

Provider ID Number: _____ Patient Study ID Number: _____

OBSERVATION CHECKLIST: Antiretroviral Treatment (ART) Follow up

SBM-R Evaluation in Zambia

- | | |
|--|---|
| 1. Facility ID Number: _____ | 3. Observer ID: _____ |
| 2. Date of observation: ____ / ____ / ____
DD / MM / YYYY | 4. Start Time: ____ : ____ (hours: minutes) |
| | 5. End Time: ____ : ____ (hours: minutes) |

PATIENT BACKGROUND [Ask the patient questions 7-11 before the consultation begins]

6. Record sex of the patient. **[Circle one]**
- [1] Male (Go to Q8) [2] Female
7. Is she pregnant?
- [1] Yes [0] No
8. Record whether this is the first, second, or third or more follow-up visit to this facility since initiating ART **[Circle one]**
- [1] First [2] Second [3] Third or more
9. Record how many years and months this ART patient has been on ART
- _____ years and _____ months
10. Record age of patient in years: _____ years old
11. Record the main language the patient speak _____
12. Record the education level completed by the patient _____
13. Record the ethnic group of the patient _____

Instructions to Observer:

Mark with X in YES column if step or task is OBSERVED

Mark with X in NO column if step or task is NOT OBSERVED

Mark with X in NA (9) column if step or task is NOT APPLICABLE FOR THIS PATIENT

	STEP/TASK	YES (1)	NO (0)	NA (9)
100	The provider assess the patient's condition Observe whether the health provider:			
101	Greets the patient in a cordial manner and offers him/her a seat			
102	Introduces him/herself, if necessary			

	STEP/TASK	YES (1)	NO (0)	NA (9)
103	Asks the patient about his/her well-being			
104	Asks the patient if s/he has any documentation (ART card)			
105	Reviews medical history			
106	Asks the patient how s/he is feeling since initiation of ART			
	Assesses for signs of opportunistic infections/Adverse reactions			
107	Rules out pneumocystic pneumonia (asks about shortness of breath, fever, cough)			
108	Rules out cryptococcal meningitis (asks about any 3 of the following :headache, fever, neck rigidity, confusion, photophobia)			
109	Rules out TB (asks about 4 of any of the following: cough, fever, weight loss, night sweats, loss of appetite, history of TB)			
110	Asks the patient about bad dreams, confusion, difficult in sleeping, lack of concentration in a patient on efavirenz			
111	Enquires about nausea and vomiting			
112	Enquires about yellow eyes			
113	Enquires about shortness of breath			
114	Reassures the patient that some of the symptoms disappear with time			
115	Treats the significant side effect appropriately			
116	Asks the patient if s/he has started any new medications, including traditional/herbal medications, since the last visit			
117	Documents concurrent medications and doses on the patient's medical record			
118	Checks for clinically significant drug interactions according to the drug interaction table from the current National Guidelines on the Prevention and Management of Side Effects and Drug Interactions			
119	Inquires about: contraceptive use (if applicable), pregnancy, alcohol and recreational drug use, and symptoms of depression			
120	Performs target physical examination (if indicated), including weight monitoring			
121	Requests and reviews laboratory tests			
122	Records findings			
200	The provider verifies how the patient is taking ART and cotrimoxazole prophylaxis (if applicable) Observe whether the health provider:			
201	Asks the patient whether they missed any ART or co-trimoxazole doses			
202	Asks the patient to explain how they are taking their medications			
203	Asks the patient the time they take the medications			
204	Asks the patient to if she or he has any remaining medications			
205	Asks about an adherence supporter			
206	Explains/asks the patient why they are taking co-trimoxazole where applicable			
207	Re-inforces the need for the patient to be adherent			
208	If the patient has missed doses, investigates how to improve adherence (e.g., access to adherence supporter, exploration of different dosing schedules, use of adherence reminders, etc.)			
209	Addresses concerns about ART raised by the patient			
300	The provider addresses identified issues Observe whether the health provider:			
301	Treats opportunistic infections, if any, according to current national guidelines and protocols			

	STEP/TASK	YES (1)	NO (0)	NA (9)
302	Reinforces how to take ART (e.g., number of pills, food requirements, dosing times, etc.) and the importance of adherence			
303	Identifies, grades, and manages adverse reactions according to the National Guidelines on Prevention and Management of Side Effects and Drug Interactions			
304	Identifies, grades, and manages laboratory abnormalities according to the National Guidelines on the Prevention and Management of Side Effects and Drug Interactions			
305	Manages paresthesia and/or neuro-sensory impairment according to the National Guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines			
306	Manages rash of patients on EFV- or NVP-containing regimens according to the National Guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines			
307	Manages hyperlactacidemia and lactic acidosis according to the National Guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines			
308	Confirms that the patient has an adherence supporter and asks how it is working			
309	Advises the patient always to boil drinking water for at least 10 min, cool it and then cover			
310	Advises the client to eat freshly cooked food especially if they have no refrigerator			
311	Tells the patient to avoid eating excessive fat meals especially when they are on efavirenz			
312	Tells the patient to wash their hands thoroughly before handling food			
313	Tells the patients to thorough wash fruits and vegetables before eating them			
314	Refers the patient to the appropriate support services for any social need raised by the patient			
400	The provider finalizes the consultation Observe whether the health provider:			
401	Asks if the patient has questions and addresses them			
402	Determines time frame for follow-up visit			
403	Shows the patient where to go next			
404	Completes registers and other forms			
405	Completes the Adverse Drug Reaction Report Form, if applicable			

END OF CHECKLIST