Paediatric HIV Clinic Mentorship Checklist

Site _____ **Date**

Staff											
nurse present											
clinician present											
clerk present											
H.S.A. present											
Equipment and Supplies											
infant scale											
hanging scale											
standing scale											
height board											
MUAC tapes											
pill-cutters available											
CPT available											
test kits available											
Patients											
new patients present											
patients on ART present											
patients not yet on ART present											
exposed infants present											
Essential Activities											
patient weights measured											
patient heights measured											
MUACs measured											
edema assessed											
nutrition assessment made											
pill count done											
adherence calculated											
precise number pills/amount liquid dispensed											
documented in passport - weight											
documented in passport - height											
documented in passport - MUAC											
documented in passport - wt/ht %											
documented in passport - nutrition assessment											
documented in passport - stage (reason)											
documented in passport - clinical problems/treatment											
documented in passport - ART dosing											
documented in passport - CPT dosing											
documented in passport - return visit date											
chart completed - weight											
chart completed - height											
chart completed - pills remaining											
chart completed - pills dispensed (total taken home)											
chart completed - adherence											
Additional Activities											
pre-ARV adherence assessment made											
adherence counseling done											
disclosure counseling provided											
O.I.s diagnosed and treated											

Site _____ **Paediatric HIV Clinic Mentorship Checklist**

Mentored Staff												
Staff Name:	Cadre:											
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Mentoring Staff												
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Additional Mentorship Activities (Lectures, etc.)												