Department of Health
Republic of South Africa

HIV / AIDS Mentoring
The nurse

October 2008

SOUTH AFRICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

absolute return for kids

USAID
FROM THE AMERICAN PEOPLE

“ The Wait “

SOUTH AFRICANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

USAID
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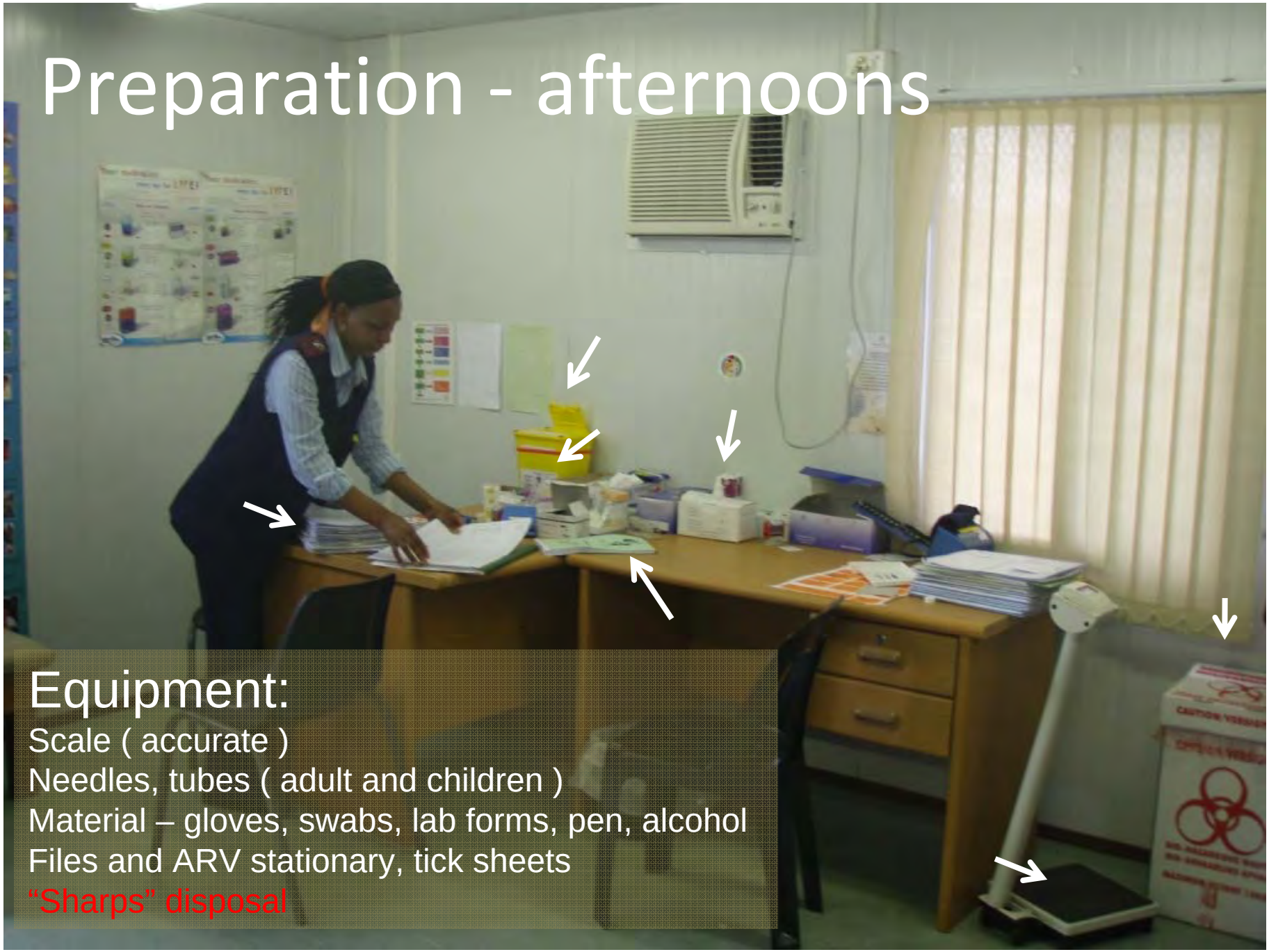
Preparation - afternoons



Equipment:

Scale (accurate)
Needles, tubes (adult and children)
Material – gloves, swabs, lab forms, pen, alcohol
Files and ARV stationary, tick sheets
"Sharps" disposal

Universal precautions

- PEP guidelines and protocol
- risk of needle stick injury
- infection control

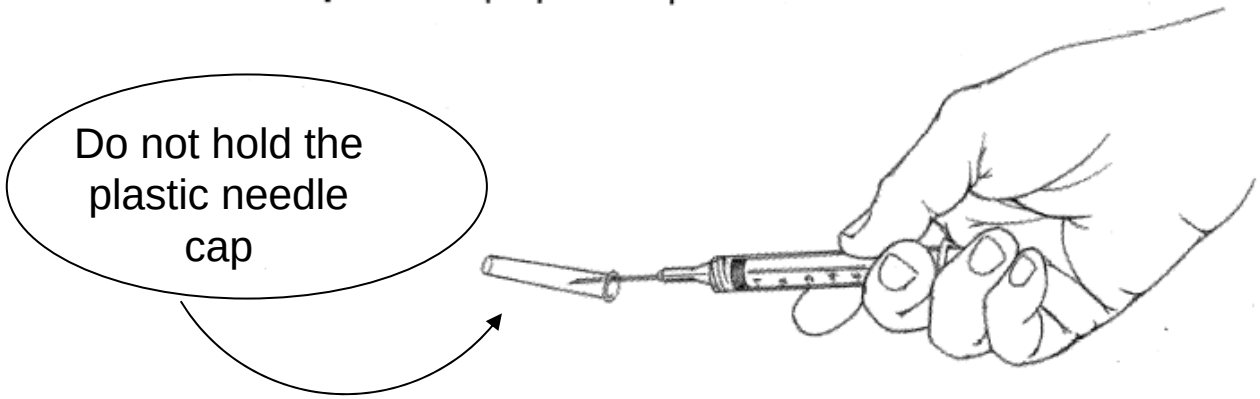
Procedure following injury

- Following injury, clean wound thoroughly with soap and large volumes of water (conjuctival splashes - thoroughly irrigated with saline).
- Counsel HCW, and following the guidelines above consider ARV prophylaxis
- HIV baseline LAB Antibody test of HCW must be done prior to commencing therapy.
- Prophylactic treatment should commence as soon as possible after injury, preferably within 1-2 hours of exposure. (Animal studies suggest little to no efficacy after 48 hours and no efficacy whatsoever 72 hours post exposure.)
- Pre- and post-test counseling including use of condoms.
- Baseline HIV/FBC/HBV/HCV/VDRL from both source and HCW
- Repeat HIV test at 6 weeks, 3 months and 6 months.
- HCW on PEP should be regularly followed-up, and ongoing psychosocial support is imperative.

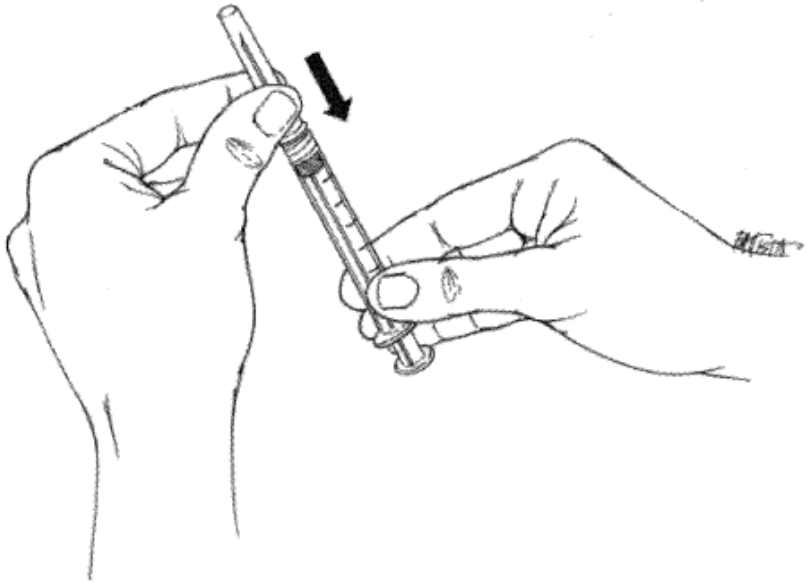
Sharps bin close at hand

Figure 8.1 One-handed recap method

Step 1: Scoop up the cap



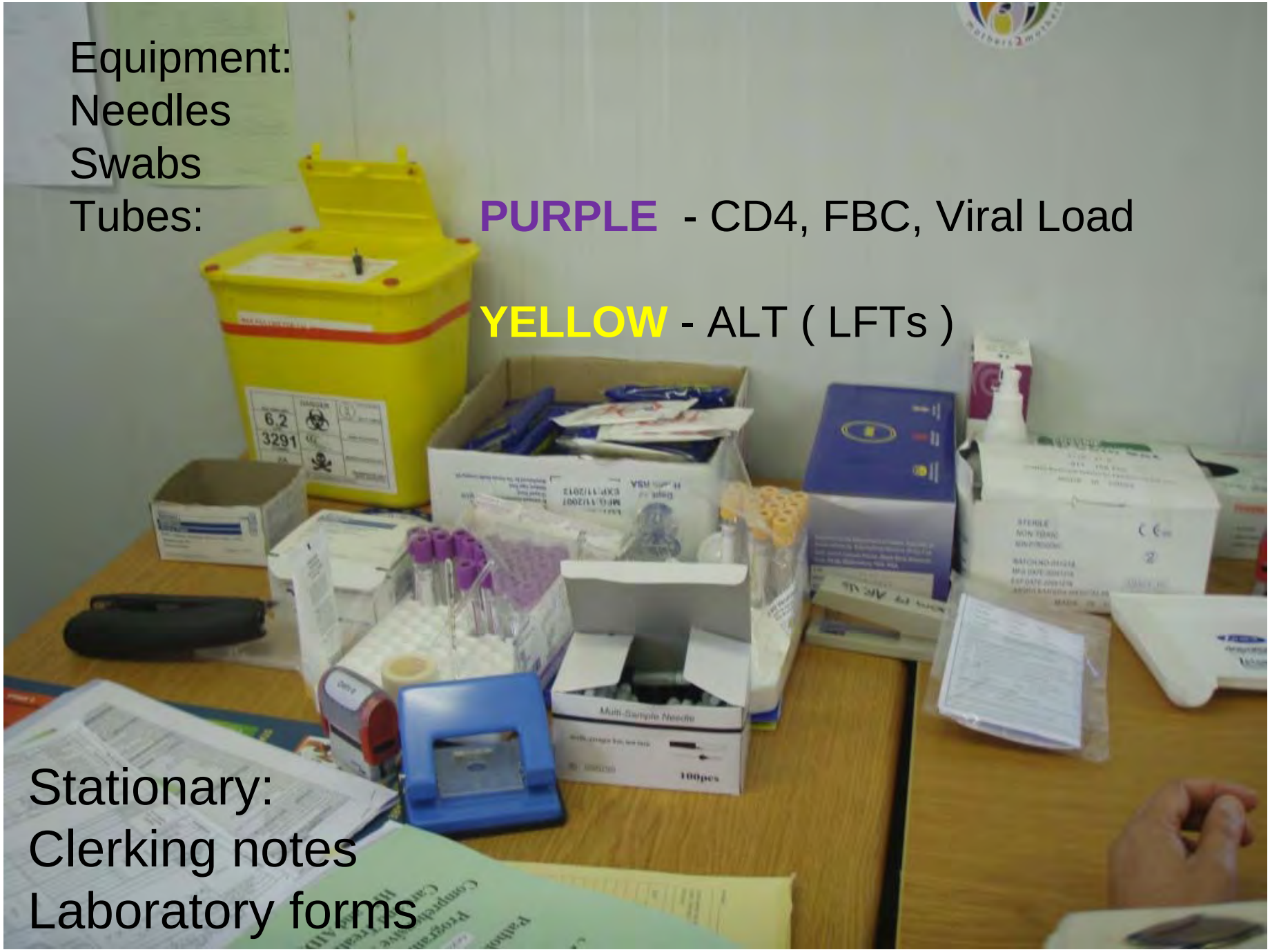
Step 2: Push cap firmly down



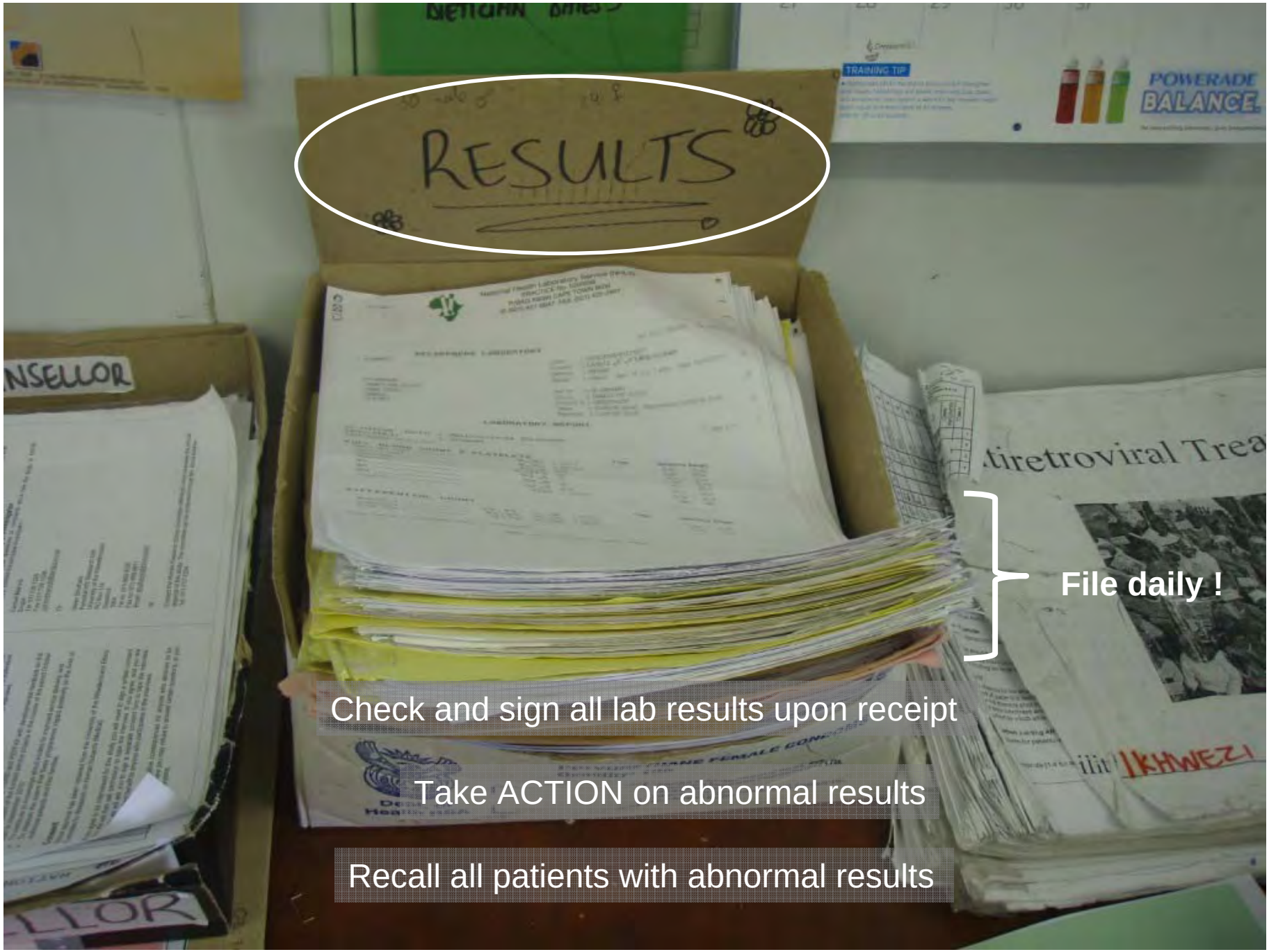
Venesection guidelines

- always follow *three* simple rules for formal venesection:
  - *you* must be comfortable – good light, sit down (to steady your self), lock the door to avoid interruptions
  - the *patient* must be comfortable – explain what you are going to do, lie the patient down, tell them when you are about to prick them (allay all anxiety)
  - *do not rush* – close the door, get assistance etc

Ask the infant's caregiver or parent to wait aside if you have assistance (can be less traumatic for all concerned)


Equipment:
Needles
Swabs
Tubes:
PURPLE - CD4, FBC, Viral Load
YELLOW - ALT (LFTs)
Stationary:
Clerking notes
Laboratory forms

EDTA (**purple top**) tube for CD_4 count and viral load collection

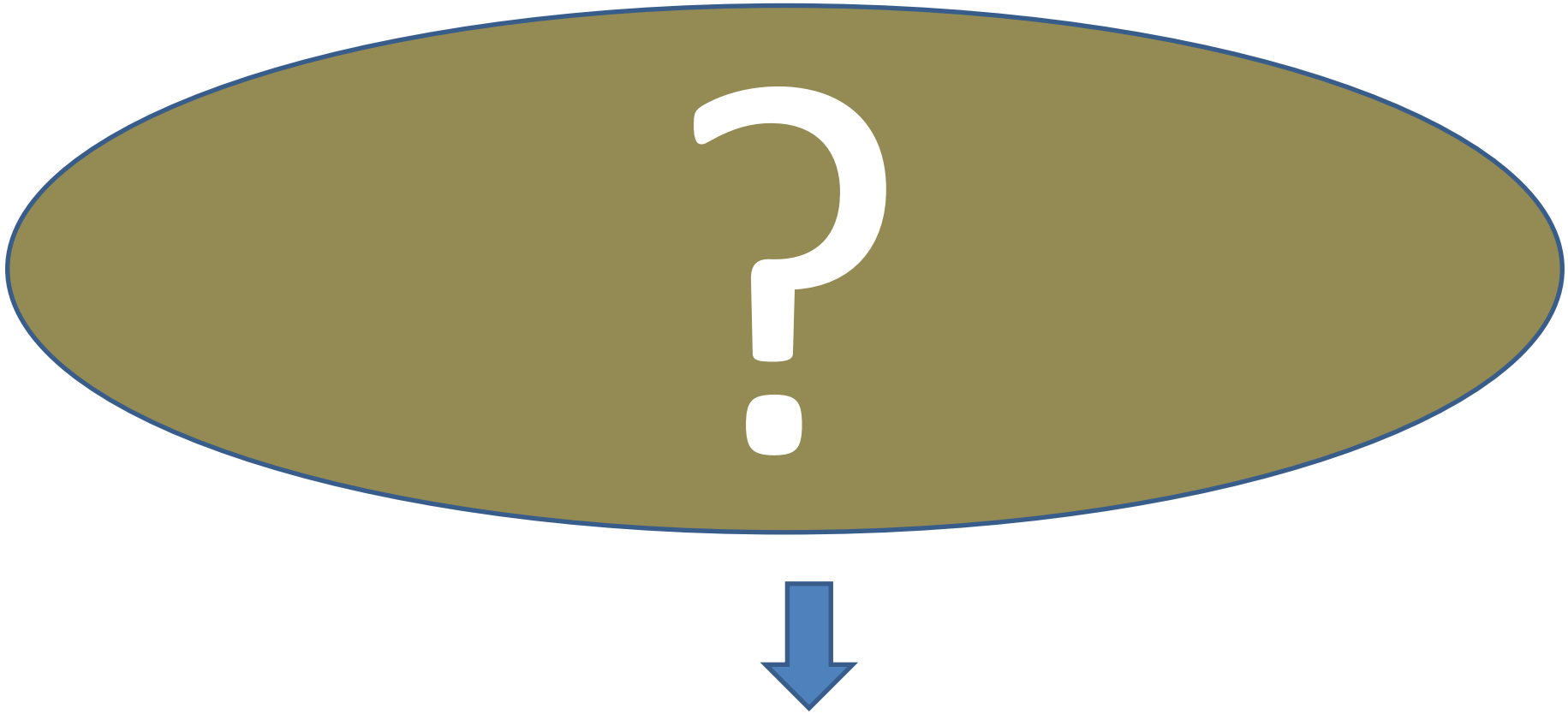

RESULTS
File daily !
Check and sign all lab results upon receipt
Take ACTION on abnormal results
Recall all patients with abnormal results

Action on appointments and results

- Check that the patient is coming in ?
- Check for patients that have not arrived ?
- Obtain a LIST of defaulters:

Data capturer - computer
Pharmacist – scripts NOT collected
Receptionist – uncollected files
Nurse – appointment book

Defaulters



Forward list to patient advocates and home based carers to do follow-up

If there are no lab results ?

- identify the laboratory that is responsible for processing your bloods
- speak to the relevant department eg Immunology for CD4 counts, Virology Department for viral loads get interim telephonic result
- determine why result not obtained to prevent future reoccurence (identify person or error responsible)
- keep lab contact telephone numbers on hand
- await “hard copy” delivery

Triage

Bloods (venesection)
Haemoglobinometer
Portable lactate machine
Screening – weight, temperature
Pill counts
Appointments

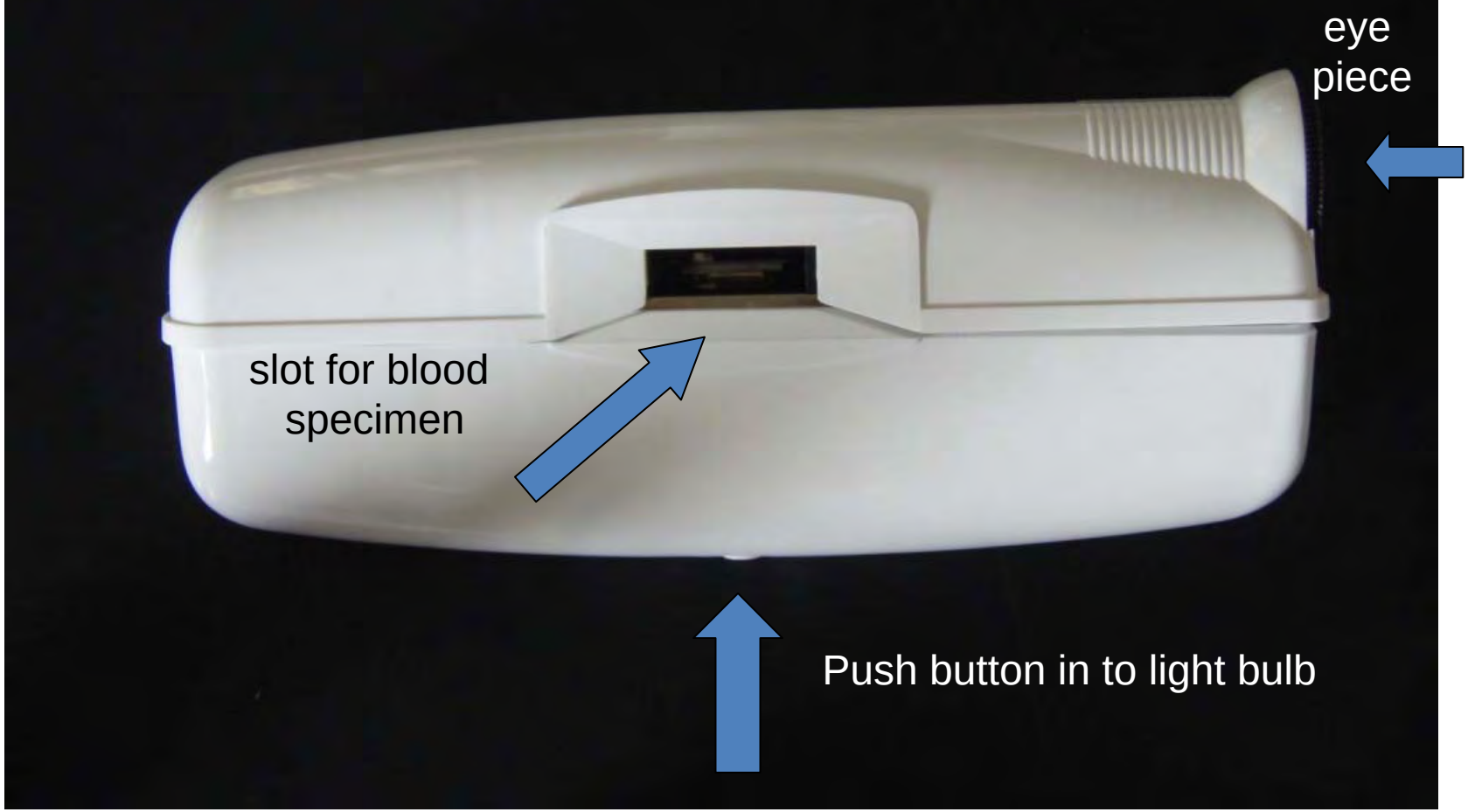
Triage

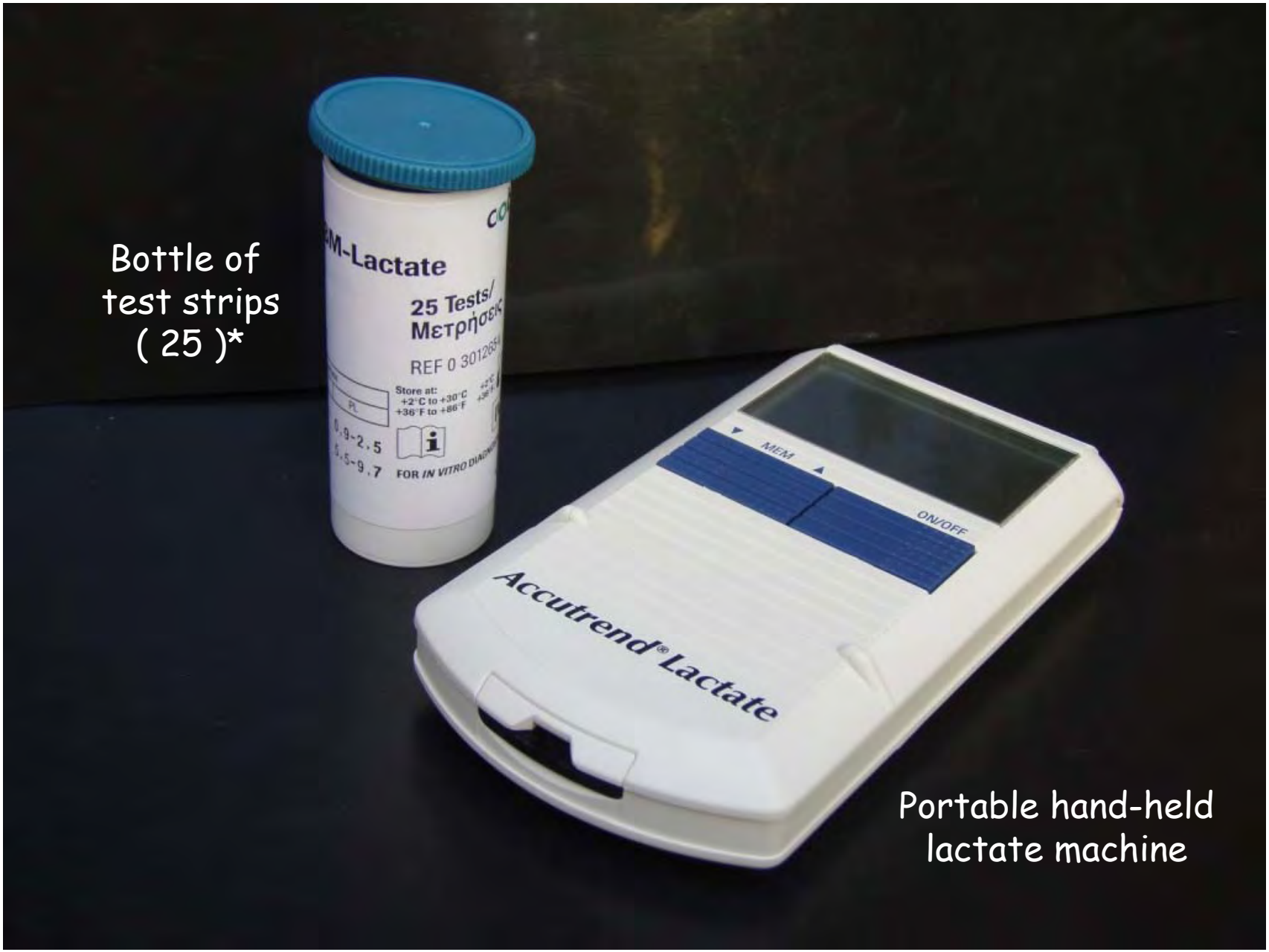
- avoids bottlenecks → better flow, ↓ wait
- “gate keeper “ role (exclude other diseases eg diabetes, asthma), Dr. & Sr vs. only Sr.
- be proactive (plan and organise –afternoons aften quieter than mornings)
- determine visit (? M1, M2, M3 etc)
- much can be done at HIV Wellness Clinic including HIV testing
- liase with pharmacy (clinic days, pre-pack)

Two month ART supply over Christmas and Easter

THE HAEMOGLOBINOMETER

(optical)





* Remember to order MORE strips from the *pharmacist* when bottle nearly empty

Triage

- Critical — arrange immediate ambulance and ICU
- Urgent — Hospital
- Need to watch carefully — Dr
- Observe — Nurse – repeat, monitor, ensure patient reliable, understands and is able to return
- Don’t need to be seen ! — Wrong day, Wrong place

eg refer diabetic to diabetic clinic

Triage indicators

- many patients come for *routine* visits
- high *fever* (and/or night sweats) or *new* symptoms - to see doctor
- Respiratory Rate ≥ 20 breaths per minute adult
- if *coughing* ≥ 2 weeks, obtain sputum and /or refer to TB sister
- *weight loss* of greater than 1.5kg in 4 weeks
- check and use PALSA PLUS guide lines

Triage indicators

- many side effects are *transient*, but refer if do **not** resolve after 6 weeks
- no need to introduce NVP step-wise when switching from EFV
- also refer if :
  - jaundice (or ALT > 200 and unwell see DoH Guidelines)
  - severe skin rash
  - vomiting or abdominal pain
  - fatigue or pallor (check Hb), shortness of breath

Triage indicators

Symptom	Likely ARV	Note
Nausea	AZT, NVP, ddI	Usually self-limiting, advise taking ARVs (except ddI) with food
Headache	AZT	Usually self-limiting Exclude meningitis
Dizziness	EFV	Usually self-limiting, reassure, after 6 weeks consider NVP
Sleep problems	EFV	Usually self-limiting, reassure, after 6 weeks consider NVP
Depression	EFV	Usually self-limiting, reassure, after 6 weeks consider NVP

PALSA PLUS 2008 p. 25

Triage indicators

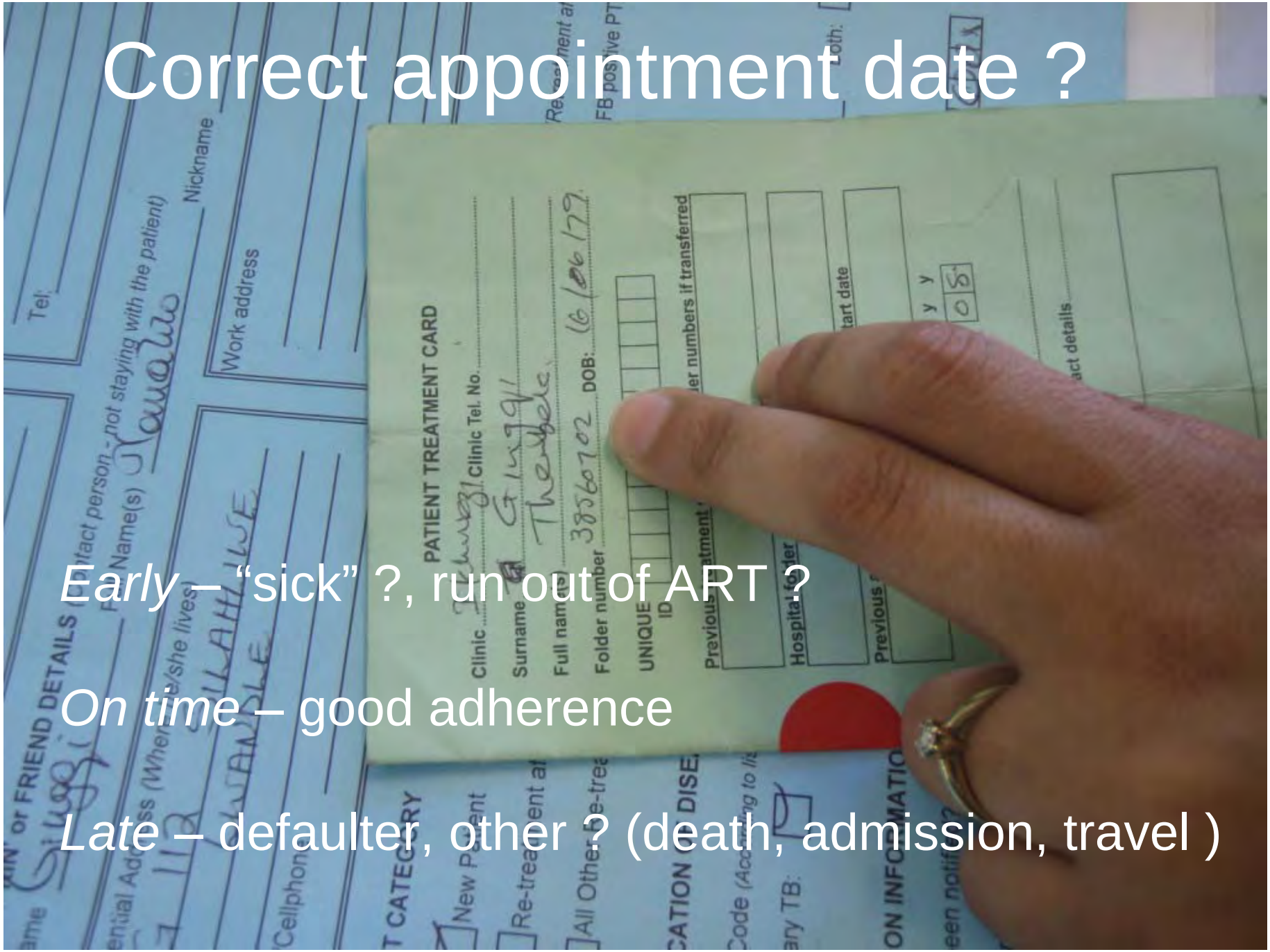
Symptom	Likely ARV	Note
Gynaecomastia	EFV, ddI	Usually resolves over 1 – 2 years, if distressing, consider drug switching
Fatigue	AZT	Self-limiting, exclude anaemia (check Hb)
Burning toes	d4T, ddI	If rapidly progressive or decreased sensation, change d4T to AZT
Diarrhoea	*Kaletra®, ddI*	Ongoing loose stools can occur with Kaletra and ddI. Investigate if weight loss
Change in body shape	d4T, AZT, *Kaletra®*	If distressing, change to TDF, encourage exercise to lose fat

Triage indicators - anaemia

- anaemia – consider stopping AZT if Hb < 8g/dl
- use TDF if Hb between 8 and 10g/dl

TDF =tenofovir

Correct appointment date ?

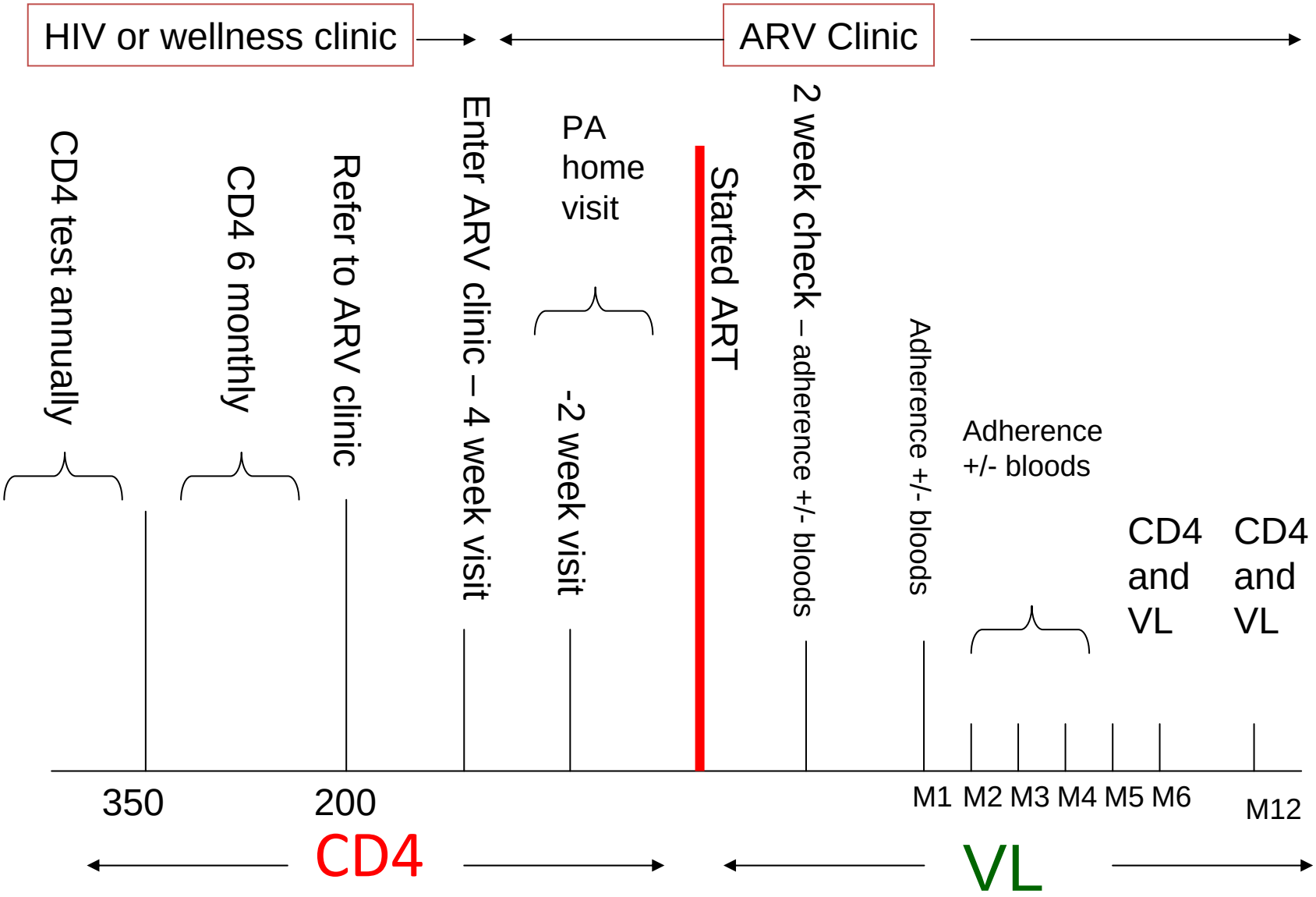


Early – “sick” ?, run out of ART ?

On time – good adherence

Late – defaulter, other ? (death, admission, travel)

Patient workup and clinic visits



Frequency of patient visits

- all patients to be seen 2 weeks after starting ART, and again after completing one month of ART (M1)
- thereafter to be seen MONTHLY
- once a patient stable, may need a supply of ART for longer than one month eg on leave, patient stable after many years
- this reduces number of annual visits to ART clinic (saves patient time and ARV staff time)

ARV Clinic visits

- M_0 = patient has been initiated on ART
- M_1 = patient has completed one month of ART
- M_2 = patient has completed two months of ART
- M_3 = patient has completed three months of ART
- M_6 = patient has completed 6 months of ART and requires CD_4 and viral load monitoring

“Stable patients” on ART

- patients have had *uncomplicated* medical history after starting ART
- good *weight* gain and good *adherence*
- can be referred *after* 6 months provided viral load undetectable and result entered into patient folder/file/records
- patients are STILL at risk for development of hyperlactataemia/ lactic acidosis peak 6 – 12 months

Take note of:

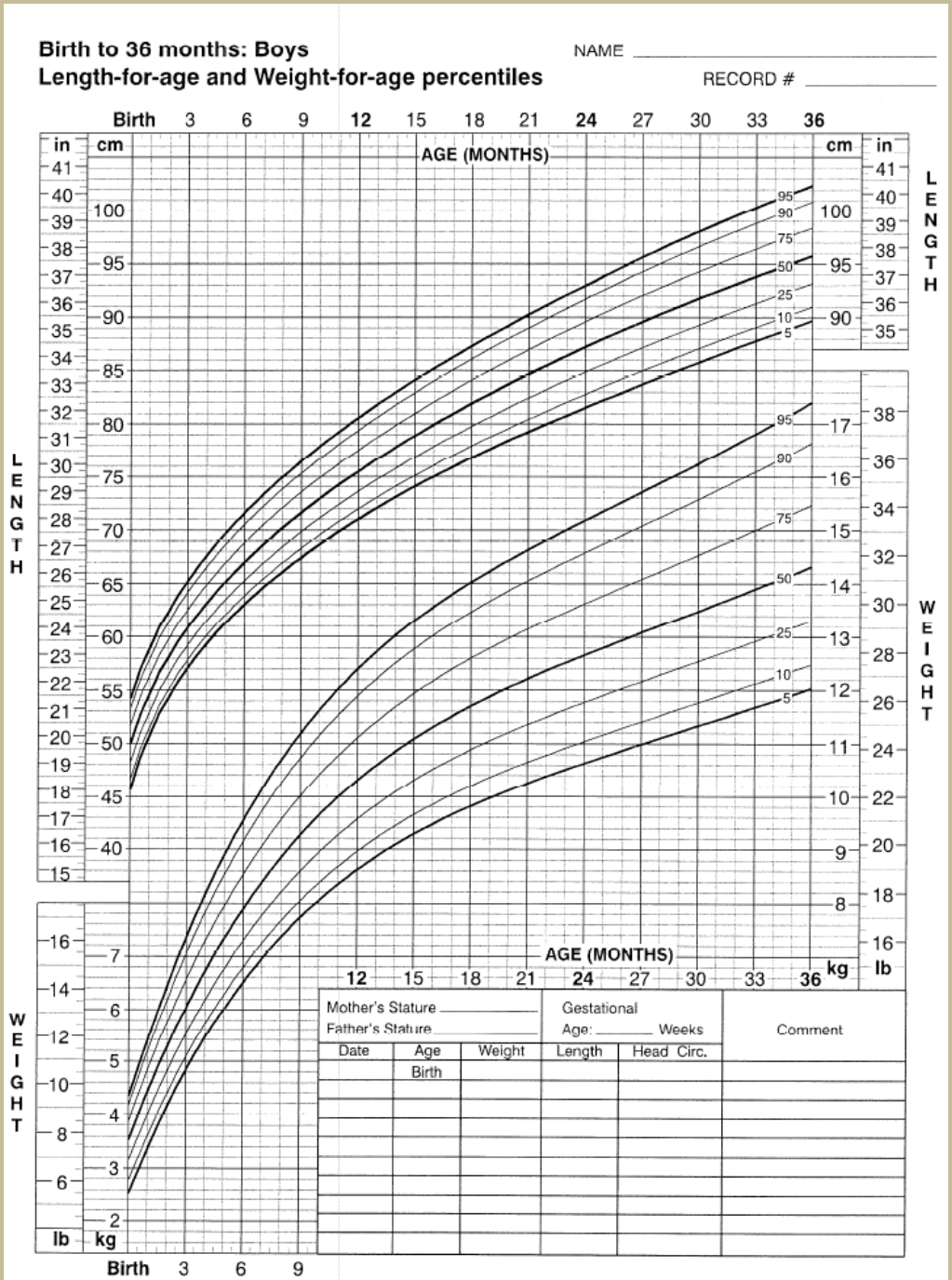
Do not use d4T

1.Excessive weight *gain* after starting ART (especially if initial weight BMI was >28)

2. Weight *loss* after starting ART may indicate missed O eg tuberculosis, or developn of lactataemia

3. *Refer* all patients at screening to dietician if BMI < 18 (under-weight) or > 28 (over mass)

4. All paediatric patients on ART require *dosage adjustm* every 3 months (use growth charts). Small adults may al require ddI and EFV change



Growth charts for every boy and girl

AND adults

HEIGHT and WEIGHT

Organising ART Clinic days

- patients are attached to ARV clinics for life so numbers will grow exponentially
- Initially:
- Later:
  - Busier
  - More patients
  - Anticpate ned for more space and staff

Word of mouth via community

“Welcome to ARV clinic “

What is wrong with this picture ?

Scalp Vein Set

Pill counts

Stavudine 20mg
Take 1 capsule every 12
Doctor:
Ikhwezi Clinic
20 mg
School Terms

ALDEM
dapamax
Zetomax

Chart pill counts in notes in file

Remind patient to bring ALL empty pill bottles and “tick sheet” next visit

Pick up problems EARLY

Feedback to patient good adherence results (encouragement) and CD4 count if available

Refer for “step up adherence” if needed
Put completed tick sheet in file and give patient a NEW sheet

DOCTOR
HOME BASED CARE REFERALS
COUNSELLOR
COUNSELLOR
Primary Health Care
PATIENT RECORDS
NETADS
2008

Preparation for ARV Clinic

- check booking book the day before (numbers)
- anticipate staff absentiism and public holidays
- ask clerk on the *previous* day to assist with drawing files for each patient

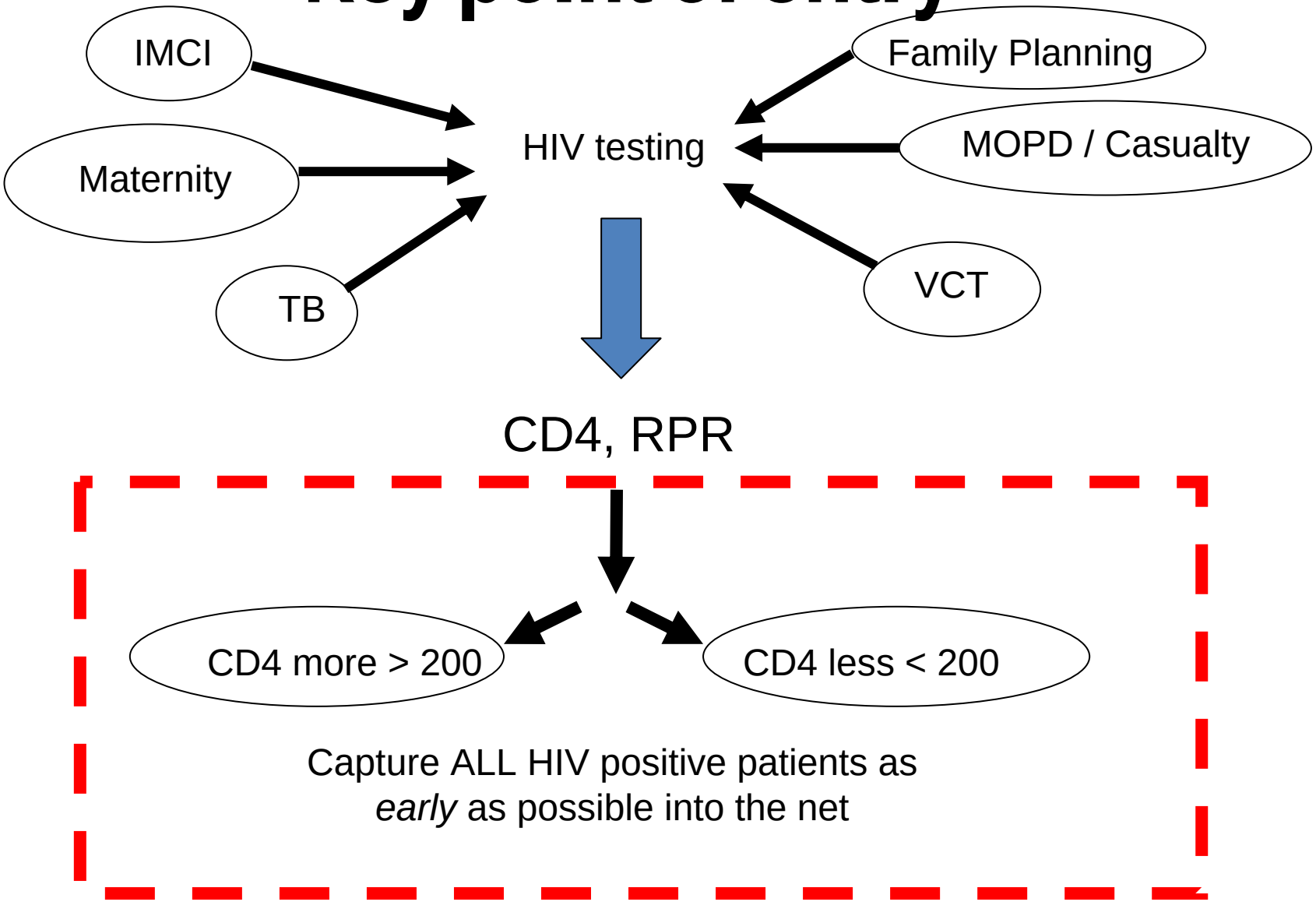
lost or misplaced files
open "temporary file"

- ensure lab results are "married" to each file

obtain lab results telephonically
if " hard copy" not available
as this will save time

Repeat venesection:
* more costly
* delays action on patient
* leads to incorrect patient management

Key point of entry



ENTER APPOINTMENTS INTO BOOKING BOOK

Check for staff absentiism and public holidays

Diary 2008 - example

Tuesday 16th July

Wednesday 17th July

Public Holiday

Ensure NO interruption of ARV supply

Ask patients to return on Tuesday **or** Thursday to collect ARVs

NAME File number Month visit

Diary 2008 - example

Tuesday 16th July

Wednesday 17th July

Public Holiday

NAME File number Month visit

Diary 2008 - example

Tuesday 16th July

John Smith File no.33 M6

Susan Black File no.21 M3

Pam Judas File no. 228 M7

Mr R Rumbac File 411 M8

Ms Eunice Gous **N/P**

Wednesday 17th July

Public Holiday

NAME File number Month visit

Diary 2008 - example

Tuesday 16th July

Wednesday 17th July

Public Holiday

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Ms Eunice Gous **N/P**

Wednesday 17th July

Public Holiday

Remember to allocate EXTRA time for New Patients if it is their FIRST visit

Anticipate

Diary 2008 - example

Tuesday 16th July

John Smith File no.33 M6

Susan Black File no.21 M3

Pam Judas File no. 228 M7

Mr R Rumbac File 411 M8

Ms Eunice Gous **N/P**

Wednesday 17th July

will need bloods taken
(CD4 and viral load)

Anticipate

Diary 2008 - example

Tuesday 16th July

John Smith File no.33 M6

Susan Black File no.21 M3

Pam Judas File no. 228 M7

Mr R Rumbac File 411 M8

Ms Eunice Gous **N/P**

Wednesday 17th July

will need bloods taken
(CD4 and viral load)

will need lab RESULTS
from the previous
month's visit

Anticipate

Diary 2008 - example

Tuesday 16th July

John Smith File no.33 M6

Susan Black File no.21 M3

Pam Judas File no. 228 M7

Mr R Rumbac File 411 M8

Ms Eunice Gous **N/P**

Wednesday 17th July

will need bloods taken
(CD4 and viral load)

will need lab RESULTS

will only need routine ARV pick-up
and pill count if well

Diary 2008 - example

Tuesday 16th July

John Smith File no.33 M6

Susan Black File no.21 M3

Pam Judas File no. 228 M7

Mr R Rumbac File 411 M8

Ms Eunice Gous **N/P**

Maximum : 4 to 5 new patients per day

Wednesday 17th July

Public Holiday

Remember to allocate EXTRA time for new patients if it is their FIRST visit

Diary 2008 - example

Tuesday 16th July

John Smith File no.33 M6

Susan Black File no.21 M3

Pam Judas File no. 228 M7

Mr R Rumbac File 411 M8

Ms Eunice Gous N/P

Miss Mary Blom **unbooked**

Wednesday 17th July

Public Holiday

Diary 2008 - example

Tuesday 16th July

John Smith File no.33 M6

Susan Black File no.21 M3

Pam Judas File no. 228 M7

Mr R Rumbac File 411 M8

Ms Eunice Gous **N/P**

Miss Mary Blom **unbooked**

TOTAL = 6 patients booked

Wednesday 17th July

Public Holiday

Diary 2008 - example

Tuesday 16th July

John Smith File no.33 M6 ✓

Susan Black File no.21M3 ✓

Pam Judas File no. 228M7 ✓

Mr R Rumbac File 411 M8 x

Miss Mary Blom **unbooked** ✓

Ms Eunice Gous **N/P** ✓

TOTAL = 6 patients booked

Total seen = 5

Wednesday 17th July

Public Holiday

Remember to follow up patient that failed to keep the appointment.

NVP+3TC+d4T

Pre-screening of patients –Regime 1b

- patients who return *2 weeks* after starting NVP need to have ALT done

check booking book

- patients who return *4 weeks* after starting NVP need to have ALT result from 2 week visit AND another ALT drawn

- patients who return after *8 weeks* require result of 4 week ALT AND another ALT taken

- patients who return at 12 weeks require an ALT result

Screening of patients

- Patients should be sorted = TRIAGED
- Come early ?
- Come late ?

Check date on patient's appointment card matches what is on the appointment book

- Pregnant

For example Month 9 (M9)

- Routine ART pick-up

" well patients "

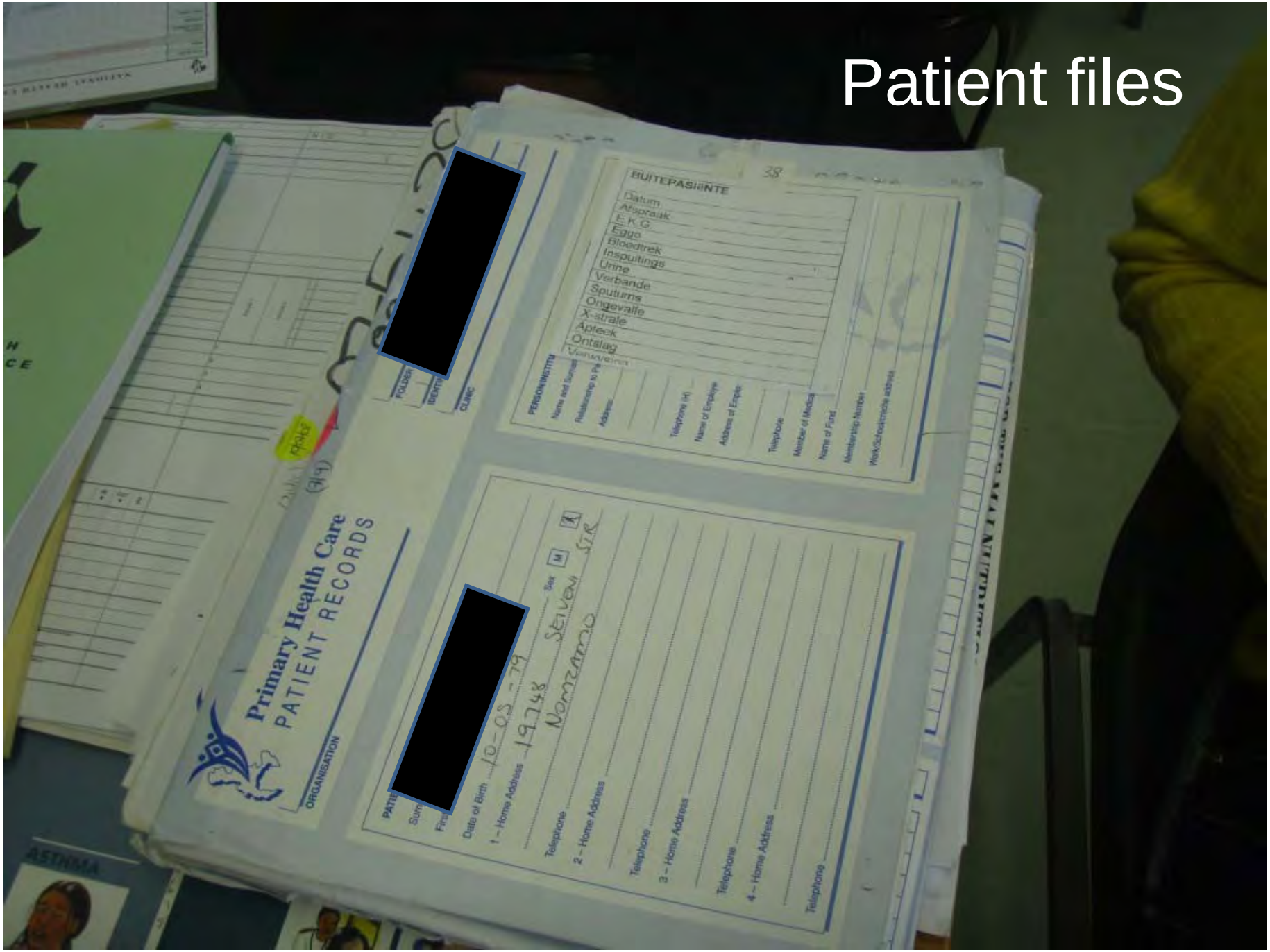
- acutely ill – for admission
- Repeat PAP or contraception
- TB screen

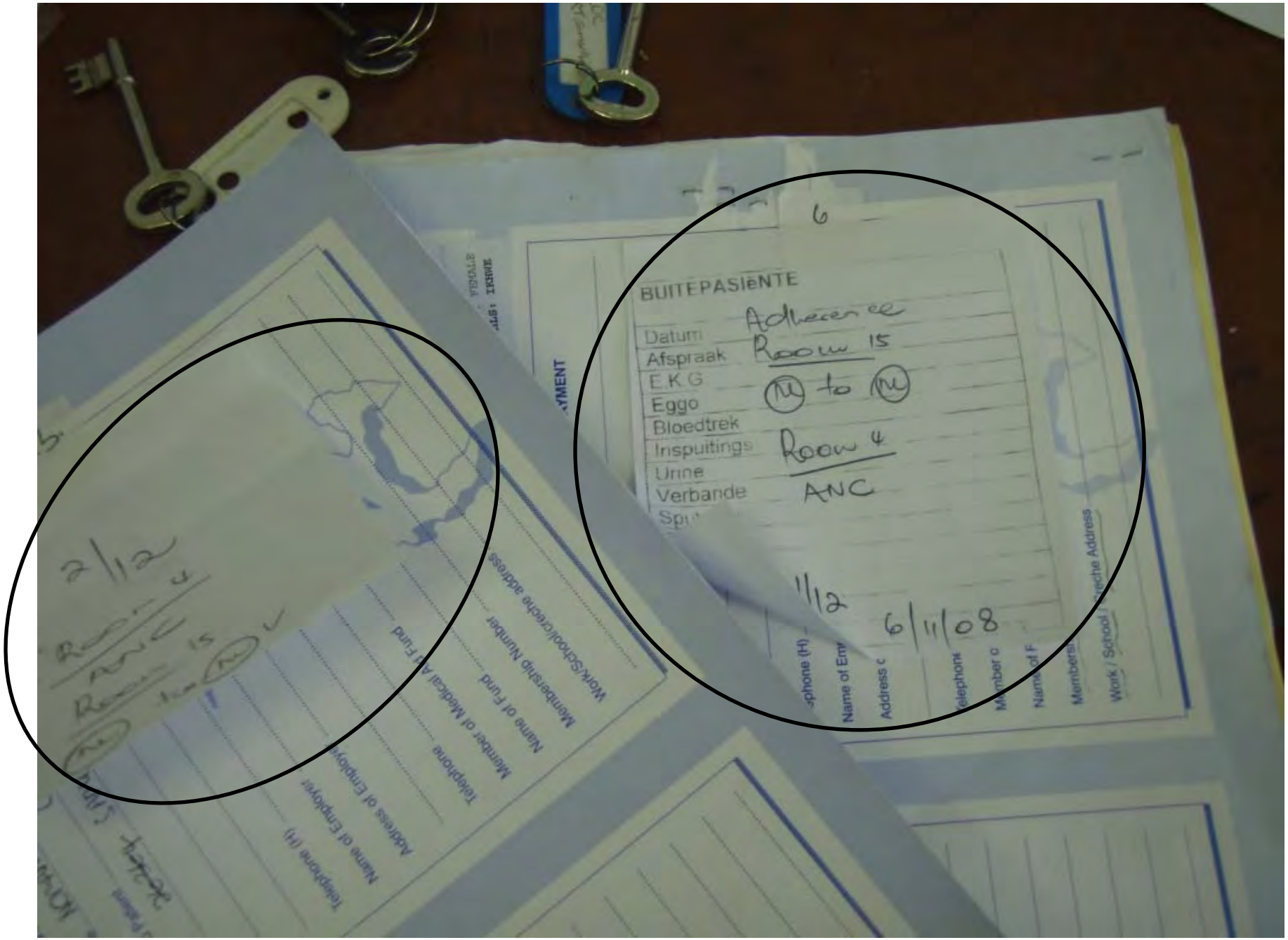
Pre-screening of patients on ART

- patients who are *pregnant* require a Haemoglobin (Hb) check every month for first 3 months after they start AZT *and* an ALT monthly till delivery
- patients who are M2 require another Hb and the result of ALT done ay M1
- patients who are M3 require Hb check and result of ALT done at M2

PATIENTS ARE ONLY SUPPLIED WITH **ONE** MONTH OF ART AT EACH VISIT

Patient files




6
BUITEPASIëNTE
Datum Adherence
Afspraak Room 15
E.K.G
Eggo M to M
Bloedtrek
Inspuitings Room 4
Urine
Verbande ANC
1/12
6/11/08
2/12
Work/School/creche address
Membership Number
Name of Fund
Member of Medical Aid Fund
Telephone
Address of Employer
Name of Employer
Telephone (H)

N / D :

38

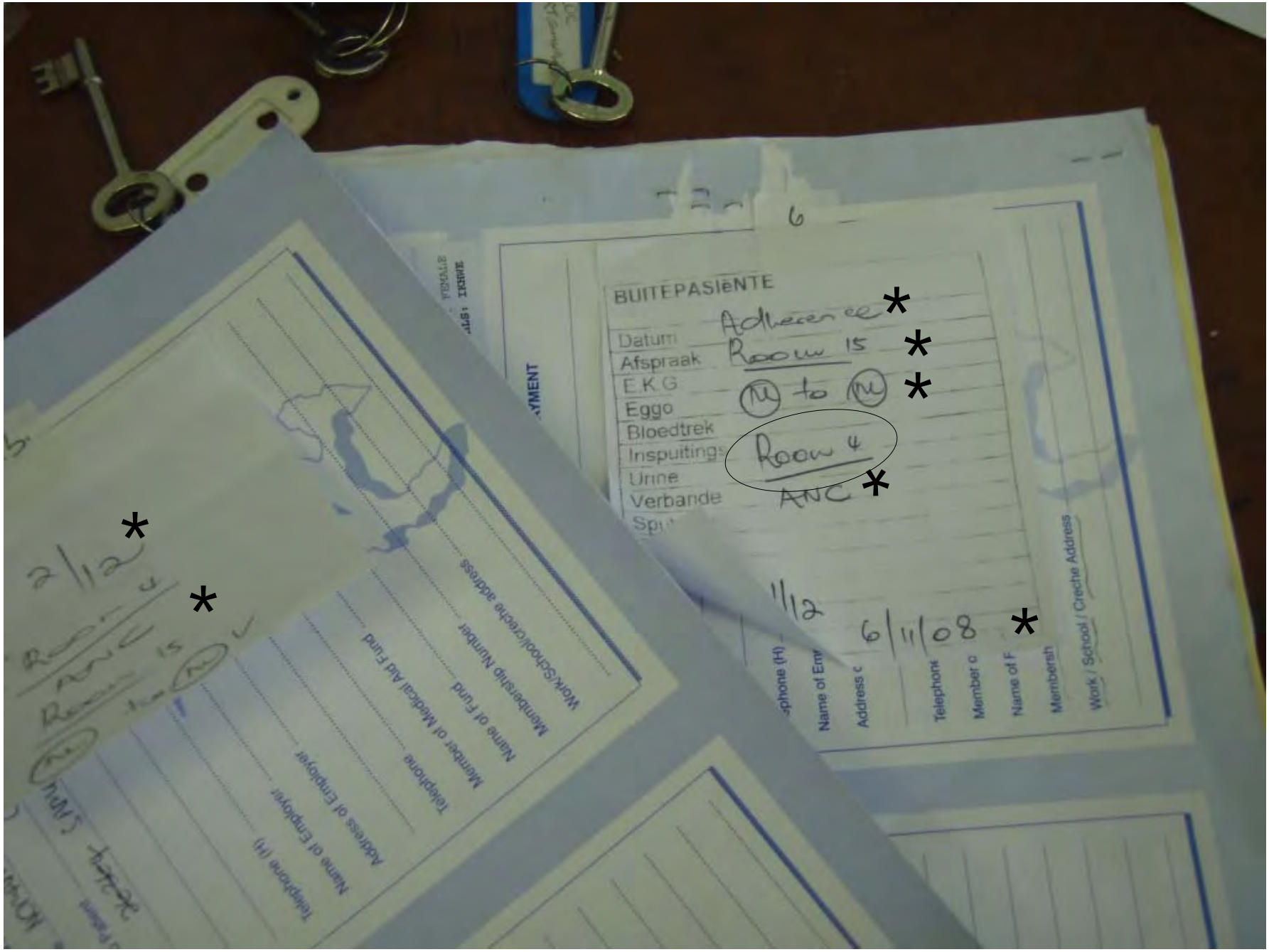
BUITEPASIëNTE

Datum
Afspraak
E.K.G.
Eggo
Bloedtrek
Inspuitings
Urine
Verbande
Sputums
Ongevalle
X-strale
Apteek
Ontslag
Verwysing

After evaluation of patient

Date	
Doctor	
Nurse	✓
Bloods (venesection)	✓ ALT
Medicines	collect Regime 1a M9
X-ray	exclude “chest problem”
TB room	
Counsellor	
Group education	
Social assessment	✓ disability grant
Nutritional assessment	
Home visit	
PAP	✓
Family Planning	✓ repeat *Depot Provera* inj.
Next booking date	5 / 11 / 2008
Other	

every 28 days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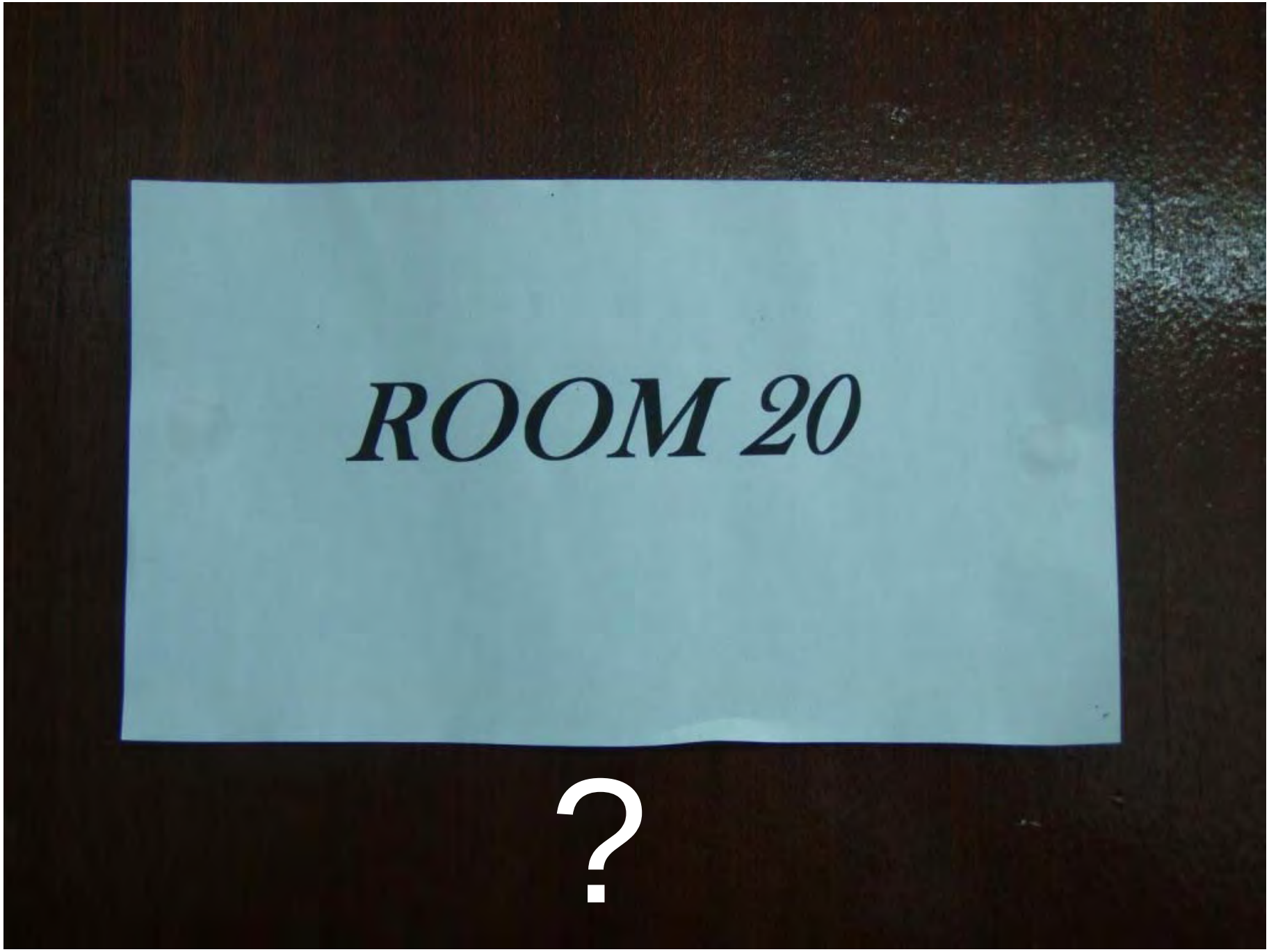
Telephone (H)
Name of Employer
Address of Employer
Telephone
Member of Medical Aid Fund
Name of Fund
Membership Number
Work/School/creche address


ROOM 20
?

SOUTH AFRICANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

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FROM THE AMERICAN PEOPLE

Time management

Systems Flow

- how efficiently a clinic is run determines the *duration* it takes the patient to pass through the ARV clinic at each visit
- remember a patient will have to visit your site monthly for the rest of his/her life
- *team* work essential
- knowing what EACH person's responsibility is important
- each ARV site is different (different layout and compliment of staff)

Tips

- attach a slip of paper to each patient's file at **each** new visit
- this can be filled in by anyone seeing the patient
- it aids the patient AND staff to help direct the person to necessary services
- it acts as a check list and prevents the patient getting "lost" and helps staff
- Remember: every patient has individual needs

age, sex, co-morbidities, pre-ART and duration on ART

Date : 3 March 2009	
Doctor	✓
Nurse	✓
Bloods (venesection)	
Medicines	
X-ray	✓
TB room	
Counsellor	✓
Group education	
Social assessment	
Nutritional supplement	
Home visit	
PAP	✓
Family planning (contraception)	
Next booking date	4 / 8 / 2009
Other	

referred by Triage

referred by doctor

referred by nurse

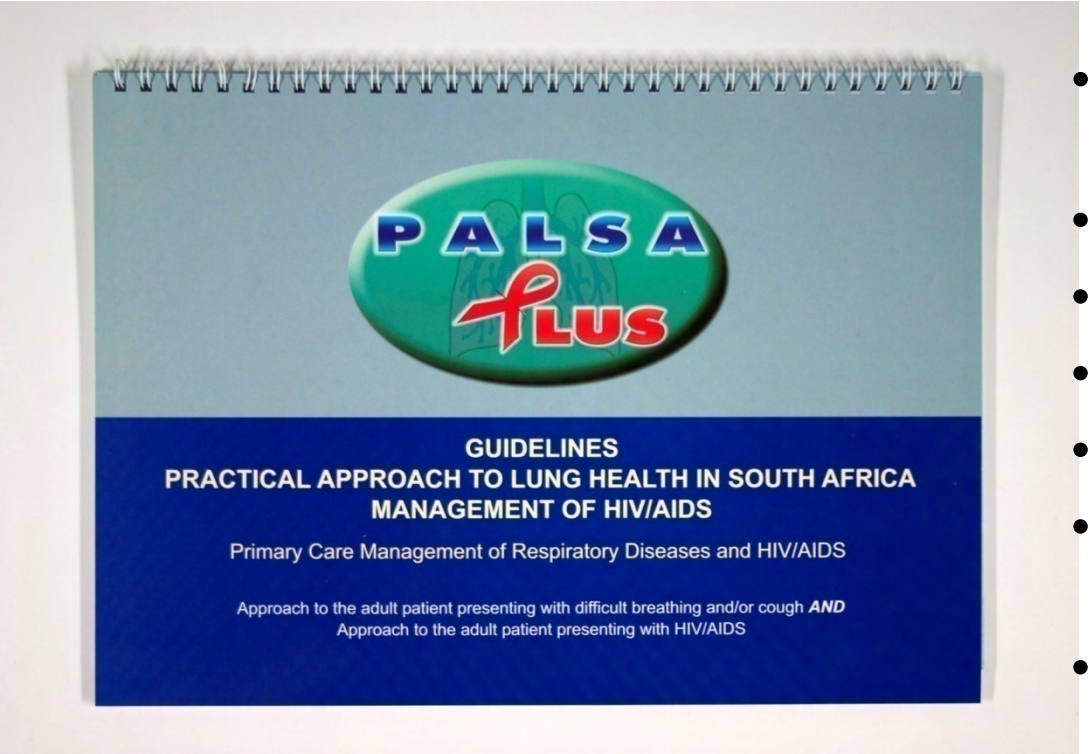
Tips

- keep all useful telephone numbers and extensions is a visible place ? fax numbers
  - lab
  - other clinics
  - referral hospitals
  - ambulance
- ensure regularly updated
- keep a list of staff names and contact telephone numbers

References

- PALSA Plus (Practical Approach to Lung Health and HIV/AIDS in South Africa) 2008 – Primary Care Management of Adults (HIV/AIDS, TB, Asthma, COPD and STIs)

PALSA PLUS GUIDELINE IS…



- Designed for PHC nurse care practitioner
- Comprehensive [Respiratory disease, TB, HIV and AIDS, STIs]
- Evidence-based
- Symptom-and-sign based
- Algorithm-based
- Syndromic
- Consistent with national guidelines
- Adaptable: for local conditions, practice and availability of drugs
- Accessible and acceptable format

ark
absolute return for kids

Department of Health
Republic of South Africa

UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF
SOUTH AFRICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

UNITED STATES AGENCY INTERNATIONAL DEVELOPMENT
USAID
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