



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA

Health Centre /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.

SN	Datum	Comments
Registration		
1	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. UniqueARTnumberassignedas:-Regionnumber/facilitytypecode/specificfacilitycode/ patient/client assignednum-ber. 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 DireDawa:- 15 Sidama:-16 Benishangul Gummuz :-06 South West Ethiopia=17 Facility type code: Hospital =08 Health Center = 09 Specific facility code: EachHC/hospitalintheregionsiscodedwiththreedigitsstartingfrom001.Thesespecificfacility codesareassumedtobe-givenbyregionstogetherwithfederal,whichmeansitispre-codedandgiven to each facilitycentrally. Patient assignednumber: Aunique5-digitnumberwithinthefacility;thefirstpatienttostartARTintheclinicwillbegiven 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	Ifthepatientislessthan5yearsofage,enterthepatient’sageinmonths-MMForexample,a4- month-oldchildisentere-das04M.Ifthepatientis5yearsofageorolder,enterthepatient’sagein years -YY. For example, a 6-year-old child is entered as06.
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
Status 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=ModerateMalnutrition,4=SeverMalnutrition5=Overweight on theupperrowand-Tickonthelowerrowiftherapeuticorsupplementaryfeedingisprovided.
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
CxCa screening and Treatment		
16	Type of cervicalca screening (VIA, HPV)	Write the type of cervical screening done as VIA or HPV
17	CxCa screening result	Type of Cx Ca Screening result (0- 6): 0. Cx Ca screening not done 1. HPV Negative 2. HPV Positive 3. VIA Negative 4. VIA Positive: eligible for Cryo 5. VIA Positive: Non-Eligible for Cryo 6. Suspicious for Cx Ca
18	Treatment of CxCa	Management of cervical lesions (0-5) 0. No treatment / further evaluation & management service given 1. Cryotherapy 2.Thermal ablation treatment 3.LEEP service 4. Further evaluation & management service given to Suspicious for Cx Ca 5.Referred
19	Referral service for women with Cx lesion (write code)	Referral for Cx Ca screening & management 0. Not refered 1. Referred for Cx Ca screening 2.Referred for Cryotherapy/ Thermal ablation treatment 3.Referred for LEEP srvice 4. Further evaluation & managment suspicious cases of Cx Ca
TB / HIV Co-infection		

20	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
21	XpertMTB/RIF(Gene-x-pert)/Urine LF_LAM sent(√)/Result(P/N)	On the upper row: Tick (☐) if Xpert MTB/RIF/Urine LF_LAM sent to diagnose activeTB On the lower row,write “P” if theXpertMTB/RIF / Urine LF_LAM result positive,”N” if the XpertMTB/RIF result negative
22	TB treatment Start date/ Complete date (DD/MM/YY)	On the upper row: write TB treatment start date On the lower row:writeTB treatment completion date (EC)Day/Month/Year (DD/MM/YY)
23-28	6H/3H/3HRP Prophylaxis (DD /MM/YY)	Write the date as (EC) Day / Month /Year (DD/MM/YY) If the patient is taking 6H (INH) monthly or 3HP monthly (e.g. 6H-Date / 3HP-Date)
29	TPT completion	write Y if TPT is completed; write N if not completed
	Fill when applicable	
30	Fluconazole preventive therapy (FPT) (√)	Tick if client is taking fluconazole preventive therapy
31	Enrolled to DSD Model (DD/MM/YY) (Upper Space) Type of DSD (lower space)	Write date patient enrolled into DSD Model, written as (EC) Day/ Month/ Year (DD/ MM/YY) Write type of DSD: 1. 3MMD, 2. ASM(6MMD), 3. FTAR, 4. CAG, 5. PCAD. 6. DSD for Adolescent, 7. DSD for KP , 8. DSD for MCH , 9. DSD for AHD 10. Others
32	CTX Start date /Stop date (DD/ MM/YY)	Write cotrimoxazole start date on the upper row and on the lower row cotrimoxazole stop date , as (EC) Day/ Month/ Year (DD/MM/YY)
33	Using any Modern Contraceptive(write code)	1. OCP, 2. injectables, 3. Implant, 4. IUD, 5. others
34	Date Referred to PMTCT (DD/MM/YY) /Date Returned (DD/MM/YY)	If the patient is pregnant, enter the Date Referred to PMTCT service on the upper row and date returned from PMTCT on the lower row
	First line regimen	
35	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 1st line regimens: 1d = AZT - 3TC - EFV 1e = TDF - 3TC - EFV 1g = ABC + 3TC + EFV 1j = TDF + 3TC + DTG 1K = AZT + 3TC + DTG 1i = Other specify Child 1st line regimen 4d = AZT+3TC+EFV 4e = TDF+3TC+EFV 4f= AZT +3TC + LPV/r 4g = ABC + 3TC + LPV/r 4i = TDF + 3TC + DTG 4j = ABC + 3TC + DTG 4K = AZT + 3TC + DTG 4L = ABC + 3TC + EFV 4h = Other specify
36	Substitutions: 1 st code/ Reason/ (DD/MM/YY) 2 nd code/Reason/(DD/ MM/YY)	If the adult/child patient is receiving other first line regimen specify the regimens If there is a1 st substitution within the1 st line regimen,write in the code for the1 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 reasonspecify.
	Second line regimen	
37	Regimen	If the patient has been switched to a 2nd line regimen, write in the code for this regimen. Adult 2nd line regimens: 2e= AZT +3TC +LPV/r 2f =AZT+3TC +ATV/r 2g=TDF + 3TC+-LPV/r 2h= TDF + 3TC + ATV/r 2i= ABC + 3TC+ LPV/r 2j = TDF + 3TC + DTG 2k = AZT + 3TC + DTG 2l= Other specify Child 2nd line regimen: 5e=ABC+3TC+LPV/r 5f=AZT + 3TC + LPV/r 5g=TDF + 3TC + EFV 5h=ABC + 3TC + EFV 5i= TDF + 3TC+LPV/r 5m= ABC+3TC+DTG 5n= AZT+3TC+DTG 5o= TDF + 3TC + DTG 5j= Other specify If the adult/child patient is receiving other second line regimen specify the regimens

38	Switches:1 st code/Reason/(DD/MM/YY) 2 nd -code/Reason/(DD/MM/YY	<p>If there is a switch within the 2nd 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).</p> <p>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:</p> <p>8. Clinical treatment failure</p> <p>9. Immunologic failure</p> <p>10. Virologic failure</p>
	Third line	
39	Regimen	<p>If the patient has been switched to a 3rd line regimen, write in the code of this regimen. Adult 3rd line regimens:</p> <p>3a = DRV/r+DTG+AZT+3TC</p> <p>3b = DRV/r+DTG+TDF+3TC</p> <p>3c=DRV/r+ABC+3TC+DTG</p> <p>3e= DRV/r+TDF+3TC+EFV</p> <p>3f= DRV/r+AZT+3TC +EFV</p> <p>3d = Other specify</p> <p>CHILD THIRD LINE:</p> <p>6c= DRV/r + DTG + AZT +3TC</p> <p>6d = DRV/r + DTG +TDF+3TC</p> <p>6f = DRV/r+DTG+ABC+3TC</p> <p>6g= DRV/r +ABC+3TC+ EFV</p> <p>6h= DRV/r +AZT+3TC+EFV</p> <p>6e = Other specify</p> <p>If the adult/child patient is receiving other third line regimen specify the regimens</p>
40	Switches:1 st code/Reason/(DD/MM/YY) 2 nd -code/Reason/(DD/MM/YY	<p>Ifthereisaswitchwithinthe3rdlineregimen,writeinthecodefortheswitchregimen,thereason code,andthedata,writtenas(EC)Day/Month/Year(DD/MM/YY)</p> <p>Ifthereisa3rdswitch,writethecodefortheswitchregimen,thereasoncode,andthedata,writtenas (EC) Day/ Month/ Year (DD/MM/YY) Reasons switch to 3rd lineregimen:</p> <p>8=Clinical treatment failure, 9=Immunologic failure, 10=Virologic failure</p>
<p>The second page of the register is used to document ARV regimens or ART treatment interruptions after starting ART.</p> <p>Under”Month o” ente rthe name of the month and they ear(EC) in which the patients in this cohort started ART. This applies for all the patients on this pag eof 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 your each the end of a calendar year, be sure to change the year.</p> <p>For example, for the cohort of patients starting ART in Meskerem 2000:</p> <p>Month o: Meskerem 2000</p> <p>Month I:Tikmt Month 8:Ginbot</p> <p>Month 2:Hidar Month 9:Sene</p> <p>Month 3:Tahsas Month 10:Hamle</p> <p>Month 4:Tir Month 11:Nehassie</p> <p>Month 5:Yekatit Month I2: Meskerem2001</p> <p>Month 6:Megabit Month I3:Tikmt</p> <p>Month 7:Meazia Month I4: Hidaretc</p> <p>N.B:When ever a patient is transferred from one ART register into another after completion of Current Register, it has to start at“Month 1”not “Month 0”.</p> <p>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:</p> <p>TO =Transferred Out. If TO transferred out to where</p> <p>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.</p> <p>DEAD=Write date and status if the facility has been notified that the patient has died DROP=Lost to follow up for >3months</p>		
41-96		<p>In the 6th, 12th, 24th, and 36th months enter the regimen, functional status, weight/height, CD4 as described above.</p> <p>For viral load at 6th,12th, 24th, and 36th 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 6th,12th,24th, and 36th months; on the lower row:write Viral Load Result:</p> <p>1=Suppressed- if the viral load is< 50 copies per ml, 2= Low level viremia: if viral load is between 50 and 1000 copies per ml, 3=High Viral Load - if the viral load is >1000 copies per ml.</p> <p>For Follow up Cx Ca screening, Tx & refferal services every 24th months, write the codes foud as a foot note on the left side</p>

ART Register

Cohort MONTH: _____

Cohort YEAR 20 _____

Registration								Status at start ART								Cx Ca screening, Tx & referral services				TB / HIV Coinfection								Fill when applicable				1st Line Regimen		2nd Line Regimen		3rd Line Regimen			
ART Start Date (DD/MM/YY)	Unique ART Number	MRN	Name	Age	Sex (M/F)	Woreda	Functional Status*	Weight	Height / Length	MUAC (cm)	BMI /Weight for Age	Nutrition Screening Result write code	WHO Clinical stage	CD4 (if child CD4 %)	Type of cervicalca screening (VIA, HPV)	Cx Ca Screening result (write code)	Management of clients with cervical lesions (write code)	Referral service for women with Cx lesions (write code)	Screened for TB (✓)	GeneXpert (1)/Urine LF-LAM (2) sent (✓)	TB Treatment Start date (DD/MM/YY)	6H/3HP/3HR prophylaxis (DD/MM/YY)	TPT completed (Y, N)	Fluconazole preventive therapy (FPT) (✓)	Enrolled to DSD Model (DD/MM/YY)	CTX Start date DD/MM/YY	Using any Modern Contraceptive (write code)	Date Referred to PMTCT (DD/MM/YY)	Original Regimen	Substitutions 1st code / Reason / (DD/MM/YY)	Regimen	Switch 1st code / Reason / (DD/MM/YY)	Regimen	Switch 1st code / Reason / (DD/MM/YY)					
			Father, Grandfather Name			Kebele HNo.						Food Rx (✓)							Screening result (P/N)	Result (P/N)	Complete date (DD/MM/YY)				Type of DSD(Write code)	Stop date (DD/MM/YY)		2nd code / Reason / (DD/MM/YY)		2nd code / Reason / (DD/MM/YY)									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	22	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)

Functional Status *

A= Ambulatory
B= Bedridden
W= Working

Reasons for regimen change:- Substitutions

1=Toxicity/side effects
2=Pregnancy
3=Risk of pregnancy
4=Due to new TB
5=New drug available
6=Drug out of stock
7=Other reason (specify)

Nutritional Screening Result:(13)

1= Normal
2= Mild
3= Moderate Malnutrition
4=Sever Malnutrition
5= Overweight

Reasons for switch to 2nd/3rd-line Regimen:

8=Clinical treatment failure
9=Immunologic failure
10=Virologic failure

Type of Cx Ca Screening result (0- 7):(17)

0. Cx Ca screening not done
1. HPV Negative
2. HPV Positive
3. VIA Negative
4. VIA Positive: eligible for Cryo
5. VIA Positive: Non-Eligible for Cryo
6. Suspicious for Cx Ca
7.Referal for screening

Management of clients with cervical lessions (0-5):(18)

0. No treatment / further evaluation & managment
1. Cryotherapy
2.Thermal ablation treatment
3.LEEP srvice
4. Further evaluation and managment service given to Suspicious for Cx Ca
5.Referred

Referral for Cx Ca screening & management (19)

0. Not refered
1. Referred for Cx Ca screening
2.Referred for Cryotherapy/ Thermal ablation treatment
3.Referred for LEEP srvice
4. Further evaluation & managment suspicious cases of Cx Ca

FamilyPlanning Options (0-7):(33)

1=Condoms 2=Oralcontraceptive-pills 3=Injectable
4=Implant
5=Intrauterinedevice
6=Vasectomy/ tuballegation 7=Abstinence(nosex)

Follow-up Status at end of each month:

On treatment (current regimen abbreviation)
DEAD
STOPPED ART (contiuned on other care)
LOST (not seen X months) or DROP/ Lost to follow-up RESTART
Transferred Out (TO). If TO trans-ferred out to where

Type of DSD (31)

1. 3MMD
2. ASM(6MMD)
3. FTAR
4. CAG
5. PCAD.
6. DSD for Adolescent
7. DSD for KP
8. DSD for MCH
9. DSD for AHD
10. Others

ART Register



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA

Cohort MONTH:_____

Cohort YEAR 20 _____

[illegible]

Adult 1st Line Regimens:

1d = AZT - 3TC - EFV	2e = AZT + 3TC + LPV/r
1e = TDF - 3TC - EFV	2f = AZT + 3TC + ATV/r
1g = ABC + 3TC + EFV	2g = TDF + 3TC + LPV/r
1j = TDF + 3TC + DTG	2h = TDF + 3TC + ATV/r
1K = AZT + 3TC + DTG	2i = ABC + 3TC + LPV/r
1i = Other specify	2j = TDF + 3TC + DTG
	2K = AZT + 3TC + DTG
	2L = Other specify

Adult 2nd Line Regimens:

2e= AZT +3TC +LPV/r
2f=AZT+3TC +ATV/r
2g=TDF + 3TC+/-LPV/r
2h= TDF + 3TC + ATV/r
2i= ABC + 3TC+ LPV/r
2j= TDF + 3TC + DTG
2K = AZT + 3TC + DTG
2L= Other specify

Adult 3rd Line Regimens:

3a = DRV/r+DTG+AZT+3TC
3b = DRV/r+DTG+TDF+3TC
3c=DRV/r+ABC+3TC+DTG
3e= DRV/r+TDF+3TC+EFV
3f= DRV/r+AZT+3TC +EFV
3d = Other specify

Child 1st line Regimens

4d = AZT+3TC+EFV
4e = TDF+3TC+EFV
4f = AZT + 3TC + LPV/r
4g = ABC + 3TC + LPV/r
4i = TDF + 3TC + DTG
4j = ABC + 3TC + DTG
4K = AZT + 3TC + DTG
4L = ABC + 3TC + EFV
4h = Other specify

Child 2nd Line Regimens

5e=ABC+3TC+LPV/r
5f=AZT + 3TC + LPV/r
5g=TDF + 3TC + EFV
5h=ABC + 3TC + EFV
5i= TDF + 3TC+LPV/r
5m= ABC+3TC+DTG
5n= AZT+3TC+DTG
5o= TDF + 3TC + DTG
5j= Other specify

Child 3rd Line Regimens

6c= DRV/r + DTG + AZT +3TC
6d= DRV/r + DTG +TDF+3TC
6f= DRV/r+DTG+ABC+3TC
6g= DRV/r +ABC+3TC+ EFV
6h= DRV/r +AZT+3TC+EFV
6e = Other specify

Other regimens for first line ,second line and third line :

- O 1st= Other first line regimen for Adult and Child patients
- O 2nd= Other second line regimen for Adult and Child patients
- O 3rd= Other third line regimen for Adult and Child patients

Reason Left Treatment (put in month removed):

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 = If the facility has been notified that the patient has died

Viral Load Result :

1=Suppressed- if the viral load is< 50 copies per ml
2= Low level viremia: if viral load is between 50 and 1000 copies per ml,
3=High Viral Load - if the viral load is >1000 copies per ml

Reason Left Treatment (put in month removed):

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 = If the facility has been notified that the patient has died