

HIV Medical Record Review Standard CARE Program Version

1	PROGRAM SITE:	CHART NUMBER:	
2	REVIEWER(S):	REVIEW DATE:	

CHARTING & MONITORING		YES	NO	NC	NA	Notes / Recommendations
3	Recordkeeping Requirements Chart is properly stored & secure; chart is clearly organized; entries legible					
4	Program Eligibility & Enrollment Status Current documentation of CARE program eligibility & client enrollment					
5	Client Treatment Consent, Rights and Responsibilities Documentation signed & dated by client					
6	Medical Record Release Forms Release forms (as necessary) present, current, & signed by client					
7	Confirmation of HIV Diagnosis HIV antibody test record, confirmatory lab data, or letter of diagnosis					
8	HIV Flow Sheet Present in chart; complete & up to date; Primary Care Provider clearly noted					
9	Medical Problem List Problem List utilized; present in chart, complete & up to date					
10	Medication List Present in chart, organized, complete & up to date					
11	Allergies Properly documented on Problem List; drug allergies clearly noted					

INITIAL EVALUATION		YES	NO	NC	NA	Notes / Recommendations
12	Client Demographics Age, ethnicity, appropriate gender identity clearly and properly indicated					
13	Initial Comprehensive Medical History and Physical Exam Completed and signed/dated by provider					
14	BASELINE LABORATORY	CBC				
15		Chemistries				
16		CD4 Eval: Nadir CD4 count identified				
17		Viral Load: Baseline VL indicated in chart				
18		G6PD				
19		Toxo Titer				
20		HAV screen: Hepatitis A status indicated in chart				
21		HBV screen: Hepatitis B status indicated in chart				
22		HCV screen: Baseline Hepatitis C serology indicated in chart				
23		GC screen				
24		Chlamydia screen				
25	PAP					
26	RPR / VRDL					
27	Other (as appropriate):					
28	Opportunistic Infection History OI Hx and current prophylaxis recorded in chart					
29	TB Screen PPD read and documented					
30	Oral Exam Documentation of oral exam at time of Initial Hx & referral made if indicated					
31	Psychosocial Assessment Documentation of psychosocial/family history; mental health status					
32	Baseline HIV/STD Assessment & Screening Risk behavior assessment & STD screen completed; risk factors identified					

ONGOING EVALUATION & HEALTH CARE MAINTENANCE					YES	NO	NC	NA	Notes / Recommendations
33	Follow-up Evaluation Monitor visits Q3-4 mos. or 3 visits within the last year								
34	PCP prophylaxis If CD4<200, PCP prophylaxis recommended / initiated								
35	MAC prophylaxis If CD4<50, MAC prophylaxis recommended / initiated								
36	Toxo prophylaxis If CD4<100 and toxo titer positive, toxo prophylaxis recommended / initiated								
37	TB Screening Documented PPD within last year; CXR referral if indicated (PPD+)								
38	Ongoing HIV/STD Risk Assessment & Screening Risk behavior assessment annually and at time of STD Dx								
39	Other: As appropriate								
Immunizations					YES	NO	NC	NA	
40	HAV / HBV vaccination administration indicated in chart								
41	Influenza vaccination annually; indicated in chart								
42	Pneumovax administration within last 5 years								
43	Tetanus vaccine documented within last 10 years								
Perinatal Care					YES	NO	NC	NA	
44	PAP Smear & Pelvic Exam Documented within 6 mos. of initial Hx								
45	Pregnancy Indication of pregnancy status and pregnancy counseling								
46	HIV Prophylaxis Protocol in chart for ZDV in labor or documentation of ZDV received								

ANTIRETROVIRAL THERAPY					YES	NO	NC	NA	Notes / Recommendations
Laboratory									
47	CD4 cell count and viral load test upon initiation of anti-HIV therapy								
48	CD4 cell count and viral load test Q4 months indicated in chart								
49	CBC								
50	Chemistries								
51	LFTs (as appropriate)								
52	Lipid profile (as appropriate)								
53	Resistance test ordered appropriately (acutely infected / failing ARV therapy)								
ARV Therapy Strategy					YES	NO	NC	NA	
54	ARV therapy regimen consistent with current guidelines								
55	ARV therapy regimen appropriate for patient's CD4/VL								
56	ARV medications correctly combined and dosed								
57	Adverse drug reactions indicated / addressed								
58	Medications adjusted appropriately for side effects & toxicity								
59	Adherence assessment completed								
60	Other (as appropriate):								

CONSULTATION / REFERRAL FOR SPECIALTY CARE					YES	NO	NC	NA	Notes / Recommendations
61	Dental Documentation of oral health exam and referral if indicated								
62	Ophthalmology If CD4<100, ophthalmology visit within last 12 months								
63	Mental Health Assessment / Hx / Request for treatment / referral as indicated								
64	Substance Abuse Assessment / Hx / Request for treatment / referral as indicated								
65	Other: As appropriate								