

Federal Democratic Republic of Ethiopia Ministry of Health

Health Center/Clinic/Hospital ART Register

Region Zone/Subcity/Woreda Health Facility Name Begin Date End Date



INSTRUCTION HOW TO COMPLETE ART REGISTER

The register is kept in ART room, and completed by the ART provider.

Information to be completed at front of register:

1	
Region	Write the region where the ART center is located
Zone/ Sub-City /Woreda	Write the Zone/ Sub-City /Woreda where the ART center is located
Name of Health Facility	Write the name of the health facility
Register begin date	Enter the date of the first entry in the register, written as Day/Month /Year (DD/MM/YY) (E.C.)
Register end date	Enter the date of the last entry in the register, written as Day/Month /Year (DD/MM/YY) (E.C.)

Write cohort month and year (EC) at top of each page.

SN	Datum	Comments
4	Registration	With the district the term of
	ART Start Date (DD/ MM/YY)	Write the date patient started ART, written as (EC) Day /Month / Year (DD/ MM/YY)
2.	Unique ART Number	Write ART unique number and it should be assigned when the client start ART. Unique ART number assigned as:- Region number / facility type code / specific facility code / patient/client assigned number. Region number: the following code numbers are used: Tigray:- 01 SNNPR:- 07 Afar:- 02 Gambella:- 12 Amhara:- 03 Harar:- 13 Oromia:- 04 Addis Ababa:- 14 Somali:- 05 Dire Dawa:- 15 Benishangul Gummuz:-06 Facility type code: Hospital = 08 Health Center = 09
		Specific facility code: Each HC / hospital in the regions is coded with three digits starting from 001. These specific facility codes are assumed to be given by regions together with federal, which means it is pre-coded and given to each facility centrally. Patient assigned number: A unique 5-digit number within the facility; the first patient to start ART in the clinic will be given 00001 Example Unique ART No. 01/08/001/00001
3.	Medical Record Number (MRN)	Write unique individual identifier used on medical information folder.
4.	Name / father, grandfather name	Write the patient's first name in the upper space and father's and grandfather name in the lower space
5.	Age	If the patient is less than 5 years of age, enter the patient's age in months -MM For example, a 4-month-old child is entered as 04M. If the patient is 5 years of age or older, enter the patient's age in years -YY. For example, a 6-year-old child is entered as 06.
6.	Sex(M/F)	Write sex M= Male or F= Female
7.	Address:	Write Patient Woreda on the upper row and the patient, Kebele, House Number in the lower row
	us at start ART	
8.	Functional Status*	Write the patient's functional status at start of ART. A=Ambulatory; B=Bedridden; W=Working
9.	Weight	Write patient's weight in kilograms.
10.	Height/Length	Write height/length in cm at the start of ART.
11.	MUAC	Write mid upper arm circumference in cm
12.	BMI/Weight for age	Write the body mass index(BMI) for Adult /weight for age for Child
13.	Nutrition Screening result/ Food Rx provided	Write 1= Normal, 2=Mild, 3=Moderate Malnutrition, 4=Sever Malnutrition 5=Over weight on
1.4	1	the upper row and Tick on the lower row if therapeutic or supplementary feeding is provided.
14.	WHO Clinical stage	Write patient's WHO Clinical Stage at the start of ART
15.	CD4 (if child CD4 %)	Write patient's CD4 count (or CD4% for children) at the start of ART
	/ HIV Co-infection	
16.	Screened for TB ($$)/screening result (P/N)	On the upper row: Tick $()$ if the patient is screened for TB On the lower row, write P if the screening result is positive, N if the screening result is negative
17.	Xpert MTB/RIF (Gene-x-pert) sent $()$ /Result (P/N)	On the upper row: Tick (√) if Xpert MTB/RIF sent to diagnose activeTB On the lower row, write P if the Xpert MTB/RIF result positive, N if the Xpert MTB/RIF result negative
18.	TB treatment Start date/ Complete date (DD/MM/YY)	On the upper row: write TB treatment start date On the lower row: write TB treatment completion date as (EC) Day / Month / Year (DD/ MM/YY)
19-24	INH Prophylaxis (DD /MM/YY)	Write the date as (EC) Day / Month /Year (DD/MM/YY) If the patient is taking INH monthly
	Fill when applicable	
25	Fluconazole preventive therapy (FPT) $()$	Tick if client is taking fluconazole preventive therapy
26	Enrolled to Appointment Spacing Model (DD/MM/YY)	Write date patient enrolled into Appointment Spacing Model, written as (EC) Day/ Month/ Year (DD/ MM/YY)
27	CTX Start date /Stop date	Write cotrimoxazole start date on the upper row and on the lower row cotrimoxazole stop date,

20	(DD/MM/YY)	as (EC) Day/ Month/ Year (DD/MM/YY)
28 29	Using any Modern Contraceptive(√) Date Referred to PMTCT (DD/MM/YY)	Tick if client is using any modern contraceptives method If the patient is pregnant, enter the Date Referred to PMTCT service on the upper
	/Date Returned (DD/MM/YY)	row and date returned from PMTCT on the lower row
	First line regimen	
30	Original Regimen	Write the code for the first line regimen that patient has started. This is found at the bottom of the ART register. Adult 1 st line regimens: 1a(30) = d4t(30)-3TC-NVP 1a(40) = d4t(40)-3TC-NVP 1b(30) = d4t(30)-3TC-EFY 1b(40) = d4t(40)-3TC-EFV 1c = AZT-3TC-NVP 1d = AZT-3TC-EFV 1e = TDF+3TC+ NVP 1g = ABC + 3TC + EFV 1h = ABC + 3TC + EFV 1h = ABC + 3TC NVP 1j=TDF+3TC+DTG 1k=AZT+3TC+DTG 1i=Other specify Child 1st line regimens: 4a = d4T-3TC-NVP 4b = d4T-3TC-EFV 4c = AZT-3TC-NVP 4d = AZT-3TC-EFV 4e = TDF-3TC-EFV 4e = TDF-3TC-EFV 4f = AZT + 3TC + LPV/r 4g = ABC + 3TC + LPV/r 4g = ABC + 3TC + LPV/r 4g = ABC + 3TC + DTG 4j=ABC+3TC+DTG 4k=AZT+3TC+DTG 4j=ABC+3TC+EFV 4h=Other specify If the adult/child patient is receiving other first line regimen specify the regimens
	4	
31	Substitutions: 1 st code/Reason/ (DD/MM/YY) 2 nd code / Reason/ (DD/ MM/YY	If there is a 1 st substitution within the 1 st line regimen, write in the code for the 1 st substitute regimen, the reason code, and the date, written as (EC) Day/Month/ Year (DD/MM/YY). If there is a 2 nd substitution, transfer this information to the bottom line and write in the code of the 2 nd substitute regimen, the reason code, and the date, written as (EC) Day/Month / Year (DD/MM/YY) If Reasons for regimen change: 1= Toxicity/ side effects, 2= Pregnancy, 3= Risk of pregnancy, 4= Due to new TB,5= New drug available ,6= Drug out of stock & if Other reason specify.
	Second line regimen	
32	Regimen	If the patient has been switched to a 2 nd line regimen, write in the code for this regimen.
		Adult 2 nd line regimens: 2a = ABC-ddl-LPV/R 2b = ABC + ddl-NFV 2c = TDF-ddl-LPV/R 2d = TDF-ddl-LPV/R 2d = TDF-3TC-LPV/r 2f = AZT-3TC-LPV/r 2g = TDF-3TC-ATV/r 2j = ABC + 3TC + LPV/r 2i = ABC + ddl - NFV 5b = ABC + ddl - NFV 5c = TDF - ddl - NFV 5c = TDF - ddl - NFV 5d = TDF - ddl - NFV 5d = TDF - ddl - NFV 5d = TDF + 3TC + LPV/r 5f = AZT + 3TC + LPV/r 5j = ABC + 3TC + LPV/r 5j = TDF + 3TC + LPV/r 5j = TDF + 3TC + LPV/r 5j = TDF + 3TC + LPV/r 5j = ABC + A
33	Switches: 1st code/Reason/	If there is a switch within the 2nd line regimen, write in the code for the switch
	(DD/MM/YY) 2 nd code / Reason/ (DD/MM/YY)	regimen, the reason code, and the date, written as (EC) Day / Month/ Year (DD/MM/YY). If there is a 2nd switch, write in the code for the switch regimen, the reason code, and the date, written as (EC) Day/ Month/ Year (DD/MM/YY) Reasons switch to 2nd line regimen: 8. Clinical treatment failure
		9. Immunologic failure 10. Virologic failure

	Third line	
34	Regimen	If the patient has been switched to a 3 rd line regimen, write in the code of this regimen. Adult 3 rd line regimens: 3a=DRV/r+DTG+AZT+3TC 3b=DRV/r+DTG+TDF+3TC 3d=DRV/r+ABC+AFV+eTC 3c=other specify Child 3 rd line 6a=DRV/r+RAL + AZT +3TC 6b=DRV/r+RAL + TDF+3TC 6c=DRV/r+DTG + AZT+3TC 6d=DRV/r+DTG + TDF+3TC 6d=DRV/r+DTG + TDF+3TC 6f=DRV/r +DTG+ABC+3TC 6e=other specify If the adult/child patient is receiving other third line regimen specify the regimens
35	Switches: 1st code/ Reason/ (DD/MM/YY) 2nd code / Reason/ (DD/ MM/YY	If there is a switch within the 3rd line regimen, write in the code for the switch regimen, the reason code, and the date, written as (EC) Day / Month/ Year (DD/MM/YY) If there is a 3rd switch, write the code for the switch regimen, the reason code, and the date, written as (EC) Day/ Month/ Year (DD/MM/YY) Reasons switch to 3rd line regimen: 8. Clinical treatment failure 9. Immunologic failure 10. Virologic failure

The second page of the register is used to document ARV regimens or ART treatment interruptions after starting ART.

Under "Month o" enter the name of the month and the year (EC) in which the patients in this cohort started ART. This applies for all the patients on this page of the register since they are all in the same cohort that started in this month. Under "Month 1" write the name of the next month and year (EC) and continue in this manner for all 36 columns. When you reach the end of a calendar year, be sure to change the year.

For example, for the cohort of patients starting

ART in Meskerem 2000: Month o: Meskerem

2000

Month I: Tikmt
Month 2: Hidar
Month 3: Tahsas
Month 4: Tir
Month 5: Yekatit
Month 6: Megabit
Month 7: Meazia
Month 7: Meazia
Month 18: Ginbot
Month 9: Sene
Month 10: Hamle
Month 11: Nehassie
Month 12: Meskerem 2001
Month 13: Tikmt
Month 14: Hidar etc

N.B: Whenever a patient is transferred from one ART register in to another after completion of Current Register, it has to s tart at "Month 1" not "Month 0".

At the end of each month, In the column for that month, enter the code of the regimen the individual collected in the month. If the individual did not collect drugs, write one of the following options to indicate the patients follow up status:

TO =Transferred Out. If TO

transferred out to where

STOP = If the patient and the clinician discussed and decided to stop

treatment for different reasons. LOST= If the patient has missed an

appointment (not picked up drugs) for at least one month.

DEAD = Write date and status if the facility has been notified that the patient has died

DROP=Lost to follow up for > 3months

36-88	In the 6 th , 12 th , 24 th , and 36 th months enter the regimen, functional status, weight/height,
	CD4 as described above.
	For viral load at 6 th , I2 th , 24 th , and 36 th months, write the date VL sample
	collected as (EC) Day/ Month/ Year (DD/MM/YY) on the upper row if viral
	load is performed at 6 th , I2 th , 24 th , and 36 th months; on the lower row. write
	undetectable if the viral load is < 1,000 copies per ml, detectable if viral load is
	> 1,000 copies per ml.

ART Register

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Cohort Month _____ Cohort YEAR 20 _____

		,]			St	atus a	t start	ART						TB / HI		nfection	1				Fill	when a	pplica	able		l st Line		and Line	3 rd Line Regimen					
ART Stort Date	Llaigue		Name	-		Woreda	Functional Status*	(kg)	Height / Length (cm)	(cm)	BMI /Weight for Age	Nutrition Screening Result write code	WHO Clinical stage	CD4 (if child CD4 %)	Screening result Screened for TB ($$)	Xpert MTB/RIF (Gene-x-pert) sent $()/$ Result (P/N)	Complete date TB Treatment Start (DD/MM/YY) date (DD/MM/YY)			INH pro (DD/M	ophylaxi IM/YY)	s		Fluconazole preventive therapy (FPT) $()$	Enrolled to Appointment Spacing Model (DD/MM/YY)	CTX Start date (DD/ MM/ YY)	Using any Modern Contraceptive $()$	Date Returned Date Referred to PMTCT (DD/MM/YY)		Substitu tions 1st code / Reason / (DD/MM/ YY) 2nd code/		switch 1st code / Reason / (DD/MM/ YY)		switch 1st code / Reason / (DD/MM/ YY) 2nd code /
Start Date (DD/ MM/YY)	Unique ART Number	MRN	Father, Grandfather Name	Age	Sex (M/F)	Kebele H.No.	Functio	Weight (kg)	Height ,	MUAC (cm)	BMI /W	Food Rx (√)	мно (CD4 (if	Screen (F	Xpert M Result (Comple (DD/MM							Flucon	Enrollec Spacing	date (DD/ MM YY)	Using a	Date Re (DD/MM	Origina	Reason (DD/ MM/YY)	Regimen	Reason / (DD/MM/ YY)	Regimen	Reason / (DD/MM/ YY)
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ART Register

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Cohort Month _____ Cohort YEAR 20 _____

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0							V	Wt	CD4	Dat VI samp colle ed	L ple ect-							Wt	CD4	Date VL samp collec ed	le												Wt		Da VI sam colle	ple ct-												Wi			Date VL sample collect- ed
						Regimen	Functional status	Ht	CD4	Detectable of Under	or e- ıble					Regimen	Functional status	Ht	CD4	Detection able to Under tectal	r - ole										_	Regimen Functional status	Ht	CD	Dete able Und- tecta	or e- ble										_	Regimen	runctional status			Detect- able or Unde- tectable
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36	37	38	39	40	41	42 4	13	44	45	46		47	48 4	49 5	50 51	52	53	54	(55)	56		57 58	3 59	60	61	62	63	64	65 6	666	67 6	58 69	70	71	72		73 7	74 7	75 76	5 77	78	79	80	81	82 4	33 8	84 8	5 86		87	88
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