45cm

40cm

35cm

30cm

25cm

20cm

15cm

10cm

SFH

40

39

38

37

36

35

34

33

32

31

30

29

28

27

26

25

24

23

22

21

20

19

18

17

16

15

14

13

12

GESTATION ESTABLISHED BY

Dates

Sonar

Both

SF measurement

Start SF measurement

Repeat RVD and Syphilia at 32-34 weeks

PRESENTATION

Head above brim (fiths)

30 of 80 F

**POSTNATAL CARE VISITS:**

*Complete this form the first time a pregnant woman presents for antenatal care for*



<b>General examination</b>		3-6 D	
	Date:	d	d
	BP and	m	m
	Temperature	y	y
	Pulse		
	Urine test		
	Fundal height		
	Urinary problems / micturition		
	Vaginal bleeding : amount, colour and odour		
	Perineum		
	Haemorrhoids		
	Signs of thrombosis		
	Breasts problems		
	Signs of infections		
HB			
<b>Health education</b>	Counseling and voluntary HIV testing		
	Provide information on diet, signs of complications, nutrition		
	Contraception method		
	Emotional status		
	Ensure that Vit A and TT3 are given		
	Feeding method of choice		
<b>Health Care Practitioner:</b>	Name and surname:		
	Signature:		
	SANC/HPCSA No:		

# Clinical management support



- **Cleanliness** - Cleaning Guideline
- **Infection prevention and control**
- Adequate **medicines** and **supplies**
- **Consistent availability** and use of **laboratory services**
- Access to medical, mental and allied health practitioners (**referrals**)
- Essential **equipment** and **furniture**

Refer to Ideal Clinic Manual

# Clinical support by medical practitioners



- **Clinical mentorship** to equip health care providers with the clinical knowledge, skills and attitudes to achieve competence and confidence in the provision of quality care. Helps to have someone to whom one can go and ask questions, and get help with diagnosing, managing or prescribing.
- **Training** of professional nurses in diagnosis of specified conditions
- Conduct **clinical audits**
- **First point of referral for complicated patients**
- **Review of unstable chronic patients**

# Role of the District Clinical Specialist Team (DCST)



- **Supervision** and **mentoring** of professional nurses, PHC nurses in management of chronic diseases
- Conducting **clinical audits**
- Primary referral for **complicated cases**
- Strengthening the **referral mechanism** to district and regional hospitals
- Monitoring patient **clinical outcomes**

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