

## Tool 10: Clinical Audit for HIV Infected Children 0-5 years

Fac	ility name:							Ex	clusic	on crit	eria (v	where	appli	icable	e):			Pat	tients	that n	o long	er follo	ow up	at the	facilit	y.			
Ain	n/objective of the audi				Asse	ss the	adhe	rence	to pre	scribe	d stan	dards	for m	anagi	ng chi	ildren	initiati	ng or f	followi	ng up	on Al	RT.							
	be completed quarterly ore "1" if compliant or																		Total s	core p	oer sy	mpton	n / (5-l	NA ite	ms) *	100			
Per	iod for Audit		Quarter 1						Quarter 2							Quarter 3							Quarter 4						
Dat	e Audit done:																										la		
Мо	nth in which infant or	child was seen																									Year Total		
Age	e in years and months																										Ye		
Mea	asurement Criteria		1	2	3	4	5	Q1	6	7	8	9	10	Q2	11	12	13	14	15	Q3	16	17	18	19	20	Q4			
CLI	NICAL MANAGEMENT	•																											
1	Checked for <b>signs of</b> (IMCI danger signs, A signs)																												
2	Past medical history information recorded	/ background																											
3	HIV infection confirm second HIV test (antib																												
4	WHO clinical stage of (baseline, follow-up vi																												
5	Baseline bloods don (CD4 count, Hb or FB																												
6	Nutrition assessed a	nd classified																											
7	Screened for TB																												
8	Development/ school	ling assessed																											

Ме	Measurement Criteria		2	3	4	5	Q1	6	7	8	9	10	Q2	11	12	13	14	15	Q3	16	17	18	19	20	Q4	Total
9	Adherence assessment done																									
10	Disclosure status assessed and documented																									
11	Assessed for ART side-effects																									
12	VL monitored 12-monthly if virally suppressed																									
13	If high/ unsuppressed VL: managed correctly according to guidelines																									
14	CD4 - count monitored 6-monthly if CD4<25% or high VL																									
15	Cotrimoxazole prophylaxis given if indicated (at correct dose)																									
16	Correct <b>ART regimen</b> prescribed (according to age/weight, guidelines)																									
17	ART doses prescribed correctly according to weight																									
18	Immunisations, vitamin A and deworming status checked and given if due																									
19	If the child had SAM, developmental delay, severe side-effects, abnormal blood results, TB or clinical deterioration: <b>referred</b> to the next level of care																									
20	Appropriate counselling and education done and documented																									
21	Paediatric ART stationary used for documentation																									
22	Follow-up date given																									

Mea	asurement Criteria	1	2	3	4	5	Q1	6	7	8	9	10	Q2	11	12	13	14	15	Q3	16	17	18	19	20	Q4	Total
Adn	ninistrative, Demographic and F	Presci	ription	detai	ls					ı												1	ı	ı		
23	Name and surname recorded in facility-based record																									
24	Patient <b>file number</b> recorded in facility-based record and on each recording form																									
25	Facility name recorded in facility-based record																									
26	ID/ refugee/ passport number/ DOB recorded in facility-based record																									
27	Residential address recorded in facility-based record																									
28	Name and surname of parents / guardian recorded in facility-based record																									
29	Contact details of parents / guardian / next of kin recorded in facility-based record																									
30	Social history, schooling, nutrition recorded in facility- based record																									
31	Family history of chronic conditions recorded in facility-based record																									
32	Known <b>chronic conditions</b> recorded in facility-based record																									
33	Surgical history recorded in facility-based record																									
34	Allergies recorded in facility-based record.																									
35	Name of medication recorded if prescribed																									

Mea	surement Criteria	1	2	3	4	5	Q1	6	7	8	9	10	Q2	11	12	13	14	15	Q3	16	17	18	19	20	Q4	Total	
36	Strength of medication recorded if prescribed.																										
37	Quantity recorded if prescribed																										
38	Dosage recorded if prescribed																										
39	Prescriber / Health Worker name and surname recorded																										
40	Prescriber / Health Worker signature recorded																										
41	<b>Date signed</b> by Prescriber / Health Worker recorded																										
42	SANC / HPCSA number of Health Worker recorded																										
	Numerator: Total score																										
B.	<b>Denominator: 42 - NA</b> (not applicable items)																										
	Average % score (A/B x 100)																										
D.	Sign:																										
	Designation																										
F.	Recorded Score on Child Health Dashboard			_ <b>\</b>	⁄es			□ Yes							□ Yes							□ Yes					
G.	G. Recorded Remedial Action on QIP						□ Yes							□ Yes							□ Yes						
100	mber of records that scored % (if C <100%: score 0, if 00%: score 1)																										