



Department of Health
Republic of South Africa

Venesection dates

“When to do blood tests”

February 2009



ark
absolute return for kids





Introduction

- **viral load suppression** is the cornerstone to managing patients on ART
- these need to be done EVERY 6 months for the rest of the patient's life
- CD4 count and HIV viral load are used to monitor the patient's progress



Monitoring patients

- record all results carefully in clinic / hospital file

1. Basic requirements

- CD4 count
- HIV Viral load
- ALT, Hb (cholesterol, triglyceride, glucose)
- last PAP date, PAP result, next PAP date (abn. should be repeated 6 monthly)

team = doctor, nurse etc
use and access these records

2. Additional information

- weight of patient
- number of children (pregnancies)
- status of children / partner
- disclosure
- contraception (esp. if on EFV)

review and revisit
from time to time

Routine monitoring: routine monitoring is performed biannually.

		Date planned	Date requested	Results
Baseline	Viral load			
	CD4			
	ALT			
	RPR			
	Pap smear			
	HB			
6 Months	Viral load			
	CD4			
	ALT			
	HB			
12 Months	Viral load			
	CD4			
	ALT			
	HB			
	Pap smear			
18 Months	Viral load			
	CD4			
	ALT			
	HB			
24 Months	Viral load			
	CD4			
	ALT			
	HB			
	Pap smear			
30 Months	Viral load			
	CD4			
	ALT			
	HB			
36 Months	Viral load			
	CD4			
	ALT			
	HB			
	Pap smear			
42 Months	Viral load			
	CD4			
	ALT			
	HB			
48 Months	Viral load			
	CD4			
	ALT			
	HB			
	Pap smear			
54 Months	Viral load			
	CD4			
	ALT			
	HB			
60 Months	Viral load			
	CD4			
	ALT			
	HB			
	Pap smear			

Previous lab
flow chart may
appear in older
patients files

Flow chart for patient results (MPL)

Patients Name

ID NO.

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Date treatment started

	Baseline	6 Months	12 Months	18 Months	24 Months	30 Months	36 Months	42 Months	48 Months	54 Months	60 Months	66 Months
Regimen												
Date due												
Date requested												
Date reported												
Weight												
Viral load												
CD4												
ALT												
HB												
Glucose (if reg 2)												
Triglycerid (If reg 2)												
Cholestrol (if reg 2)												
PAP smear												

Patients Name Mary Malema

Date treatment started

23	08	2009
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← VERY IMPORTANT

	Baseline	6 Months	12 Months
Regimen			
Date due			
Date requested			
Date reported	14/07/09	10/01/10	5/07/10
Weight	45kg	52 kg	58kg
Viral load	*	LDL	23 000
CD4	24	105	110
ALT	19		
HB	12.4		
Glucose (if reg 2)	/		
Triglycerid (If reg 2)			
Cholestrol (if reg 2)			
PAP smear			

Jan 2011



RED FLAG

*Viral load at baseline *not* important

@ Not required as patient on Regime 1

February 2009

Flow chart for patient results (MPL)

Patients Name

ID NO.

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Date treatment started

	Baseline	6 Months	12 Months	18 Months	24 Months	30 Months	36 Months	42 Months	48 Months	54 Months	60 Months	66 Months
Regimen												
Date due												
Date requested												
Date reported												
Weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Viral load	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CD4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ALT												
HB												
Glucose (if reg 2)												
Triglycerid (If reg 2)												
Cholestrol (if reg 2)												
PAP smear												



February 2009



Flow chart for lab results

- do not stick the blood tube “ bar code” sticker on the flow chart
- leave space to write in the lab results
- always remember to write when NEXT blood test is due in the space marked “date due”



HIV Viral load

- should be **less than < 400** after patient has been on ART for 6 months ✓
- any result greater than 400 is considered ABNORMAL and patient should be recalled ✗
- the result should be **red flagged** ✓
- LDL = lower than detectable this is an acceptable result ✓
- VL result may be reported from lab quantified eg 356 or 226 ✓

1. Establish the START DATE

- the date when a patient puts ART tablets in his/her mouth for the FIRST time
- there is only ONE start date
- a patient may discontinue and **re-start** ART
- check:
 - referral letter (down referrals or step-downs)
 - prescription for ART (check history)
 - clerking notes/ appointment card
 - (ask patient)

hospital to clinic

Do not count
from first baseline
CD4 count



2. Establish *due* dates

- for example: Patient started in January 2009
M₀
- next tests due : July 2009 **M₆ – Patient must come**
M₇ Patient must come for RESULTS
- next tests due : January 2010 – on the first anniversary that the patient started – exactly 12 months (1 years) since treatment was initiated
M₁₂ Patient must come
- next tests due July 2010 **M₁₈ Patient must come**
- next test due January 2011 - 2nd anniversary
M₂₄ Patient must come

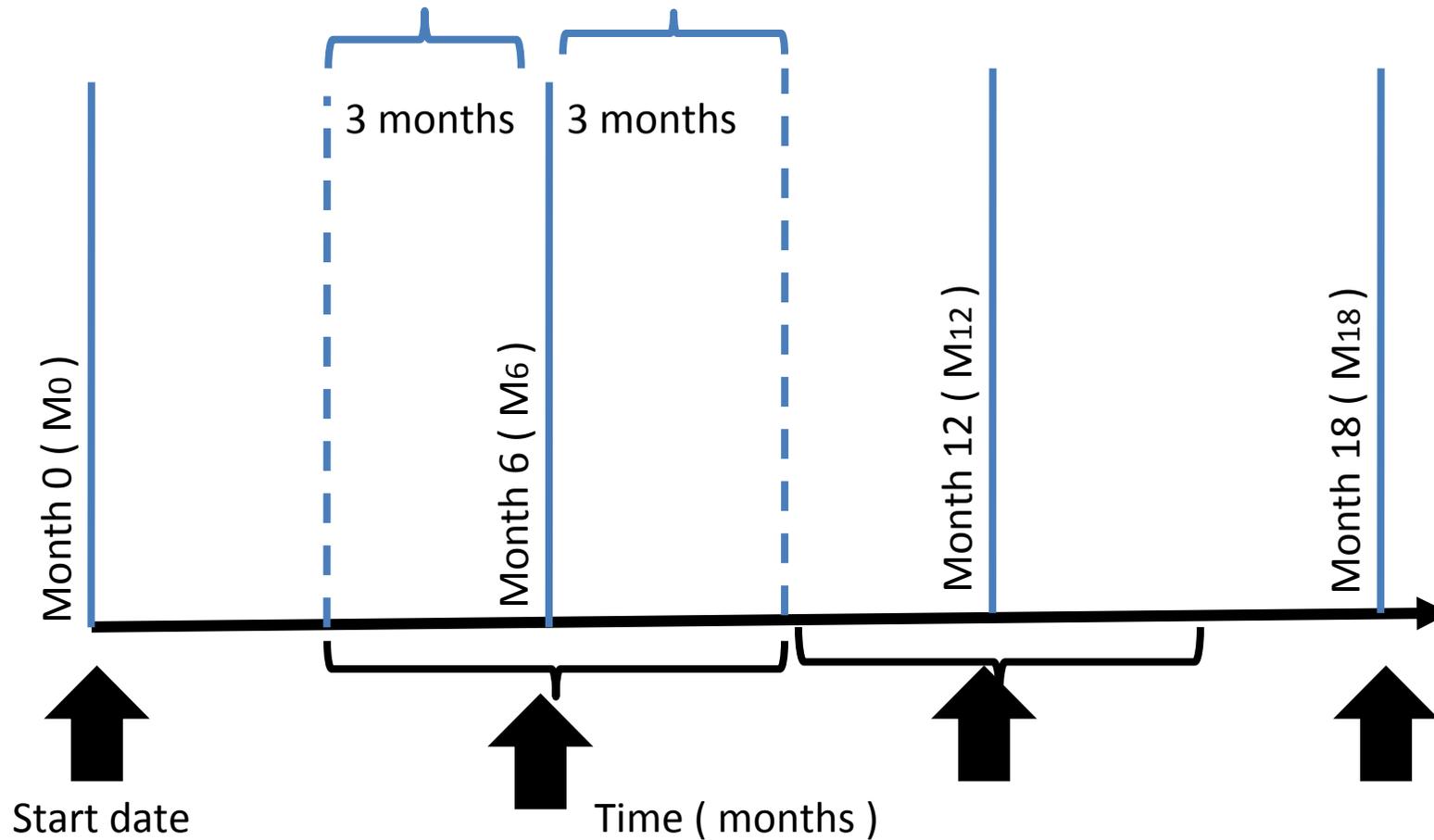
3. Establish when tests done

- acknowledge not a “perfect world”
- patient may be unable to come on due date:
 - pregnancy
 - holiday
 - employment
 - illness
 - treatment buddy collects medicine (ART)
 - defaulter (non-adherence)



4. Match *due* with *done*

3 months
window on
either side





5. Missing tests

- can repeat if still within 3 months window period
- otherwise move to next due date
- a *blank* indicates test results not available:
 - not done
 - insufficient
 - wrong tube
 - lost
 - lab form not filled in correctly

6. Next date for blood test

- ensure test done on correct next due date
- do NOT count from when last test done
- always count right from the beginning ie the *start date* to prevent continued wrong test dates



Transfer of patients

- ensure ALL patients understand the need to keep records of their care at the ART clinic
 - in hospital/clinic file (sleeve)
 - in patient's appointment card or book or TB file
- TFI = must come with a letter from referring site
- TFO = ensure all patients leave with a National DoH referral form





Tips

- high light abnormal results on the flow chart with a **red pen**
- red flag these “problem” patients for the doctor to see and then take the necessary action
- do not miss or ignore abnormal results
- this can result in serious consequences for the patient’s health
- keep flow chart up to date and monitor *trends*

sign and file
all results

ark
absolute return for kids



Department of Health
Republic of South Africa



SOUTH AFRICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS



USAID
FROM THE AMERICAN PEOPLE