



PAN CARIBBEAN PARTNERSHIP



AGAINST HIV/AIDS

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS (PANCAP)
PAN AMERICAN HEALTH ORGANISATION (PAHO)

PANCAP-PAHO PrEP KNOWLEDGE SUITE



Clinic Follow-Up Form

Patient Name: _____

PrEP #: _____

Is this a scheduled/ follow-up visit? Yes No

If no, what is the reason for the unscheduled visit?

Adverse Event Suspected Acute Viral Infection Seroconversion confirmation

Prescription Refill STI

1. PHYSICAL EXAMINATION

Oriented in T/P/P: Yes No

Appropriate mood/affect: Yes No

Weight (kg).....

Blood Pressure.....

Pulse.....

Temperature.....

Respiratory Rate.....

Clinical Review

STI symptoms	Check which is appropriate	Acute HIV infection	Check which is appropriate
Blisters on vagina/penis		Fever	
Blisters on anus		Lymphadenopathy	
Penile/vaginal discharge		Mouth sores/ulcers	
Anal discharge		Myalgia	
Rectal bleeding		Rash	
Dysuria		Sore throat	

Medication Side effects

Side-effects of medication	Check which is appropriate
Nausea/vomiting	
Bloating	
Abdominal pain	
Dizziness	
Insomnia	

Other medication side-effects: _____

Physical Exam findings and conclusion: _____

2. RISK ASSESSMENT

A. Drug and Alcohol Use

Do you use drugs or alcohol? Yes No

How many times per week do you use either drugs or alcohol? _____

B. Risk assessment for HIV infection

In the past 3 months how many people did you have vaginal or anal sex with?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-20	<input type="checkbox"/> >21	men
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-20	<input type="checkbox"/> >21	women

Current number of partners:

Condom use with regular partner: Always Often Sometimes Rarely Never

Condom use with casual partner(s): Always Often Sometimes Rarely Never

Condom use changed since starting PrEP?

In the past three months, Have you shared needles or syringes?

HIV positive partner or partner with any risk factor for HIV infection? (i.e. inconsistent use of condoms, STI clinical history, shared needles or syringes)

3. ADHERENCE MONITORING

Medication Adherence

In the past 30 days, approximately how many tablets did you miss?

Approximate number tablets missed prior to last 30 days?

What was main reason for missing? Forgot Travel/away from home Ran out of tablets Adverse effects Other

4. LABORATORY TESTING AND RESULTS

A. Follow-up clinical test					
	Tick if sample taken	Result		Tick if sample taken	Result
Rapid HIV			Syphilis		
Confirmatory HIV (if Rapid HIV test is positive)			Chlamydia		
U&Es/LFTs			Gonorrhoea		
Hepatitis B					
Hepatitis C					
Creatinine Clearance					
Estimated Creatinine Clearance (eCrCl) (Cockcroft-Gault method):					

Cockcroft-Gault Formula for Estimating Creatinine Clearance

$$\text{CrCl (mL/min)} = \frac{(140 - \text{age}) \times \text{Lean Body Weight (kg)}}{\text{Serum Creatinine (mg/dL)} \times 72} \quad (\times 0.85 \text{ if female})$$

5. MANAGEMENT PLAN

PLAN
<p>Should or will the patient continue using PrEP? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, due to reactive HIV test <input type="checkbox"/> No, due to other abnormal test results <input type="checkbox"/> No, due to poor adherence <input type="checkbox"/> No, due to adverse events <input type="checkbox"/> No, due to user decision</p> <p><input type="checkbox"/> Other:</p> <p>Prescription & Follow-up:</p>
<p>Address side-effects and provide brief adherence counselling at every visit. Consider calculating eCrCl more frequently than q6 months if history of conditions affecting the kidney, ex. diabetes or hypertension; less frequently if age <45, baseline eCrCl > 90 ml/min, and weight more than 55 kg.</p> <p>Counsel on condom use, STI symptoms, mental health, intimate partner violence and substance use.</p>

Additional Notes:

Healthcare provider: (Name) _____

Signature: _____

Date: _____