

CLASS Clinical Module

Pediatric Chart Review Form

REVIEWER: _____ DATE: _____

SITE: _____

Core Competencies:

- Clinical records contain sufficient and updated information
- There is sufficient documentation to justify different treatments
- Records for different visit types (enrollment, initiation, follow-up) are all logically arranged
- Important information can be easily retrieved

Open-ended Questions:

- How are the patients' medical records organized?
- Is demographic and baseline clinical data properly recorded?
- Do charts contain complete information?
- What is the general condition of the patient record (chart)?

Instructions on Chart Review Form

Review charts and indicate if characteristics of interest are recorded with a Y (Yes), N (No) or NA (Not Applicable)

1. Identifying demographic characteristics recorded

Characteristics	CHARTS RANDOMLY SELECTED											
	1	2	3	4	5	6	7	8	9	10	11	12
Child <18months												
Unique ID												
DOB												
Gender												
Address												
Enrolment date												
Weight												
Maternal (prophylactic) ART status documented												
Child (prophylactic) ART status documented												
Breast feeding history												

Notes:

2. HIV diagnostic tests and other baseline clinical data (Pre-ART)/Screenings

Characteristics	CHARTS RANDOMLY SELECTED											
	1	2	3	4	5	6	7	8	9	10	11	12
PCR DNA test results												
HIV antibody test after 18 months												
WHO clinical stage												
Baseline CBC												
Baseline CD4												
Baseline CD4% (if indicated)												
Baseline viral load												
TB screening (questionnaire)												
TB screening (X-ray) (if indicated)												
Baseline ALT												
Baseline creatinine												
PCP prophylaxis												

Notes:

2. Treatment and follow up information (Record if the following have been done in the last 6 months)

Characteristics	CHARTS RANDOMLY SELECTED											
	1	2	3	4	5	6	7	8	9	10	11	12
CBC (if indicated)												
CD4												
CD4% (if indicated)												
ALT (if indicated)												
Creatine (if indicated)												
TB screening (symptoms)												
TB screening (x-ray) (if indicated)												

Notes:

3. Indicate if the following was documented in the last 1 year

Characteristics	CHARTS RANDOMLY SELECTED											
	1	2	3	4	5	6	7	8	9	10	11	12
Viral load												
Lipid profile												
Counseling (Disclosure if an older child)												
Home visit												
Referral (if indicated)												
OVC linkage												
Notes:												

4. Indicate if the following was documented at the last visit

Characteristics	CHARTS RANDOMLY SELECTED											
	1	2	3	4	5	6	7	8	9	10	11	12
Adherence assessment												
Weight												
TB screening (questionnaire)												
TB screening (X-ray)												
Notes:												