Columbia ICAP Pediatric Patient Care Flowsheet

Patient Name:

Patient ID Number:

HIV test results:

Test #1: Type of test O HIV DNA PCR O HIV RNA PCR O Antibody test

Date of specimen: ☐☐ / ☐☐ / ☐☐☐☐ Age of child on date of test: ☐☐ O years O months

Test result: _____

Test #2: Type of test O HIV DNA PCR O HIV RNA PCR O Antibody test

Date of specimen: ☐☐ / ☐☐ / ☐☐☐☐ Age of child on date of test: ☐☐ O years O months

Test result: _____

Test #3: Type of test O HIV DNA PCR O HIV RNA PCR O Antibody test

Date of specimen: ☐☐ / ☐☐ / ☐☐☐☐ Age of child on date of test: ☐☐ O years O months

Test result: _____

Date	Weight (kgs)	Head Circ. (cm)	WHO stage	CD4		Milestones (Y/N)	INH? (Y/N)	CTX? (Y/N)	ART? (Y/N)	If on ARVs, list regimen and dose
				#	%					

* Y = meeting developmental milestones, N = not meeting developmental milestones

Columbia ICAP Pediatric Patient Care Flowsheet

Patient Name:

Patient ID Number:

Date	Wt (kgs)	Head Circ.	WHO stage	CD4		Milestones? (Y/N)	INH? (Y/N)	CTX? (Y/N)	ART? (Y/N)	If on ARVs, list regimen, dose
				#	%					

* Y = meeting developmental milestones, N = not meeting developmental milestones