EPTS OpenMRS

Reports Requirements
Indicator Specification Document
TX_CURR

Draft Version 2.6

Version

Date	Version	Description	Author(s)
July 24, 2018	1.0	Initial creation of document	Maria Rein
July 30, 2018	1.1	Incorporated edits from Joel	Maria Rein
August 10, 2018	1.2	Incorporated edits from Joel	Maria Rein
September 30, 2018	2.0	Document structure updated	Pinki Meggi
October 19, 2018	2.1	Updated according to MER Indicator reference guide version 2.3	Kétmia Matavele
October 26, 2018	2.2	Structure and content updated: “Business Process” and diagrams added, requirements list updated, technical requirements added, annexes added.	Kétmia Matavele
November 6, 2018	2.3	Structure and Content updated: additional FGH and Jembi Logos added, chapter III renamed from “Business Process” to “Report Process Analysis”, legend added for report process diagrams, requirements list updated, bookmarks added for requirements, pseudo code added in technical requirements and approval section added after versioning section.	Pinki Meggi
November 11, 2018	2.4	Overall Revision	Zainabe Dadá
November 28, 2018	2.5	Overall revision on key assumptions and depth technical review	FGH Team
December 7, 2018	2.6	FGH changes and overall revision: business process, key assumptions, requirements, pseudocode, technical requirements and annexes udpated.	Pinki Meggi

Approvals and Sign-off

Approvals Panel

Version	Approver	Approved by	Date
2.6	CDC		

Approvals Panel

The Approver signatures signify that this document has been reviewed and satisfies the project governance, business and system needs.

Document Title: EPTS OpenMRS Indicator Specification and Requirements – TX_CURR
Year: 2018

Authors Signature

Version	Authors	Approved by	Date
2.6	FGH		
	Jembi Health Systems	Pinki Meggi	

Authors

The Authors signatures represent the EPTS Requirements Gathering Group composed by two CDC Partners, Jembi Health Systems (HIS Partner) and FGH (Clinical Partner) and signify that this document is complete and that, to the best of their knowledge, it adequately addresses the document's intended purpose and scope and it is accurate.

Table of Contents

I Introduction

I.a Purpose

The purpose of this document is to capture the requirements and specifications for the PEPFAR MER **TX_CURR** Indicator**.** This indicator is reported from the EPTS OpenMRS system in use by the PEPFAR Clinical partners to capture patient level data in retrospective mode at the health facilities.

I.b Scope and Key Assumptions

This document explains the indicator definition, describes the indicator reporting process, and defines the functional and technical requirements to generate the indicator in an OpenMRS Report. The link to testing scenarios document is also included.

The indicator definition is based on PEPFAR MER (Monitoring, Evaluation, and Reporting) Indicator Reference Guide specified below in I.c References.

The key Assumptions are:
All patients captured in the OpenMRS system are HIV positive.
All patients captured in the OpenMRS system have been on antiretroviral therapy (ART) at some time.
All transferred in patients are HIV positive and are on ART.

I.c References

MER 2.3 Indicator Reference Guide

II. Indicator Definition

II.a Description

TX_CURR indicator reports the number of adults and children currently receiving antiretroviral therapy (ART) which is also the indicator Numerator.

This indicator measures the ongoing scale-up and uptake of ART and retention in ART programs as a critical step in the HIV service cascade and assesses progress towards coverage of ART for all eligible HIV-positive individuals.

The guiding questions are:
1. What percentage of clients is picking up their ART drugs on a quarterly basis? On a semi-annual basis? 2. What percentage of clients is being seen for clinical follow-up visits on a quarterly basis? On a semi-annual basis? On an annual basis?

II.b Numerator and Denominator

TX_CURR **numerator** is the number of adults and children currently receiving antiretroviral therapy (ART).

TX_CURR **denominator** is not applicable for this indicator.

II.c Indicator Reporting Level and Frequency

TX_CURR is a **Facility-level** indicator, collected at this same level and reported at fixed geographic points (sites) providing HIV related services.

TX_CURR is reported at each **quarterly** reporting cycle.

The PEPFAR partners are required to report quarterly for the following reporting periods:

Q1 September 21st – December 20th
Q2 December 21st – March 20th
Q3 March 21st – June 20th
Q4 June 21st – September 20th

TX_CURR Indicator is reported in Q1, Q2, Q3 and Q4 for correspondent 3 months of results.

II.d Indicator Primary Sources

The TX_CURR indicator should be collected from:

- Facility ART registers (Livro TARV) / databases (OpenMRS)
- Program monitoring tools (Ficha de Seguimento e Fila)
- Drug supply management systems (Pharmacy Systems)

II.e Population

TX_CURR population **includes:**

- Patients on ART who initiated or transferred-in during the reporting period.
- Patients that pick up several months of antiretroviral drugs at one visit that last to the end of reporting period;
- HIV-positive pregnant women who
    - have newly initiated ART during the current pregnancy or
    - are already on ART at the beginning of the current pregnancy

TX_CURR population **excludes**:

- Patients who died;
- Patients who stopped the treatment;
- Patients who are transferred out;
- Patients who are lost to follow-up (if the patient is being traced it's not lost to follow-up).
- Patients who have not received ARVs within four weeks of their last missed drug pick-up.

II.f Disaggregation

The TX_CURR Indicator should be reported disaggregated by Sex and Age. The Sex disaggregation is female and male. The Age disaggregation is <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+ and Unknown Age.
CURRENT is a state defined by treatment status when last seen, so it is expected that characteristics of these patients would be updated each time they are seen by a program.
Age represents an individual's age at the end of the reporting period or when last seen at the facility. For example, a 14-year-old child will be counted as currently receiving treatment in the <15 age category at the end of reporting period "A". During reporting period "B" the child turns age 15 and so at the end of this reporting period the child will be counted under the 15+ age category.

II.g Report Output

The report output for TX_CURR indicator can be found here.

III. Report Process Analysis

The main report process to generate the TX_CURR indicator report based on Indicator Definition and Business Requirements (II. Indicator Definition) is the following:

BP1. PEPFAR MER Quarterly Report Generation Process

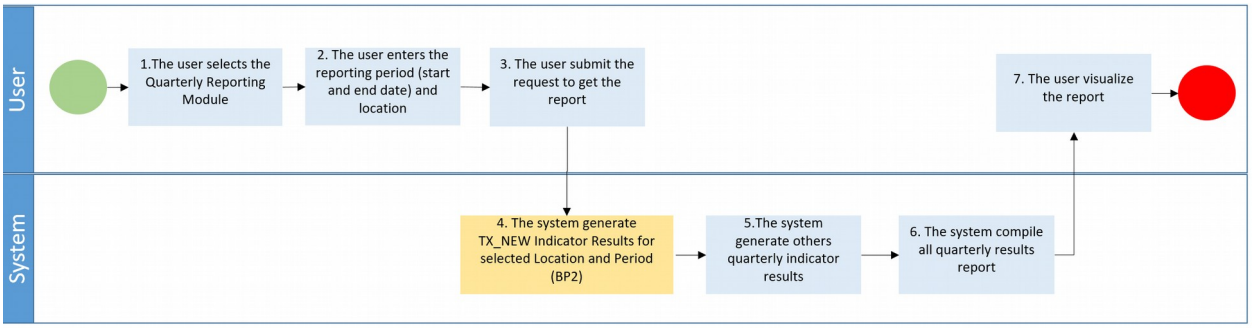
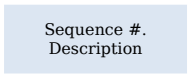
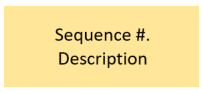
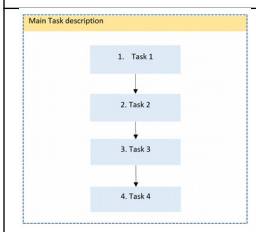


Figure 1 BP1 - Report Process for PEPFAR MER Quarterly Report Generation

Legend:

	Green Start point	The green circle shows where the process starts.
	Red End point	The red circle shows where the process ends.
	Direction Arrow	The arrows show you the direction of the process flow.
	Blue tasks	The blue tasks represent the simple tasks that are part of the process.
	Yellow Tasks	The yellow tasks represent group of tasks or a sub-process which is detailed in another process diagram.
	Grouper with multiple tasks	Some tasks are grouped together. This represents multiple tasks that could be performed in differed sequences but are part of the main task specified in the top.

BP2. TX_CURR Indicator Report Generation Process

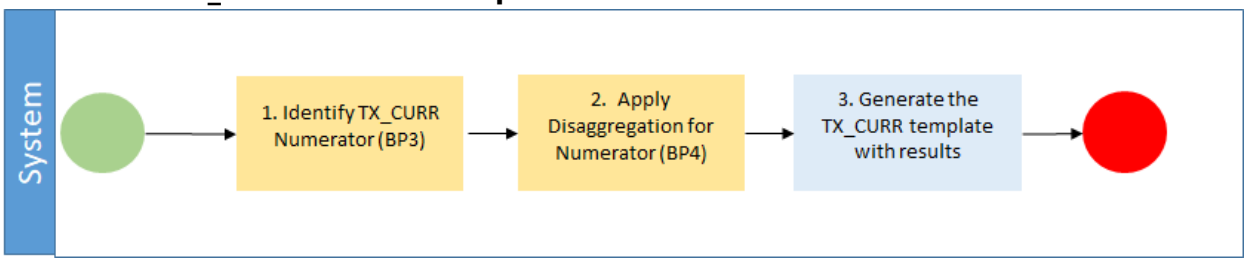


Figure 2 Report Process for TX_CURR Report Generation (BP2)

BP3. TX_CURR Indicator Numerator Selection Process

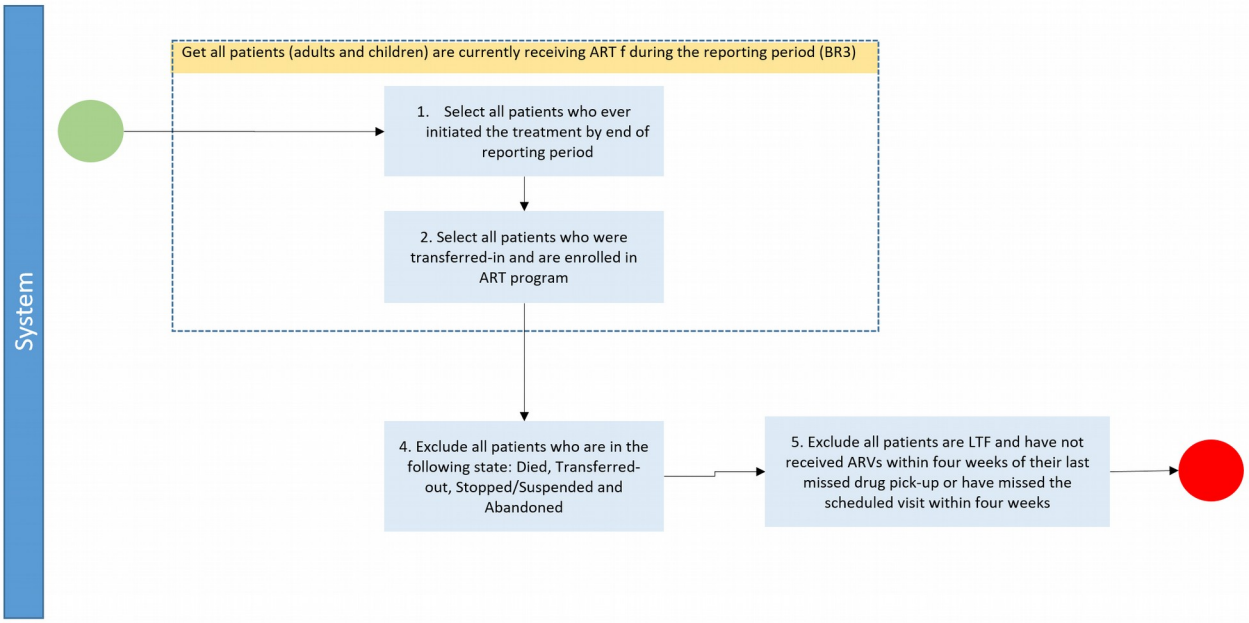


Figure 3 Report Process for TX_CURR Indicator Numerator Identification (BP3)

BP4. TX_CURR Numerator Disaggregation Process

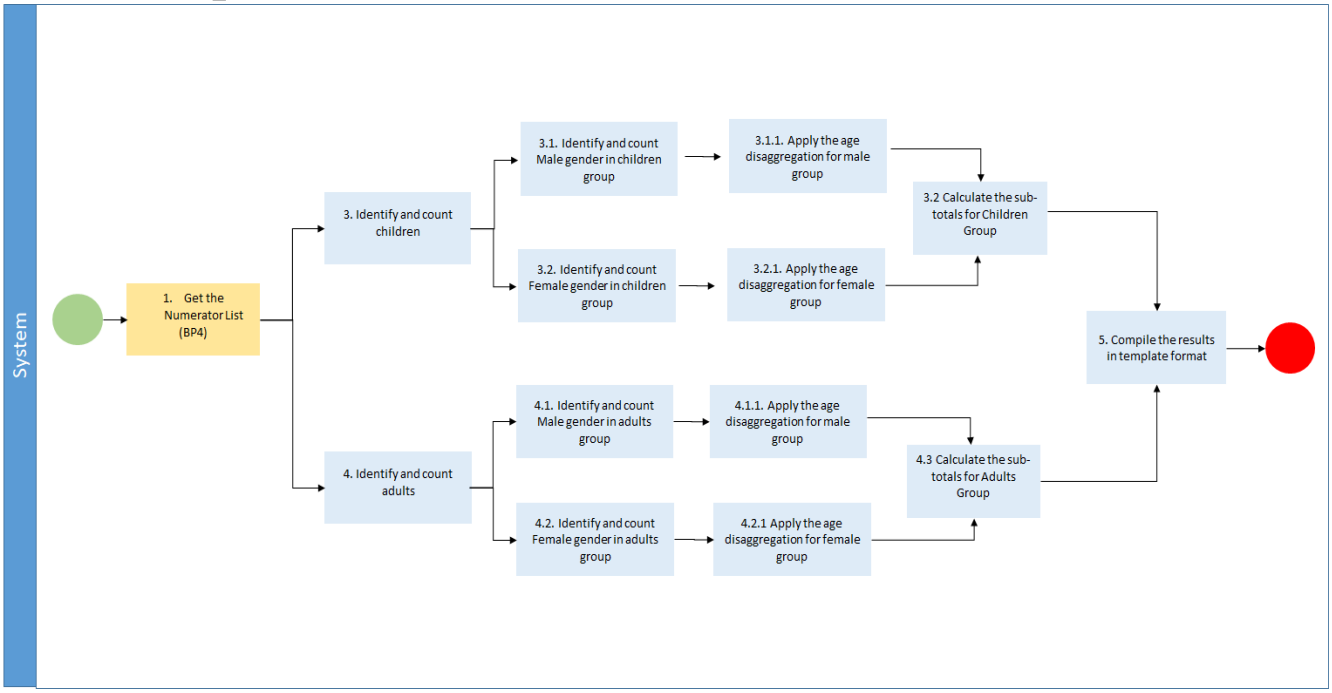


Figure 4 Report Process for TX_CURR Indicator Numerator Disaggregation (BP4)

IV. Requirements Definition

IV.a Key Assumptions

The key assumptions for TX_CURR indicator and related to EPTS OpenMRS are the following:

1. All patients captured in the OpenMRS system are HIV positive.
2. All patients captured in the OpenMRS system have initiated antiretroviral therapy (ART) at some time.
3. All transferred-in patients are HIV positive and are on ART.
4. All patients captured in the OpenMRS- this doesn't include the PEP (Post exposure prophylaxis) patients.
5. The primary source for TX_CURR are "FILA" (Annex 1), "Ficha de Seguimento do Adulto" (Annex 2), "Ficha de Seguimento de Pediatria" (Annex 3).
6. The patients in ART program are enrolled in SERVIÇO TARV-TRATAMENTO;
7. All patients must be officially enrolled on ART Service at end of reporting period on specified health facility. Officially enrolment mean 1) have "Processo Clinico Parte A" registered in health facility or 2) has been enrolled in "SERVICO TARV – CUIDADO" program in health facility or 3) has been enrolled in "SERVICO TARV – TRATAMENTO" as "Transferred in" in health facility.
8. The PEPFAR MER Reports in OpenMRS are named "PEPFAR MER 2.3 Quarterly" report for quarterly reporting (Q1, Q2, Q3, Q4), "PEPFAR MER 2.3 Semi-Annual" report for semi-annual reporting (S1, S2), and "PEPFAR MER 2.3 Annual", report for annual (APR) reporting.

IV.b List of Functional Requirements

Requirement #	**Category/ Functional Area**	**Requirement**
CURR_FR1	Reports	The system will generate the TX_CURR indicator report (CURR_FR2) under "PEPFAR MER Quarterly Report" for selected reporting period (start and end date) and specific location (health facility).
CURR_FR2	Indicator numerator	The system will generate TX_CURR indicator **numerator** as number of patients (adult and children) on ART by end of reporting period (CURR_FR8) with the specified disaggregation (CURR_FR3). This **includes** the following patients ● Patients who ever started ART by end of reporting period (CURR_FR4); ● Patients who were transferred-in from another health facility

		by end of reporting period (CURR_FR41). The system will **exclude** the following patients: ● Patients who left the ART Program (CURR_FR5) for following reasons: died or stopped the treatment or were transferred out to another health facility. ● All patients who are Lost to follow up and who did not receive ARVs within four weeks of their last missed drug pick-up (CURR_FR6).
CURR_FR3	Indicator Disaggregation-numerator	The system will generate the TX_CURR indicator **numerator** with following disaggregation: ● Children ○ Sex: Male/Female ○ Age: <1, 1-4, 5-9 (CURR_FR7) ● Adults ○ Sex: Male/Female ○ Age: 10-14, 15-19, 20-24,25-29,30-34,35-39,40-44,45-49, >=50, Unknown age (CURR_FR7)
CURR_FR4	Patients who ever initiated treatment	The system will identify patients who ever **initiated treatment** as following: • All patients who have initiated the drugs (ARV PLAN = START DRUGS) at the pharmacy or clinical visits by end of reporting period. • All patients who have historical start drugs date set in in Pharmacy (FILA) or Clinical forms (*Ficha de Seguimento Adulto and Ficha de Seguimento Pediatria*) by end of reporting period. • All patients enrolled in ART Program by end of reporting period. • All patients who have picked up drugs by end of reporting period.
CURR_FR41	Patients who were transferred-in	The system will identify patients who were **transferred in** from other facility as following: • All patients enrolled in ART Program by end of reporting period and has been registered in follow up clinical visits ad TRANSFERRED IN FROM OTHER FACILITY
CURR_FR5	Patients who are Lost to follow-up	The system will identify **Lost to follow-up** patients as following: • All patients who missed the pickup drugs (Fila) 4 weeks after the following scheduled drug pickup ● All patients who missed the follow up consultation (*Ficha de Seguimento Adulto and Ficha de Seguimento Pediatria)* 4 weeks after the following scheduled return visit date ● Patients who doesn't have the next drug pick up date and next consultation date scheduled
CURR_FR6	Patients who left ART Program	The system will identify patients who are enrolled on ART Program (*Service TARV- Tratamento*) but **who left the ART Program** for the following reasons that are specified in the patient chart as state of patient: ○ Died ○ Transferred out to another health facility

		○ Stopped/suspended the treatment ○ Abandoned the treatment
CURR_FR7	Patients Disaggregation-age	The system will identify patients **age** for **disaggregation** intervals as following: ● Patients with birth date information registered in the system should be calculated the age of the patient at the reporting end date (birth date minus reporting end date) ● Patients without birth date information should be considered as unknown age.
CURR_FR8	Reporting Period	The user will enter as input parameters the "reporting start date" and "reporting end date". The **"reporting start date"** is defined by the beginning of the correspondent quarter reporting period. The **"reporting end date"** is defined by the end of the reporting period. Q1 September 21st – December 20th Q2 December 21st – March 20th Q3 March 21st – June 20th Q4 June 21st – September 20th

V. Testing Scenarios

<to be included here>

VI. Technical Specifications

VI.a Pseudo-code

Input: startDate and endDate (from selected quarter):
Pseudo-code:
For each Health Facility:
1. Get all patients (adults, pediatrics, pregnant) who
- *Ever started ART at end of reporting period* (CURR_FR4)

AS Patient_List (including patientID, birthdate, sex)
1.1 Exclude from Patient_List:
1.1.1 Patients who left ART Program (CURR_FR6)
1.1.2 Lost to follow up patients (CURR_FR5)
2. if exist patients in Patient_LIST
[
2.1 Identify and count children (age <1-9) subtracting the endDate and patient birthdate:
2.1.1 Disaggregate and count patients by sex (male and female);
2.1.2 For each sex male and female group, disaggregate and count per age group (<1, 1-4, 5-9) subtracting the endDate and birthdate;
2.1.3 Calculate the subtotals.

2.2 Identify and count adults (age >9) subtracting the endDate and birthdate:
2.2.1 Disaggregate and count patients by sex (male and female);
2.2.2 For each sex male and female group, disaggregate and count per age group (10-14, 15-19, 20-24,25-29,30-34,35-39,40-44,45-49, >=50, Unknown age) subtracting the endDate and birthdate;
2.2.3 Calculate the subtotals.
2.3 Report the numerator values
]
Else report “0” for numerator for all disaggregation
END Simplified OPTION PSEUDOCODE

VI.b Data fields and elements

- Define the data element(s) used to determine the reporting range
  The reporting range dates will be specified by user before submitting the report request as “startDate”, “endDate”.

- Define the data element(s) used to determine if a patient has ever enrolled in ART

	Encounter Type/ Table	**Data Element(s)**	**Data Element Value**

Patients on ART who initiated the ARV DRUGS	S.TARV: ADULTO SEGUIMENTO (ID=6) S.TARV: PEDIATRIA SEGUIMENTO(ID=9) S.TARV: FARMACIA (ID=18)	ARV PLAN (OBS CONCEPT ID = 1255)	START DRUGS (OBS Value Code =1256)
		MINUMUM Encounter DATE (encounter. encounter_datetime)	<= endDate
Patients transferred in from other facility	Patient PROGRAM	(patient_program. program_id)	SERVICO TARV - TRATAMENTO (program_id =2)
		Program Enrolment Date (patient_program. Date_enrolled)	<= endDate
	S.TARV: ADULTO SEGUIMENTO (ID=6) S.TARV: PEDIATRIA SEGUIMENTO(ID=9) S.TARV: FARMACIA (ID=18)	ARV PLAN (OBS CONCEPT ID = 1255) MINUMUM Encounter DATE (encounter. encounter_datetime)	TRANSFERRED FROM OTHER HF (OBS Value Code = 29) <= endDate
Patients on ART who have historical date of ART start	S.TARV: ADULTO SEGUIMENTO (ID=6) S.TARV: PEDIATRIA SEGUIMENTO(ID=9) S.TARV: FARMACIA (ID=18)	MINIMUM HISTORICAL START DATE (OBS CONCEPT ID 1190)	<= endDate
Patients enrolled in ART Program	----	Patient PROGRAM (patient_program. program_id)	SERVICO TARV - TRATAMENTO (program_id =2)
		Program Enrolment Date (patient_program. Date_enrolled)	<= endDate
Patients with first drugs pick up date set in Pharmacy	S.TARV: FARMACIA (ID=18)	MINIMUM Encounter DATE (encounter. encounter_datetime)	<= endDate

- Define the data element(s) used to determine lost to follow up patients

	Encounter Type	**Data Element(s)**	**Data Element Value**
Patients who doesn't have the next drug pick up date and next consultation date scheduled	S.TARV: ADULTO SEGUIMENTO (ID=6) S.TARV: PEDIATRIA SEGUIMENTO(ID= 9) S.TARV: FARMACIA (ID=18)	Encounter DATE (encounter. encounter_datetime)	Last_scheduled_visit = max (encounter_datetime) for encounter(6,9) Last_art_pick_up = max (encounter_datetime) for encounter (18)
		Last scheduled visit (OBS CONCEPT ID = 1410) Last scheduled ART PICK UP DATE (OBS CONCEPT ID =	

		5096)	
Patients who missed the drugs pick up visit	S.TARV: FARMACIA (ID=18)	Encounter DATE max (encounter. encounter_datetime) Last scheduled ART PICK UP DATE (OBS CONCEPT ID = 5096)	Max (encounter_datetime) <= endDate and last_art_pick_up > max(encounter_datetime) and (Last_art_pick_up + 4 weeks < endDate)
Patients who missed the consultation	S.TARV: ADULTO SEGUIMENTO (ID=6) S.TARV: PEDIATRIA SEGUIMENTO(ID= 9)	Encounter DATE max (encounter. encounter_datetime) Last scheduled visit (OBS CONCEPT ID = 1410)	Max (encounter_datetime) <= endDate and last_scheduled_visit > max(encounter_datetime) and (Last_scheduled_visit + 4 weeks < endDate)

- Define the data elements used to identify the gender of the patient: *patient.sex*
- Define the data elements used to identify the patient's age: *patient.birthdate*

- Define the data elements used to identify if a patient is dead:
  - *Patient_program.program_id =2 = SERVICO TARV-TRATAMENTO*
  - *Patient_State.state = 10 = DIED*
  - *Patient_State.start_date <= endDate*
  - *Patient_state.end_date is null*

- Define the data elements used to identify if a patient has transferred out
  - *Patient_program.program_id =2 = SERVICO TARV-TRATAMENTO*
  - *Patient_State.state = 7 = Transferred out to another health facility*
  - *Patient_State.start_date <= endDate*
  - *Patient_state.end_date is null*

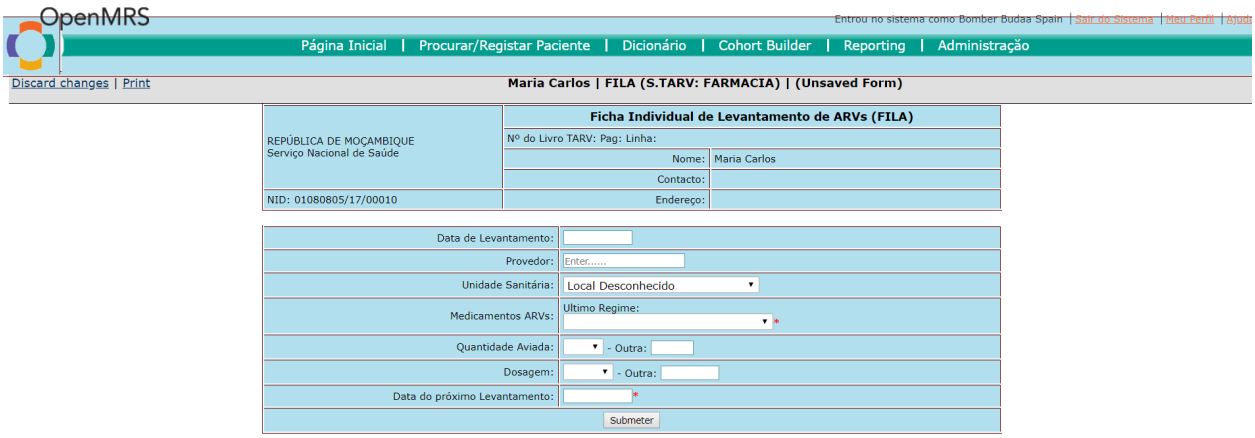
- Define the data elements used to identify if a patient has been marked as "lost to follow up"
  - *Patient_program.program_id =2 = SERVICO TARV-TRATAMENTO*
  - *Patient_State.state = 9 = Abandoned the treatment*
  - *Patient_State.start_date <= endDate*
  - *Patient_state.end_date is null*

- Define the data elements used to identify if a patient has stopped the treatment
  - *Patient_program.program_id =2 = SERVICO TARV-TRATAMENTO*
  - *Patient_State.state = 8 = Stopped/suspended the treatment*
  - *Patient_State.start_date <= endDate*

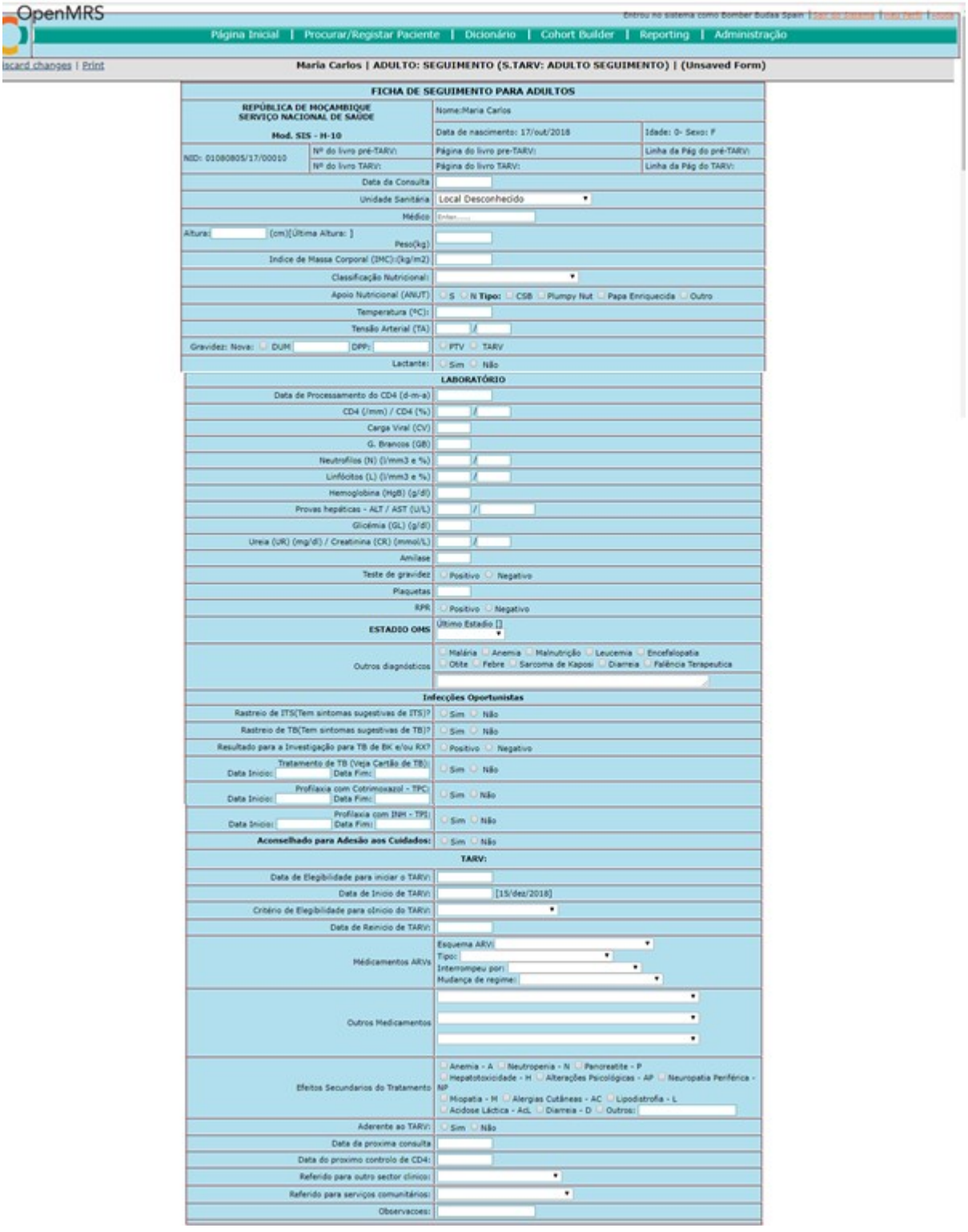
- *Patient_state.end_date is null*

VII. ANNEXES

Annex 1- OpenMRS EPTS FILA



Annex 2- OpenMRS EPTS Adulto Seguimento



OpenMRS

Página Inicial | Procurar/Registar Paciente | Dicionário | Cohort Builder | Reporting | Administração

Maria Carlos | ADULTO: SEGUIMENTO (S.TARV: ADULTO SEGUIMENTO) | (Unsaved Form)

FICHA DE SEGUIMENTO PARA ADULTOS

REPÚBLICA DE MOÇAMBIQUE SERVIÇO NACIONAL DE SAÚDE Mod. SIS - H-10		Nome:Maria Carlos	
		Data de nascimento: 17/out/2018	Idade: 0- Sexo: F
NID: 01080805/17/00010	Nº do livro pré-TARV:	Página do livro pre-TARV:	Linha da Pág do pré-TARV:
	Nº do livro TARV:	Página do livro TARV:	Linha da Pág do TARV:

Data da Consulta	
Unidade Sanitária	Local Desconhecido
Médico	
Altura: (cm)[Última Altura:] Peso(kg):	
Indice de Massa Corporal (IMC):(kg/m2)	
Classificação Nutricional:	
Apoio Nutricional (ANJT)	S N Tipo: CSB Plumpy Nut Papa Enriquecida Outro
Temperatura (ºC):	
Tensão Arterial (TA)	/
Gravidez: Nova: DUM DPP:	PTV TARV
Lactante:	Sim Não

LABORATÓRIO

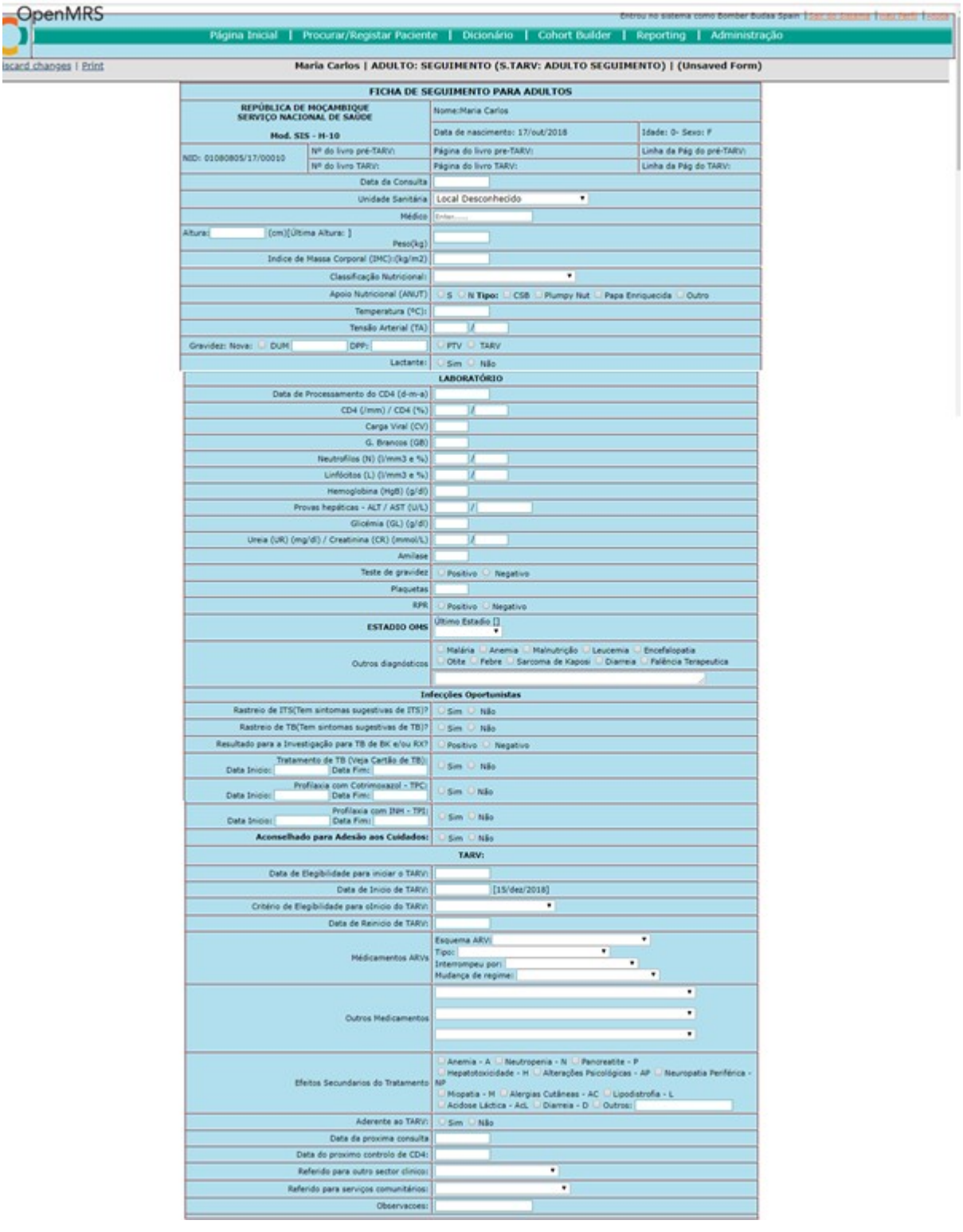
Data de Processamento do CD4 (d-m-a)	
CD4 (/mm) / CD4 (%)	/
Carga Viral (CV)	
G. Brancos (GB)	
Neutrofilos (N) (i/mm3 e %)	/
Linfócitos (L) (i/mm3 e %)	/
Hemoglobina (Hgb) (g/dl)	
Provas hepáticas - ALT / AST (U/L)	/
Glicémia (GL) (g/dl)	
Ureia (UR) (mg/dl) / Creatinina (CR) (mmol/L)	/
Amilase	
Teste de gravidez	Positivo Negativo
Plaquetas	
RPR	Positivo Negativo
ESTADIO OMS	Último Estadio []
Outros diagnósticos	Malária Anemia Malnutrição Leucemia Encefalopatia Otite Febre Sarcoma de Kaposi Diarreia Falência Terapeutica

Infecções Oportunistas

Rastreio de ITS(Tem sintomas sugestivas de ITS)?	Sim Não
Rastreio de TB(Tem sintomas sugestivas de TB)?	Sim Não
Resultado para a Investigação para TB de BK e/ou RX?	Positivo Negativo
Tratamento de TB (Veja Cartão de TB): Data Inicio: Data Fim:	Sim Não
Profilaxia com Cotrimoxazol - TPC: Data Inicio: Data Fim:	Sim Não
Profilaxia com INH - TPI: Data Inicio: Data Fim:	Sim Não
Aconselhado para Adesão aos Cuidados:	Sim Não

TARV:

Data de Elegibilidade para iniciar o TARV:	
Data de Inicio de TARV:	[15/dez/2018]
Critério de Elegibilidade para clínico do TARV:	
Data de Reinicio de TARV:	
Médicamentos ARVs	Esquema ARV: Tipo: Interrompeu por: Mudança de regime:
Outros Medicamentos	
Efeitos Secundarios do Tratamento	Anemia - A Neutropenia - N Pancreatite - P Hepatotoxicidade - H Alterações Psicológicas - AP Neuropatia Periférica - NP Miopatia - M Alergias Cutâneas - AC Lipodistrofia - L Acidose Láctica - AcL Diarreia - D Outros:
Aderente ao TARV:	Sim Não
Data da proxima consulta	
Data do proximo controlo de CD4:	
Referido para outro sector clinico:	
Referido para serviços comunitários:	
Observacoes:	



OpenMRS

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Maria Carlos | ADULTO: SEGUIMENTO (S.TARV: ADULTO SEGUIMENTO) | (Unsaved Form)

FICHA DE SEGUIMENTO PARA ADULTOS

REPÚBLICA DE MOÇAMBIQUE
SERVIÇO NACIONAL DE SAÚDE
Mod. SIS - H-10

Nome:Maria Carlos
Data de nascimento: 17/out/2018 | Idade: 0- Sexo: F

NID: 01080805/17/00010
Nº do livro pré-TARV: | Página do livro pre-TARV: | Linha da Pág do pré-TARV:
Nº do livro TARV: | Página do livro TARV: | Linha da Pág do TARV:

Data da Consulta
Unidade Sanitária: Local Desconhecido
Médico
Altura: [cm][Última Altura:]
Peso(kg)
Indice de Massa Corporal (IMC):(kg/m2)
Classificação Nutricional:
Apoio Nutricional (ANUT): S N **Tipo:** CSB Plumpy Nut Papa Enriquecida Outro
Temperatura (ºC):
Tensão Arterial (TA) /
Gravidez: Nova: DUM: DPP: PTV TARV
Lactante: Sim Não

LABORATÓRIO

Data de Processamento do CD4 (d-m-a)
CD4 (/mm) / CD4 (%) /
Carga Viral (CV)
G. Brancos (GB)
Neutrófilos (N) (/mm3 e %) /
Linfócitos (L) (/mm3 e %) /
Hemoglobina (Hgb) (g/dl)
Provas hepáticas - ALT / AST (U/L) /
Glicémia (GL) (g/dl)
Ureia (UR) (mg/dl) / Creatinina (CR) (mmol/L) /
Amilase
Teste de gravidez: Positivo Negativo
Plaquetas
RPR: Positivo Negativo
ESTADIO OMS: Último Estadio []
Outros diagnósticos: Malária Anemia Malnutrição Leucemia Encefalopatia Otite Febre Sarcoma de Kaposi Diarreia Falência Terapeutica

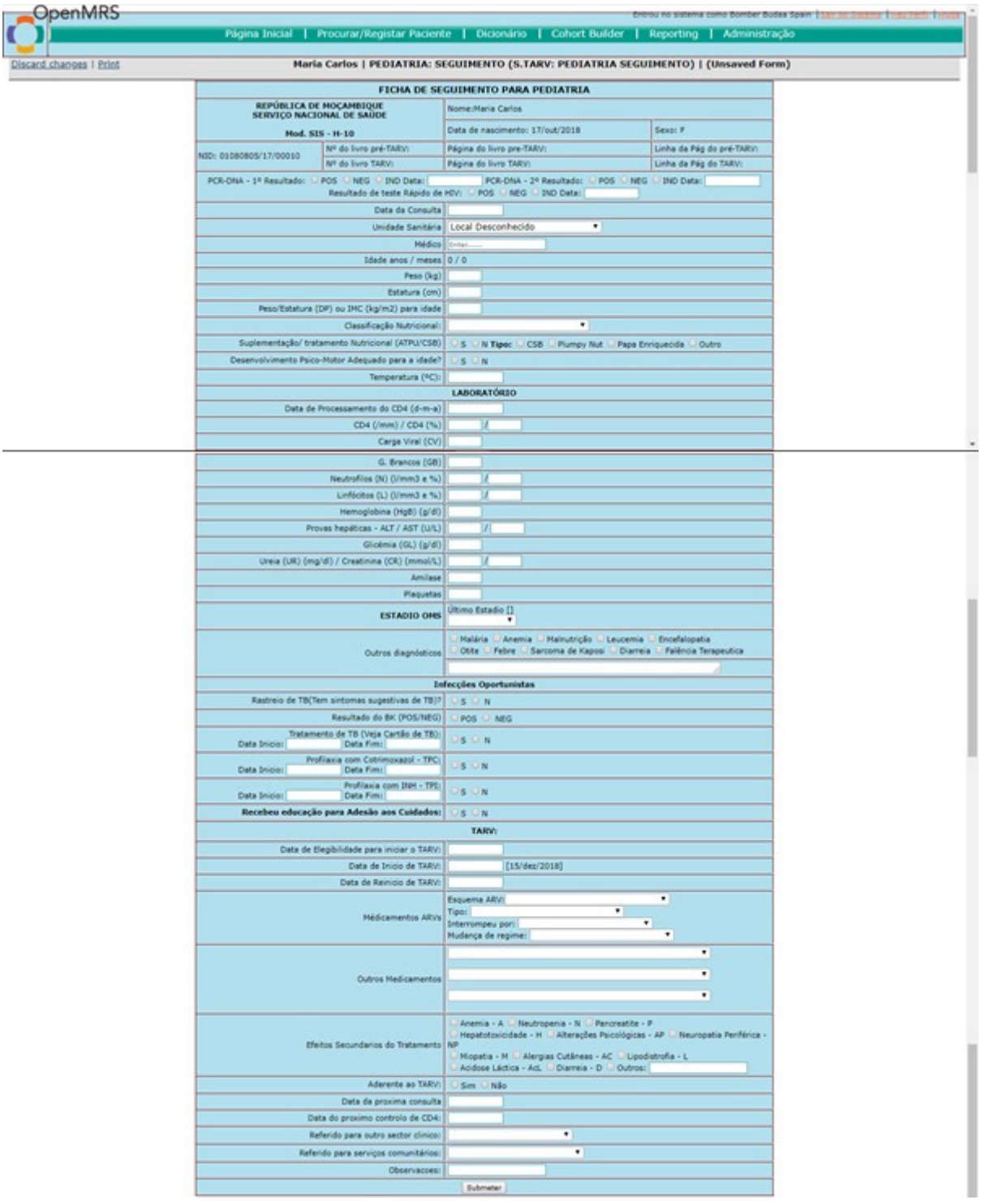
Infecções Oportunistas

Rastreio de ITS(Tem sintomas sugestivos de ITS)?: Sim Não
Rastreio de TB(Tem sintomas sugestivos de TB)?: Sim Não
Resultado para a Investigação para TB de BK e/ou RX?: Positivo Negativo
Tratamento de TB (Veja Cartão de TB): Data Inicio: Data Fim: Sim Não
Profilaxia com Cotrimoxazol - TPC: Data Inicio: Data Fim: Sim Não
Profilaxia com INH - TPI: Data Inicio: Data Fim: Sim Não
Aconselhado para Adesão aos Cuidados: Sim Não

TARV:

Data de Elegibilidade para iniciar o TARV:
Data de Inicio de TARV: [15/dez/2018]
Critério de Elegibilidade para clínico do TARV:
Data de Reinicio de TARV:
Médicamentos ARVs: Esquema ARV: Tipo: Interrompeu por: Mudança de regime:
Outros Medicamentos
Efeitos Secundarios do Tratamento: Anemia - A Neutropenia - N Pancreatite - P Hepatotoxicidade - H Alterações Psicológicas - AP Neuropatia Periférica - NP Miopatia - M Alergias Cutâneas - AC Lipodistrofia - L Acidose Láctica - AcL Diarreia - D Outros:
Aderente ao TARV: Sim Não
Data da proxima consulta
Data do proximo controlo de CD4:
Referido para outro sector clinico:
Referido para serviços comunitários:
Observacoes:

Annex 3- OpenMRS EPTS Pediatria Seguimento



OpenMRS

Entrou no sistema como Bomber Bubaa Spain | Ver as Sessões | Sair Sair | Ajuda

Página Inicial | Procurar/Registar Paciente | Dicionário | Cohort Builder | Reporting | Administração

Discard changes | Print

Maria Carlos | PEDIATRIA: SEGUIMENTO (S.TARV: PEDIATRIA SEGUIMENTO) | (Unsaved Form)

FICHA DE SEGUIMENTO PARA PEDIATRIA

REPÚBLICA DE MOÇAMBIQUE **SERVIÇO NACIONAL DE SAÚDE** **Mod. SIS - H-10**		Nome:Maria Carlos	
		Data de nascimento: 17/out/2018	Sexo: F
NID: 01080805/17/00010	Nº do livro pré-TARV:	Página do livro pre-TARV:	Linha da Pág do pré-TARV:
	Nº do livro TARV:	Página do livro TARV:	Linha da Pág do TARV:

PCR-DNA - 1º Resultado: ○ POS ○ NEG ○ IND Data: PCR-DNA - 2º Resultado: ○ POS ○ NEG ○ IND Data:
Resultado de teste Rápido de HIV: ○ POS ○ NEG ○ IND Data:

Data da Consulta	
Unidade Sanitária	Local Desconhecido
Médico	
Idade anos / meses	0 / 0
Peso (kg)	
Estatura (cm)	
Peso/Estatura (DP) ou IMC (kg/m2) para idade	
Classificação Nutricional:	
Suplementação/ tratamento Nutricional (ATPU/CSB)	○ S ○ N **Tipo:** ○ CSB ○ Plumpy Nut ○ Papa Enriquecida ○ Outro
Desenvolvimento Psico-Motor Adequado para a idade?	○ S ○ N
Temperatura (ºC):	
LABORATÓRIO	
Data de Processamento do CD4 (d-m-a)	
CD4 (/mm) / CD4 (%)	/
Carga Viral (CV)	
G. Brancos (GB)	
Neutrofilos (N) (/mm3 e %)	/
Linfócitos (L) (/mm3 e %)	/
Hemoglobina (HgB) (g/dl)	
Provas hepáticas - ALT / AST (U/L)	/
Glicémia (GL) (g/dl)	
Ureia (UR) (mg/dl) / Creatinina (CR) (mmol/L)	/
Amilase	
Plaquetas	
ESTADIO OMS	Último Estadio []
Outros diagnósticos	○ Malária ○ Anemia ○ Malnutrição ○ Leucemia ○ Encefalopatia ○ Otite ○ Febre ○ Sarcoma de Kaposi ○ Diarreia ○ Falência Terapeutica
Infecções Oportunistas	
Rastreio de TB(Tem sintomas sugestivos de TB)?	○ S ○ N
Resultado do BK (POS/NEG)	○ POS ○ NEG
Tratamento de TB (Veja Cartão de TB): Data Inicio: Data Fim:	○ S ○ N
Profilaxia com Cotrimoxazol - TPC: Data Inicio: Data Fim:	○ S ○ N
Profilaxia com INH - TPI: Data Inicio: Data Fim:	○ S ○ N
Recebeu educação para Adesão aos Cuidados:	○ S ○ N
TARV:	
Data de Elegibilidade para iniciar o TARV:	
Data de Inicio de TARV:	[15/dez/2018]
Data de Reinicio de TARV:	
Médicamentos ARVs	Esquema ARV: Tipo: Interrompeu por: Mudança de regime:
Outros Medicamentos	
Efeitos Secundarios do Tratamento	○ Anemia - A ○ Neutropenia - N ○ Pancreatite - P ○ Hepatotoxicidade - H ○ Alterações Psicológicas - AP ○ Neuropatia Periférica - NP ○ Miopatia - M ○ Alergias Cutâneas - AC ○ Lipodistrofia - L ○ Acidose Láctica - AcL ○ Diarreia - D ○ Outros:
Aderente ao TARV:	○ Sim ○ Não
Data da proxima consulta	
Data do proximo controlo de CD4:	
Referido para outro sector clinico:	
Referido para serviços comunitários:	
Observacoes:	

Submeter