

URN

Client Treatment Confidentiality

(Consent), Rights and Responsibilities

Documentation signed & dated by client

Medical Record Release Forms

Release forms (as necessary), current,& signed
by client

Confirmation of HIV Diagnosis

HIV ab+ test/Western Blot, or letter of diagnosis

Client Demographics

Age, ethnicity/race & gender clearly indicated

Medication List

Present in chart, organized, complete & up
to date

Opportunistic Infection History

OI Hx and current prophylaxis clearly recorded
in chart

Allergies Properly documented and clearly
noted

Medical Case Management

Medical Case Manager and agency documented

Comprehensive Medical History &

Physical Exam including Oral Exam

Completed minimum yearly and signed/dated
by provider

CBC
Chemistries
CD4: documentation of 2 or more CD4 lab results in year
HIV Viral Load (RNA PCR)
Toxo Titer
HAV screen: Hepatitis A status indicated in chart
HBV screen: Hepatitis B status indicated in chart
HCV screen: Hepatitis C serology indicated in chart
Gonorrhea screen
Chlamydia screen
RPR / VRDL
TB Screen PPD read and documented; CXR referral if PPD+

PAP Smear

Improved Clinical Status

Client with increased CD4, decreased VL

Number of Clients with AIDS Serostatus

referred for HAART

#Referred

Started

Mental Health Screen

New clients have mental health screen documented

Substance Abuse Screen

New clients have substance abuse screen documented

Yearly Risk Assessment

Yearly and/or at time of STI diagnosis

Follow-Up evaluation

Client has a minimum of 2 medical visits a year

PCP prophylaxis

IF CD4 <200, PCP prophylaxis recommended/initiated

MAC Prophylaxis

IF CD4 <50, MAC prophylaxis recommended/initiated

Toxo prophylaxis

If CD4 < 100 and toxo titer positive, toxo prophylaxis recommended/initiated

Medical Visits documented for HIV

At least 2 per year or more as indicated

HAV/HBV administered x3**Influenza administered annually**

Pneumovax administered at least once; revaccination

q 3-5 days

Tetanus documented within last 10 years

Laboratory

CD4 & VL test 6-8 weeks after initiation of/change in ARV tx

CD4 & VL test q 3-4 months

CBC q 3-4 months

Chemistries/ LFTs q 3-4 months

Lipid profile (as appropriate)

Resistance test ordered appropriately

(initiating/ failing ARV treatment)

ARV regimen consistent with current guidelines

ARV regimen appropriate for patient's CD4/VL

Assessment of client's educational needs and education provided

Quantitative measurement of medication adherence (rate of adherence)

If adherence issue identified, follow-up action documented

Appointment adherence

Decrease in number of missed appointments

Decrease in viral load or viral load , 50 copies/ml

Dental

Documentation of oral health exam and referral if indicated

Ophthalmology

If CD4 < 100 ophthalmology visit within last 12 months

0-None, 1-Partial, 2-All

PROGRAM SITE:
REVIEWER(S):

Recordkeeping Requirements Chart is properly stored & secure; chart is clearly organized; entries legible
Accreditation or Licensure Documentation of accreditation or licensure of organization and staff
HIV Training Documentation of HIV-Specific training (minimum 10 hours per year per staff)

[Redacted]

0

[Redacted]

0

[Redacted]

0

[Redacted]

0

[Redacted]

0

[Redacted]

0

[Redacted]

0

[Redacted]

0

[Redacted]

0

[Redacted]

0

0

0

0

0

0

0

0

0

0

0

0

0

[Redacted]

0

[Redacted]

0

0

