Standard Operating Procedures for Managing Information on ARV Drugs Dispensing and Patient Medication Records

Guidelines for Forms

4th Edition

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Key Word: Standard Operating Procedures for Antiretroviral Drug Management at Health Facilities

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FOREWORD

I am pleased to introduce to all users the 4th edition of the SOPs Manual for *Managing Information on ARV Drugs Dispensing and Patient Medication Records* developed jointly by the Agency and USAID/SIAPS Program. Effective and efficient management of ART program requires continuous availability of up-to-date, accurate and reliable data on patients and products. This can be achieved if and only if accurate patient and product data are captured and maintained at service delivery points. The *Patient Uptake and Regimen Breakdown* report being captured at health facilities, and compiled and reported by USAID/SIAPS to all stakeholders every two months is providing valuable information for decision-making for the overall ART program in the country, including in antiretroviral medicines demand forecasting and adjustment of quantities to be procured. This manual is, therefore, meant to help the pharmacy personnel who are providing pharmaceutical care to patients on ART to become familiar with the most important forms and the procedures to be followed in recording such patient and product related information.

This Manual is part of the effort being made to strengthen the supply management and promote the rational use of medicines at health facilities. It is my belief that the Manual will ensure the provision of quality pharmaceutical care for ART patients in a consistent manner with the necessary recording and documentation of patient and product information. The Manual is expected to be owned and enforced by management units at all levels of the healthcare system for the overall success of the ART Program in the country.

Finally, I would like to take this opportunity to thank all who contributed in the revision of this SOPs Manual.

Meskele Lera

Director General
Pharmaceutical Fund and Supply Agency (PFSA)

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ACRONYMS

3TC	Lamivudine
ADR	Adverse Drug Reaction
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
FMHACA	Food, Medicine and Healthcare Administration and Control Authority
DMIS	Drug Management Information System
HIV	Human Immunodeficiency Virus
INH	Isoniazid
I/O	In- or Outpatient
MoH	Ministry of Health
NN	Non-Naïve
OI	Opportunistic Infection
PEP	Post-exposure Prophylaxis
PFSA	Pharmaceuticals Fund and Supply Agency
PMTCT	Prevention of Mother-to-Child Transmission
RHB	Regional Health Bureau
RIR	Receiving and Inspection Report
RPM Plus	Rational Pharmaceutical Management Plus
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	Standard Operating Procedure
TB	Tuberculosis
USAID	United States Agency for International Development
WHD	Woreda Health Desk
ZDV	Zidovudine

INTRODUCTION

The management of patient related information on the utilization of antiretroviral (ARV) medications in Ethiopian health facilities has seen remarkable achievements since the introduction of the Standard Operating Procedures for Antiretroviral Drugs Management at Health Facilities. The management of patient related data serves two basic purposes among others: it enables the pharmaceutical care provider to follow-up adherence, treatment outcomes, prevent adverse drug reactions, drug interactions and other medication related issues; and the information obtained is crucial for decision-making on the selection and quantification of ARVs. Accordingly, the system has allowed the effective and efficient documentation and reporting that is important in the management and monitoring of patient uptake and regimen profile at national, regional and health facility levels. Moreover, the overall prescribing and dispensing practice at facility level has shown major improvements and reports obtained from health facilities are contributing to the identification of discrepancies in an effort to improve adherence to latest ART guidelines. Hence, the information generated at health facilities is being utilized for decision-making throughout the drug supply management cycle of the country.

Managing an effective and efficient ART program requires continuous availability of up-to-date, accurate and reliable data on patients and utilization of ARVs. This is critical for two reasons: unexpected increase in patient numbers may lead to an increased consumption which could contribute to stock-out, and lack of compliance to treatment guidelines could contribute to avoidable toxicities, treatment failures, unnecessary treatment costs, etc. Thus, managing ART programs is best achieved if accurate patient level data is maintained at the health facilities. Developing standard operating procedures (SOPs) for the key activities is an important means of achieving this purpose. SOPs had already been developed; however, training of pharmacy professionals on the formats, procedures, and management tools included in the SOPs is a time-consuming undertaking. This manual is, therefore, meant to help the pharmacy personnel who are providing pharmaceutical care to patients on ART to become familiar with the most important forms and procedures.

The 4th edition is revised jointly by staffs at Pharmaceuticals Fund and Supply Agency (PFSA) and USAID/SIAPS Program. PFSA is currently implementing Integrated Pharmaceutical Logistics System (IPLS) for the supply management of all pharmaceuticals including ARVs. The supply management issues that were addressed in the previous edition of the manual are being addressed through the IPLS. Accordingly, the current edition focuses mainly on patient medication records and documentation that takes place at dispensing level. The documentations include individual patient-medication profile/history, registers for compiling daily ARV transactions and finally reporting on patient uptake and regimen profiles. It also includes tools for tracking patient appointments and expiry dates of ARVs.

GENERAL INSTRUCTIONS

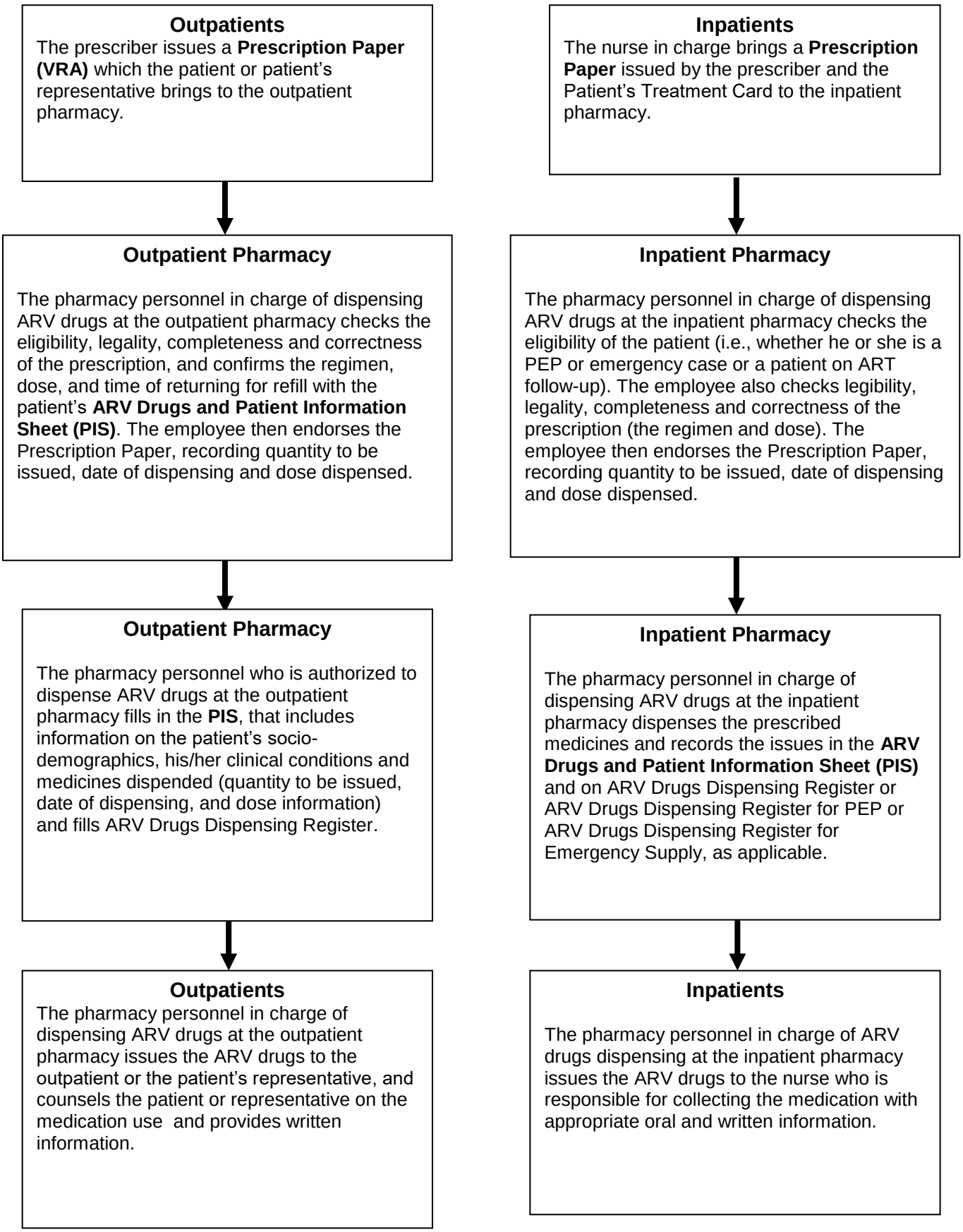
Completing the Forms

- When entering information into all forms, write neatly and legibly.
- Deleting, erasing, or whitening out of entries is not allowed. If wrong entries are made, cross out the words or phrases with one line and put your initials or signature (e.g., ~~Outpatient pharmacy~~ Inpatient pharmacy B.M.).
- While entering data, follow the rows strictly to avoid mix-ups of information.
- All information required in a form should be completed. Do not leave empty any space allocated for you to record data.
- If a form is to be filled- in by different individuals, complete your part and leave the other parts for the assigned person to complete.
- After recording all the necessary data into a form, file it properly as described in the manual.
- Make sure that confidential forms are kept in secured places under lock and key.
- Make sure that all forms are available in adequate quantities at your facility at all times.
- Write in a size that fits the provided space.
- Write all entries and reports in English (not in Amharic or other local languages).
- Make sure that units of issues are consistent and entered correctly (tablets, packs, bottles, etc.).
- All dates must be uniform. Use either the Ethiopian or Gregorian calendar. Be consistent in writing dates (mm/dd/yy: 12/23/14, or dd/mm/yy: 23/12/14, or date name of month and year: 23 Dec. 2014).
- Keep a calendar with both dates (Ethiopian and Gregorian) for reference.
- For expiry dates, use the date as printed by the manufacturer and insert the equivalent date in the Ethiopian calendar in a bracket stating that it is in the Ethiopian calendar.
- Keep a Stock Card or Bin Card for forms as you do for medicines and supplies.

Other Do's and Don'ts

- Limit the number of persons responsible for ARV drugs in the pharmacy to not more than two.
- Limit access of keys to antiretroviral therapy (ART) storage and to the filing cabinet to the two persons above.
- Follow the manufacturer's instructions in storing items that need refrigeration.
- Make sure that refrigerators are not overstuffed because the effectiveness of refrigerators is dependent on air circulation.
- Do not keep food or drink in the refrigerator.
- Follow the manufacturer's instructions when storing medicines in the refrigerator (for opened/in-use and unopened containers)
- Make sure that ARV drugs as well as records and forms that are confidential are kept in secure places under lock and key.
- Post instructions for patients on the purpose and use (e.g., counseling, confidential dispensing) of booths if they are in use in your health facility.
- Instruct the patient to keep the doors of booths always closed from the inside.
- Do not allow more than one patient into a booth at a time.

FLOWCHARTS FOR DISPENSING OF ARV DRUGS FROM OUTPATIENT AND INPATIENT PHARMACIES



FORMS AND MAIN PROCEDURES

Antiretroviral Drugs and Patient Information Sheet (ARV/PIS-13)

Introduction

Before the era of ART, Ethiopia did not have a tradition of keeping patient information in the dispensing pharmacy at all health facilities. The importance of such information becomes evident when a patient needs continuous follow up for a particular treatment. This is particularly important for medications like ARVs that are inherently toxic and the outcome of treatment heavily depends on patient's adherence to medications. But pharmacists had not been involved in following up of patients' treatment outcomes, development of adverse drug reactions (ADRs), drug interactions, side effects or allergies, or in other issues related to the medications. The only way that the patient could get support in such situations had been if he or she goes back to the prescribing physician because most patients were not aware that the pharmacist could help them.

The pharmacist can, however, assist both the patient and the physician in many aspects related to medicines. Use of pharmacists in this role can significantly reduce the number of unnecessary repeat visits to the physician for minor problems that can easily be handled by the pharmacist. This allows the physician to concentrate on patients with complicated cases. In addition, the patient saves time because he or she can get support from the pharmacist, who is easily accessible. The input of the pharmacist could, however, be substantial if he or she had access to basic information about the patient's history. If such information is recorded and filed at the dispensing pharmacy, the pharmacist can offer an appropriate and informed recommendation about the treatment based on the basic data available about the patient. The **Antiretroviral Drugs and Patient Information Sheet** was designed to make this idea a reality by making key patient information available to the pharmacist at the dispensary pharmacy. It has also been used as a major source of data about medications and other related information that can be used for management purposes.

Definition

The Antiretroviral Drugs and Patient Information Sheet is a single-copy form that is used to record information about the HIV patient.

Purpose

The purpose of Antiretroviral Drugs and Patient Information Sheet is to serve as a database of patients receiving ARV drugs. Data from these information sheets will be transferred to the ARV Drugs Dispensing Register.

The information sheet contains socio-demographic, clinical, medications, and other related information pertinent to the patient. It is to be prepared for individual patients and is used as a major source of information about HIV patients at the dispensing units. This form will be helpful for the follow-up of ADRs, side effects, drug-drug and drug-disease interactions, adherence, patterns of use for medicine or regimen, patterns of resistance, and other related encounters. Also, the data summarized from individual patients will be used as an input for quantification of ARVs at national, regional and health facility levels.

Who Fills Out the Form

The Antiretroviral Drugs and Patient Information Sheet is to be filled out by the pharmacy employee dispensing the medications to the patient.

When to Fill Out the Form

The Antiretroviral Drugs and Patient Information Sheet should be filled out when the medications are dispensed to the patient.

How to Fill Out the Form

The Antiretroviral Drugs and Patient Information Sheet is divided into three major sections, each of which is used to record information about the patient, different clinical encounters, and the medicines he or she is taking. These sections are—

- Patient information
- Clinical information
- Drug dispensing information

Patient Information

The information to be completed under this category can be obtained from the—

- Patient card (e.g., card number)
- Patient (e.g., address)
- Prescription (e.g., age, weight, patient source)

Clinical Information

This information is obtained primarily from the patient's **Treatment Card** (e.g., concomitant disease conditions and reasons for changing regimen), directly from the patient, or by simple observations (e.g., ADR and side effects).

The dispenser should be able to use different techniques during conversation with the patient to elicit accurate and relevant information from the patient about the other medicines he or she is taking. For example, if the patient cannot name the other medicine or medicines he or she is taking, the dispenser may have to trace the medicine by correlating it with the symptoms for which the medicine was prescribed or by the color, size, dose, and other characteristics of the medication to which the patient can easily relate to. The patient may also be advised to bring the medicines if that is deemed necessary.

Drug Dispensing Information

The information to be filled out in this category is obtained primarily from the **Prescription Paper** but some information will be provided by the patient (e.g., prophylactic treatment, taking other medications).

What to fill out in each column of the Antiretroviral Drugs and Patient Information Sheet should be self-explanatory in most cases. Columns that may be less obvious are described below.

Patient Information

- Date eligible—Refers to the date on which the patient was to start ART
- PEP—Refers to individuals given ARV drugs for the purpose of postexposure prophylaxis (PEP)
- Emergency—Refers to patients who are supplied ARV drugs for a limited period (less than a month) to avoid treatment interruptions. Examples include patients who have been admitted to the health facility but forgot to bring their regular medications. The purpose is to avoid interruption of doses until they get their regular medication from home or from the outpatient pharmacy
- Transfer in—Refers to patients who have been referred from other health facilities and decided to be served by this pharmacy
- PMTCT Plus—Refers to mothers and their close family members who are preferentially eligible to receive ART in the course of prevention of mother-to-child transmission (PMTCT) medicines (i.e., a mother who took ARV drugs to prevent transmission of HIV to her child during delivery)

Clinical Information

- Previous Exposure to ARV Drugs—
  - Naïve—Refers to patients that have not been exposed to ARV drugs before (i.e., patients that have no history of taking ARV drugs anywhere)
  - Non-naïve (NN)—Refers to patients that have already been on treatment for different duration
  - If NN, previous regimen—If the patient has already been taking ARV drugs somewhere else (at other governmental and non-governmental health facilities), the regimen that he or she was on should be recorded here.
- Current Status—
  - On active treatment—Refers to patients who are currently taking their ARV drugs on a regular basis
  - Transfer out—Refers to patients who have been referred to other health facilities
  - Stopped by physician—Refers to patients who have stopped taking their regular ARV drugs by physician's order
  - Lost for follow-up—Refers to patients who fail to collect their medicines within one month after the next date of visit (who are late for more than one month)
- History of ADR or Side Effects—

- Date—When the ADR or side effect was observed
- Description—A short description of the ADR or side effect (e.g., Stevens-Johnson syndrome, hepatitis, skin rash, vomiting)

- Concomitant Diseases—
  - Date—The date on which the disease started (onset of the disease)
  - Description—A short description of the disease the patient has contracted concomitantly with the HIV (e.g., tuberculosis [TB], pneumonia, oral thrush)

- Reason for Change in Regimen or Other Remarks—
  - Date—The date on which the regimen was changed
  - Description—A short description of the reasons that the regimen has been changed (e.g., toxicity, resistance, to improve adherence)

Drug Dispensing Information

- Reason for visit—The reason that the patient visited the pharmacy. There are three possible reasons for the patient to visit the dispensary with an ART prescription.
  - Start—Refers to patients who have been prescribed ARV drugs for the first time at this health facility
  - Refill—Refers to patients who are already on ART and visiting the dispensing pharmacy to get their subsequent doses
  - Switch—Refers to patients who are changing their previous regimen because of the reasons justified by the physician

  Notes:

  - All patients that are new to the health facility (even if they were on ART somewhere else) should be considered as "Start"
  - All the three columns, including weight in kilograms, are to be completed

- In/outpatient (I/O) —Refers to whether the patient is an inpatient or outpatient at the time the prescription is filled. If he or she is an inpatient, write I; if he or she is an outpatient, write O in the column.
- Drug name—The abbreviated name of the medicine (e.g., ZDV for zidovudine or 3TC for lamivudine)
- Strength/volume—For solid dosage forms, indicate the strength of the medicine (e.g., 300 mg); for liquid dosage forms indicate the amount of liquid in the container (e.g., 100 ml)
- Brand—The trade name of the medicine being dispensed (may be abbreviated)

- Quantity—The quantity of the medicine dispensed (number of tablets, capsules, or bottles of liquid preparation)
- Months of supply—The number of months for which the dispensed medication will last
- INH prophylaxis—If a patient is taking isoniazid (INH) for TB prophylaxis—this column is to be checked
- Co-trimoxazole prophylaxis—If a patient is taking co-trimoxazole for prophylactic treatment, this column is to be checked
- Other drugs—If a patient is taking medicines other than ARV drugs for treatment, the medicines are to be listed (If co-trimoxazole is taken for the treatment of an infection rather than for prophylactic treatment, indicate that here)
- Date of next visit—The last date on which the patient should come back to the dispensing pharmacy to collect the medications and beyond which the patient will run out of medicine, if all doses were taken as prescribed; a patient who failed to come on this date is said to have failed to adhere to the treatment

  Note: The Date of Next Visit entry is different from the appointment date given to the patient. The appointment date should be made two or three days earlier than the date of the next visit which would be the day the patient takes his or her last medicine. If the appointment date is determined by the clinician, the dispensing pharmacist should use the same appointment date so that the patient can collect the medications on the same date he or she visits the clinician. The dispensing pharmacist should, however, make sure that the appointment is made two or three days ahead of the date of next visit. The idea is to help the patient collect the medicines earlier before the doses are finished to avoid treatment interruptions.

How to File

After the ARV Drugs and Patient Information Sheet is filled out, it should be filed in such a way that it can be easily retrieved when the patient visits the dispensary next time. Therefore, the organization used should file this information sheet in a way that allows it to be traced by using a number or name that uniquely identifies a patient. The best possible means of achieving this purpose is to use either the patient name or the patient card number. Although using the card number is the better way to uniquely identify a patient, patients may forget to bring their card numbers at the time of refill. For cross referencing, a record that contains a patient name with the corresponding card number should also be prepared. The records should be kept in a secure place to maintain confidentiality.

The Antiretroviral Drugs and Patient Information Sheet should therefore be filed in a filing cabinet by the order of the patient's card number, and the cabinet should always be locked and be accessible only to the dispensing pharmacist.

Antiretroviral Drugs and Patient Information Sheet (ARV/PIS-13)

Name of the Health Institution: _____

Patient Information		**Clinical Information**					
Card No.: _____		***Previous Exposure to ARVs:*** □ Naïve (N) □ Non-Naïve (NN) If NN, Previous Regimen: _____					
Name: _____		***Current status:*** □ On active treatment □ Transferred-out □ Stopped t/t by physician □ Lost for follow-up □ Deceased					
Sex: □ Male □ Female **Date Eligible:** ……..	**Age:** ……years **Wt. on Start:** ……. Kg	**History of ADR or Side Effects**		**Concomitant Diseases**		**Reason for change in regimen or other remarks**	
		Date	**Description**	**Date**	**Description**	**Date**	**Description**
Patient Source: □ Inpatient □ Outpatient □ Transfer in □ PEP □ PMTCT^{+} □ Emergency							
Address	Patient's: Town:_____ Kebele:_____ HN:_____ Tel: _____	Support Person's: Town:_____ Kebele:_____ HN:_____ Tel: _____					

Drug Dispensing Information

Date	**Reason for visit**			**Weight in Kg**	**In/Out Patient (I/O)**	**Prescriber**		**Antiretroviral Drugs Dispensed**												**Months of Supply**	**INH Prophylaxis**	**Cotrimox Prophylaxis**	Other Drugs	**Date of Next Visit**	**Signature**
								Drug 1				**Drug 2**				**Drug 3**									
	Start	Refill	Switch			Initial	Presc. No.	Drug Name	Strength/ Volume	Brand	Quantity	Drug Name	Strength/ Volume	Brand	Quantity	Drug Name	Strength/ Volume	Brand	Quantity						

Clinical Information

Laboratory Values

Date	CD4	ALT	Hb		

Current status: □ On active treatment □ Transferred-out □ Stopped t/t by physician □ Lost for follow-up □ Deceased

History of ADR or Side Effects		Concomitant Diseases		Reason for change in regimen or other remarks	
Date	**Description**	**Date**	**Description**	**Date**	**Description**

Drug Dispensing Information

Date	Reason for visit			Weight in Kg	In/Out Patient (I/O)	Prescriber		Antiretroviral Drugs Dispensed										Months of Supply	INH Prophylaxis	Cotrimox Prophylaxis	Other Drugs	Date of Next Visit	Signature
								Drug 1				Drug 2				Drug 3									
	Start	Refill	Switch			Initial	Presc. No	Drug Name	Strength/ Volume	Brand	Quantity	Drug Name	Strength/ Volume	Brand	Quantity	Drug Name	Strength/ Volume	Brand	Quantity						

ARV Drugs Dispensing Register (ARV/ DRA-14 and ARV/DRP-14)

Introduction

Recording the type and quantity of items issued to patients at the dispensing pharmacy is significant for monitoring both pharmaceutical consumption and use at the dispensary. In the system previously in place, a prescription registration book was meant to serve this purpose, but in reality it was seldom used to record dispensed medications in many of the health facilities. Furthermore, the information recorded in the prescription registration book cannot satisfy fully the information requirements of a management information system for ARV drugs. The **ARV Drugs Dispensing Register** was designed to allow efficient compilation of information for patients on ART and their ARV medication consumption at facility level. The register needs to be completed for every issue of ARV drugs at the dispensary.

Definition

The ARV Drugs Dispensing Register is a registry book that is used to record key patient information and type and quantities of ARV drugs regimen dispensed to these patients.

Purpose

The purpose of the ARV Drugs Dispensing Register is to summarize key patient and drug dispensing information relevant to ARV drug use in one sheet so that the information can be easily retrieved and further processed. The information entered in the ARV Drugs Dispensing Register is taken from the ARV Drugs and Patient Information Sheet and shall be registered in an orderly fashion each time ARV drugs are issued at the dispensary pharmacy.

Who Fills Out the Form

The ARV Drugs Dispensing Register is filled out by a pharmacist, a pharmacy assistant, pharmacy clerk, or any other employee assigned by the health facility to carry out the recording. The pharmacist in charge has to make sure that the person filling out the register will maintain the quality and confidentiality of patient data.

When to Fill Out the Form

The ARV Drugs Dispensing Register is preferably filled out immediately after dispensing the medications. If there is shortage of personnel, filling out the ARV Drugs Dispensing Register may be done at the end of the day or after working hours, but it must be filled out daily.

How to Fill Out the Form

All the information necessary to complete the ARV Drugs Dispensing Register is obtained from the Antiretroviral Drugs and Patient Information Sheets, which are filled out during the day and are collected; the information is copied to the ARV Drugs Dispensing Register immediately after dispensing or at the end of the day, as appropriate.

The information to be filled out in the ARV Drugs Dispensing Register is quite obvious from the titles of the columns. Only few columns are explained below:

- Refills collected on time—This information will help the dispenser identify a patient who has not collected the refill medications on time. If the patient collects his or her ARV drugs before or exactly on the date of next visit the respective cell will be checked. The cell will be left empty if the refill medication is collected late.

- Reasons for Visit—The reason the patient visited your pharmacy. There are three possible reasons for the patient to visit the dispensary with an ART prescription.

    - Start—Refers to patients who are new to the health facility or pharmacy. But they could be naïve or non-naïve.

        - Naïve—Refers to patients that have not been exposed to ARV drugs before (i.e., patients that have no history of taking ARV drugs anywhere)

        - Non-naïve—Refers to patients that have already been taking ARV drugs somewhere else

    - Refill—Refers to patients who are already on ART and visiting the dispensing pharmacy to get their subsequent doses

    - Switch—Refers to patients who are changing their previous regimen because of the reasons justified by the physician

Notes:

- All patients who are new to the health facility (even if they were on ART somewhere else) should be considered as "Start."

- Months of Supply Dispensed—The number of months that the dispensed ARV drugs will last. Usually this will be one month but in some cases, when patients have already been stabilized on the treatment, two or three months of supply might be dispensed.

- Quantity Dispensed—In all the columns under the groups of ARV drugs (i.e., first-line and second-line formulations), enter the quantity of medicines (in tablets, capsules, or bottles of liquid preparation) dispensed to the patient.

- **Patients Receiving—**For planning purposes, knowing how many of the patients on ART are taking prophylactic treatment, TB treatment, or medicines for opportunistic infections (OIs) other than TB is of interest. If a patient is on any of the above treatments, check the corresponding cell.

- Total—

    - Count—The total count of entries under each column

    - Sum—The sum of the entries under each column

Notes:

1. No data are to be filled under the shaded region.

2. For most columns, either the count or sum is to be filled in, but for the columns under "Months of Supply Dispensed," fill in both count and sum.

Reason—Entries under the column "Months of Supply Dispensed" are numbers (which may be 1 or 2 or 3, etc. to indicate the number of months that the dispensed medication will last). The types of information expected to be derived from this column are two—

- The total number of months that each regimen has been prescribed during that month (the sum will give this information)

- The number of patients under each regimen for that month (the count will give this information)

How to File

Since ARV Drugs Dispensing Register is prepared in the form of bound book, it is not necessary to separate the completed sheets. Data should be summed up, however, at the end of each page as well as at the end of the month. The register should be completed in an orderly and chronological fashion, page by page. The monthly summary will be transferred into the Monthly ARV Drugs Dispensing and Consumption Summary form at the end of each month.

ARV Drugs Dispensing Register for Adults (ARV/DRA-14)

Name of the Health Institution: _____

Ser. No.	Date	Card Number	Sex		Age ≥ 12	Inpatient	Weight ≥ 60	Refills collected on time	Reasons for visit				Months of Supply																						Quantity of ARVs Dispensed																						Patients taking			
									Start		Refill	Switch	1st Line											2nd Line										FDCs						Loose drugs																									
													1st Line																										1st Line									2nd Line															
			Male	Female					Naïve	Non-Naive			TDF/3TC/EFV	TDF/3TC/NVP	TDF/FTC/EFV	ZDV/3TC/EFV	ZDV/3TC/NVP	ABC/3TC/NVP	ABC/3TC/EFV	ABC/3TC/ZDV	D4T/3TC/NVP	D4T/3TC/EFV		TDF/3TC/LPV/r	TDF/ddI/LPV/r	TDF/3TC/ATV/r	ZDV/3TC/LPV/r	ZDV/3TC/ATV/r	ABC/3TC/LPV/r	ABC/ddI/LPV/r	DDI/3TC/LPV/r				TDF 300+ 3TC 300+EFV 600	TDF 300 + 3TC 300	ZDV 300+3TC150	ZDV300+3TC150+NVP200	D4T30+3TC150+NVP200		TDF 300mg	ZDV 300mg	3TC 150mg	ABC 300mg	EFV 600mg	NVP 200mg	D4T30mg			ddi 250mg	ddi 400mg	LPV/r 200/50 mg	ATV/r 300/100mg	ATV 300mg			INH Prophylaxis	Cotrimox. Prophylaxis	TB Treatment	Drugs for other OIs
Total		Count																																																											
		Sum																																																										

ARV Drugs Dispensing Register for Pediatrics (ARV/DRP-14)

Name of the Health Institution: ___________________________________

Ser. No.	Date	Card Number	Sex		Age			Inpatient	Refills collected on time	Reasons for visit				Months of Supply																Quantity of ARVs Dispensed																									Patients taking			
										Start				1st Line													2nd Line			FDCs							Loose drugs 1st Line												Loose drugs 2nd Line									
			Male	Female	Age ≤3 Years	3<Age≤6Years	6<Age≤12Years			Naïve	Non-Naive	Refill	Switch	ABC/3TC/EFV	ABC/3TC/NVP	ABC/3TC/LPV/r	ZDV/3TC/EFV	ZDV/3TC/NVP	ZDV/3TC/LPV/r	TDF/3TC/EFV	TDF/3TC/NVP	D4T(6)/3TC(30)/NVP(50)	D4T(12)/3TC(60)/NVP(100)	D4T(6)/3TC(30)/EFV	D4T(12)/3TC(60)/EFV		ZDV/ddI/LPV/r	ABC/ddI/LPV/r		D4T6+3TC30+NVP50	D4T12+3TC60+NVP100	D4T6+3TC30	D4T12+3TC60	ZDV60+3TC30+NVP50	ZDV60+3TC30	ABC60+3TC30	ZDV 10mg/ml	ZDV 100mg	3TC 150mg	3TC 10mg/ml	ABC 60mg	ABC 20mg/ml	EFV 30mg/ml	EFV 50mg	EFV 200mg	NVP 200mg	NVP 10mg/ml		ddi250mg	ddi200mg	ddi125mg	LPV/r 100/25mg	LPV/r 200/50mg	LPV/r (80/20)/ml Soln	INH Prophylaxis	Cotrimox. Prophylaxis	TB Treatment	Drugs for other OIs
Total		Count																																																							
		Sum																																																							

Monthly ARV Drugs Dispensing and Consumption Summary (ARV/DCSA-14 and ARV/DCSP-14)

Introduction

The information recorded at the pharmacy department should be filed and be used by all concerned for making decisions about modifying systems or improving performances. Likewise, individuals recording the information need to be aware of what to do with it. Failure to understand about its purpose would undoubtedly result in recording fatigue and lack of motivation on the part of the recorder to fill out the forms completely and correctly. Ultimately the data will no longer be useful to anyone and will produce no returns for all the effort put into gathering it. Ineffective record-keeping is a waste of resources (time, money, and expertise). Many benefits can be obtained, however, from data recorded on a form that has been designed to accommodate relevant information to meet the desired needs. Therefore, the **Monthly ARV Drugs Dispensing and Consumption Summary** was designed to be identical to the **ARV Drugs Dispensing Register** but is completed monthly and is used to summarize information that is important for decision making and reporting at the facility.

Definition

The Monthly ARV Drugs Dispensing and Consumption Summary, a single-copy form kept at the outpatient pharmacy/inpatient pharmacy, is used as the main source of information for decision making and reporting. The information is derived from the ARV Drugs Dispensing Register and provides an overview of the development of pharmaceutical consumption and patient parameters over time.

Purpose

The Monthly ARV Drugs Dispensing and Consumption Summary is meant to be used solely for internal use by the pharmacy department. The purposes of this summary form are—

- To make available to the pharmacist an overview of summary data for the month in different areas relevant to ARV drug management and use. When this information is collected for several months, it can also be used to understand the trends and developments over the months and even years. This understanding, in turn, will allow forecasting and predictions to be more reasonable and will make quantification easier and more reliable.

- To serve as an important source of information from which the data for the monthly report can be extracted.

Who Fills Out the Form

The Monthly ARV Drugs Dispensing and Consumption Summary should be completed by the pharmacy employee in charge of dispensing ARV drugs or the pharmacy clerk under the supervision of the dispenser. He or she should take care not to make mistakes while summing up entries.

When to Fill Out the Form

The Monthly ARV Drugs Dispensing and Consumption Summary is to be filled out at the end of each month. Only sums or total counts are to be filled.

How to Fill Out the Form

The titles of the column in the Monthly ARV Drugs Dispensing and Consumption Summary are identical to that of the ARV Drugs Dispensing Register; therefore the total counts or the sums of each column are calculated and copied directly. The quantity of medicine dispensed should be changed to number of packs by dividing the quantity of each ARV dispensed by the appropriate pack size.

How to File

The Monthly ARV Drugs Dispensing and Consumption Summary is prepared as a bound form printed on the back of the ARV Drugs Dispensing Register, and hence it is completed page by page and filed along with the ARV Drugs Dispensing Register.

Monthly ARV Drugs Dispensing and Consumption Summary for Adults (ARV/DCSA-14)

Name of the Health Institution: _____ **Year: _____**

Month	Total No of Patients Since Program Started	Sex		Age ≥ 12	Inpatient	Weight ≥ 60	Refills collected on time	Reasons for visit				Months of Supply																								FDCs						Quantity of ARVs Dispensed																Patients taking				Total No. of Patients				
								Start		Refill	Switch	1st Line												2nd Line																		Loose drugs																													
																																									1st Line												2nd Line																	
		Male	Female					Naive	Non-Naive			TDF/3TC/EFV	TDF/3TC/NVP	TDF/FTC/EFV	ZDV/3TC/EFV	ZDV/3TC/NVP	ABC/3TC/NVP	ABC/3TC/EFV	ABC/3TC/ZDV	D4T/3TC/NVP	D4T/3TC/EFV		TDF/3TC/LPV/r	TDF/ddI/LPV/r	TDF/3TC/ATV/r	ZDV/3TC/LPV/r	ZDV/3TC/ATV/r	ABC/3TC/LPV/r	ABC/ddI/LPV/r	DDI/3TC/LPV/r		TDF 300+ 3TC 300+EFV 600	TDF 300 + 3TC 300	ZDV 300+3TC150	ZDV300+3TC150+NVP200	D4T30+3TC150+NVP200		TDF 300mg	ZDV 300mg	3TC 150mg	ABC 300mg	EFV 600mg	NVP 200mg	D4T30mg		ddi 250mg	ddi 400mg	LPV/r 200/50 mg	ATV/r 300/100mg	ATV 300mg		INH Prophylaxis	Cotrimox. Prophylaxis	TB Treatment	Drugs for other OIs	Received PEP	Transferred out	Stopped treatment	Lost to follow-up	Deceased
Sep																																																															
Oct																																																														
Nov.																																																													
Dec																																																													
Jan																																																													
Feb.																																																													
Mar.																																																													
Apr.																																																													
May																																																														
Jun																																																													
Jul.																																																													
Aug.																																																													

Monthly ARV Drugs Dispensing and Consumption Summary for Pediatricss (ARV/DCSP-14)

Name of the Health Institution: _____ **Year: _____**

Month	Total No of Patients Since Program Started	Sex		Age			Inpatient	Refills collected on time	Reasons for visit				Months of Supply																		Quantity of ARVs Dispensed																								Patients taking				Total No. of Patients					
									Start		Refill	Switch	1st Line														2nd Line			FDCs							Loose drugs																																					
																																				1st Line											2nd Line																																					
		Male	Female	Age ≤ 3 Years	3 < Age ≤ 6 Years	6 < Age ≤ 12			Naïve	Non-Naïve			ABC/3TC/EFV	ABC/3TC/NVP	ABC/3TC/LPV/r	ZDV/3TC/EFV	ZDV/3TC/NVP	ZDV/3TC/LPV/r	TDF/3TC/EFV	TDF/3TC/NVP	D4T(6)/3TC(30)/NVP(50)	D4T(12)/3TC(60)/NVP(100)	D4T(6)/3TC(30)/EFV	D4T(12)/3TC(60)/EFV		ZDV/ddI/LPV/r	ABC/ddI/LPV/r		D4T6+3TC30+NVP50	D4T12+3TC60+NVP100	D4T6+3TC30	D4T12+3TC60	ZDV60+3TC30+NVP50	ZDV60+3TC30	ABC60+3TC30	ZDV 10mg/ml	ZDV 100mg	3TC 150mg	3TC 10mg/ml	ABC 60mg	ABC 20mg/ml	EFV 30mg/ml	EFV 50mg	EFV 200mg	NVP 200mg	NVP 10mg/ml	ddI250mg	ddI200mg	ddI125mg	LPV/r 100/25mg	LPV/r 200/50mg	LPV/r (80/20)/ml Soln	INH Prophylaxis	Cotrimox. Prophylaxis	TB Treatment	Drugs for other OIs	Received PEP	Transferred out	Stopped treatment	Lost to follow-up	Deceased
Sep																																																																				
Oct																																																																			
Nov																																																																		
Dec																																																																		
Jan																																																																		
Feb.																																																																		
Mar.																																																																		
Apr.																																																																		
May																																																																		
Jun																																																																		
Jul.																																																																		
Aug																																																																		

Monthly ARV Drugs Pharmacy Activity Report (ARV/MARA-14 and ARV/MARP-14)

Introduction

Undoubtedly, every department or section in a health facility reports to higher bodies in some way about the activities it performs. Whatever the level and quality of the report may be, the issue of what to do with the report is one of the most important issues to address. The reporting body should receive some sort of feedback from the higher bodies. Otherwise, writing reports merely for the purpose of filing them will benefit neither the authorities nor the facilities.

To make the report useful, it should include important and relevant information that can help program managers and higher authorities take appropriate measures and make good decisions. Therefore, the **Monthly ARV Drugs Pharmacy Activity Report** is meant to provide important information about the pharmacy activities related to ART and the same information will be used by the concerned authority to make decisions, particularly those related to the supply of ARV drugs and other issues that might have been indicated in the report.

Definition

The Monthly ARV Drugs Pharmacy Activity Report Form is a one-page form that is used for reporting activities related to the ART services carried out by the pharmacy department of the health facility.

Purpose

The purpose of the Monthly ARV Drugs Pharmacy Activity Report is to report to the concerned authorities the monthly ART activities of the pharmacy department in regard to the characteristics of patients served, types and quantities of ARV regimens consumed, the constraints faced, and so forth.

Who Fills Out the Form

The Monthly ARV Drugs Pharmacy Activity Report is to be filled out by head of the pharmacy department by collecting the information from the relevant sections (i.e., from the main pharmacy, outpatient and inpatient pharmacies). The figures in the report, especially patient numbers and regimen profiles, should be reconciled with the figures at the ART clinic, whenever necessary.

When to Fill Out the Form

The Monthly ARV Drugs Pharmacy Activity Report is to be filled out at the end of each month for reporting to the concerned authorities listed at the bottom right position of the form.

How to Fill Out the Form

The titles of the columns in the Monthly ARV Drugs Pharmacy Activity Report are identical to that of the Months of Supply column of the Monthly ARV Drugs Dispensing and Consumption Summary. Therefore, the first row (total) is copied directly from that summary form. The rest of the information is obtained from different sections.

- PEP—Refers to individuals who have taken ARV drugs for PEP. Information regarding ARVs issued for PEP are to be found from the PEP Register.

- Emergency—Refers to medicines issued to patients who have been admitted to the health facility and who have forgotten to bring their ARV drugs. Information regarding ARVs issued for this purpose are to be found from the Emergency Register

- Number of Patients at the Facility:
  - Total number of patients
  - Lost to follow-up
  - Died
  - PEP
  - Emergency
  - Transferred out
  - Stopped treatment
  - INH prophylaxis
  - Cotrimoxazole Prophylaxis
  - TB treatment
  - Other OIs

  } Data to be collected from the dispensing pharmacies (Primarily the outpatient pharmacy) and the ART Clinic

Notes:

- Total Count (This month): under each column, write the number of patients served in the reporting month.
- Cumulative: under each column, add the previous month's cumulative total to this month's total count.

- Problems encountered—Refers to the problems that have been encountered by the pharmacy department during the previous month and that are negatively affecting the accomplishment of the program

- Support needed—Refers to the support that the pharmacy department needs from the concerned authority to improve the service

How to File

A copy of the Monthly ARV Drugs Pharmacy Activity Report should be filed for every month by head of the pharmacy department. One copy of the report should be sent to the higher bodies listed on the bottom right position of the reporting form.

Pharmacy Monthly ARV Drugs Activity Report for Adults (ARV/MARA-14)

Name of the Health Institution: _____ Region: _____ Reporting Month: _____ Reporting Date: _____

	Sex		Age ≥ 12	Inpatient	Weight ≥ 60	Refills collected on time	Reasons for visit				Months of Supply																				
							Start		Refill	Switch	1st Line										2nd Line											
	Male	Female					Naïve	Non-Naive			TDF/3TC/EFV	TDF/3TC/NVP	TDF/FTC/EFV	ZDV/3TC/EFV	ZDV/3TC/NVP	ABC/3TC/NVP	ABC/3TC/EFV	ABC/3TC/ZDV			TDF/3TC/LPV/r	TDF/ddi/LPV/r	TDF/3TC/ATV/r	ZDV/3TC/LPV/r	ZDV/3TC/ATV/r	ABC/3TC/LPV/r	ABC/ddi/LPV/r	DDI/3TC/LPV/r				
Total Count (This month)																															
Cumulative																															

Number of Patients	Total #patients	Lost to follow-up	Died	PEP	Emergency	Transferred out	Stopped treatment	INH prophylaxis	Cotri. Prophylaxis	TB Treatment	Drugs for Other OIs
This month											
Cumulative											

Problems encountered:

Support needed:

	Name	Signature	Date
Report prepared by:	_____	_____	_____
Report checked by:	_____	_____	_____
Report distributed by:	_____	_____	_____

Copies sent to:
- □ Medical Director/CEO
- □ RHB/WHD
- □ PFSA Hub
- □ USAID/SIAPS

Pharmacy Monthly ARV Drugs Activity Report for Pediatrics (ARV/MARP-14)

Name of the Health Institution: _____ Region: _____ Reporting Month: _____ Reporting Date: _____

	Sex		Age					Reasons for visit				Months of Supply																					
								Start				1st Line													2nd Line									
	Male	Female	Age ≤3 Years	3<Age≤6Years	6<Age≤12Years	Inpatient	Refills collected on time	Naïve	Non-Naive	Refill	Switch	ABC/3TC/EFV	ABC/3TC/NVP	ABC/3TC/LPV/r	ZDV/3TC/EFV	ZDV/3TC/NVP	ZDV/3TC/LPV/r	TDF/3TC/EFV	TDF/3TC/NVP	D4T(6)/3TC(30)/NVP(50)	D4T(12)/3TC(60)/NVP(100)	D4T(6)/3TC(30)/EFV	D4T(12)/3TC(60)/EFV			ZDV/ddi/LPV/r	ABC/ddi/LPV/r							
Total Count (This month)																																	
Cumulative																																	

Number of Patients	Total #patients	Lost to follow-up	Died	PEP	Emergency	Transferred out	Stopped treatment	INH prophylaxis	Cotri. Prophylaxis	TB Treatment	Drugs for Other OIs
This month											
Cumulative											

Problems encountered:

Support needed:

	Name	Signature	Date
Report prepared by:	_____	_____	_____
Report checked by:	_____	_____	_____
Report distributed by:	_____	_____	_____

Copies sent to:
- □ Medical Director/CEO
- □ RHB/WHD
- □ PFSA Hub
- □ USAID/SIAPS

Patient Tracking Chart (ARV/PTC-14)

Introduction

The success of ART depends heavily on the level of patient adherence to the treatment schedule. Noncompliance to treatment leads to a significant level of treatment failure. One of the biggest challenges of ART is, therefore, patient adherence—a challenge that pharmacists can address by helping patients adhere to their treatment. The pharmacist also plays a major role in advising prescribing physicians on selecting a regimen that might specifically match the behavior or daily routines of a particular patient so that he or she will be more likely to take medications regularly.

Despite the pharmacist's best efforts, however, patients might still fail to comply with their treatments. The pharmacist should have some means of identifying this noncompliant group. Identification is not an easy task, of course, because the pharmacist has no assurance that a patient is taking the medicines properly at home, even if he or she is collecting them on time from the dispensing pharmacy. The pharmacist can be sure, however, that the patient is not adhering to the treatment if he or she fails to collect the medications for the next supply on time. Tracing these patients in a timely fashion, therefore, is necessary so they do not miss prescribed doses.

The **Patient Tracking Chart** is designed to help the pharmacist trace patients who fail to collect their medicines on time. The pharmacist, along with the ART team, can then look for ways to contact those patients so that they will continue the treatment.

Definition

Patient Tracking Chart is a single-copy chart that is used to follow up with patients to determine if they are keeping their appointment dates.

Purpose

The purpose of the Patient Tracking Chart is to monitor adherence to ART. If patients are collecting their medications exactly on the appointment date, the dispenser may conclude that they are probably adhering to their treatment schedules—although collecting medicines is not an absolute indicator or evidence that patients are taking individual doses regularly and appropriately. The failure of patients to collect their medications on the date of next visit is an absolute indicator that they are missing doses (i.e., they are not adhering to the treatment). Therefore, the pharmacist, along with the ART team members, should try to trace the patient so that he or she can receive additional adherence counseling or other support required to improve adherence.

The pharmacist should label the non-adherent group of patients in some way to be able to link treatment outcomes with the history of their record on adherence or to be able to support them or design a method that might help them improve adherence when they come for their next supply. Thus the labels used are non-adhering, lost for follow-up, or died. The operational definition for these terminologies is described as follows—

- Non-adhering—Refers to patients who failed to collect their medicines until the date of next visit. A patient who was late even by one day is labeled as "Non-adhering."
- Lost for follow-up—Refers to patients who fail to collect their medicines within one month after the next date of visit (who are late for more than one month)
- Died—Refers to patients who were reported to have died

Who Fills Out the Form

The Patient Tracking Chart should be filled out by the dispensing pharmacist.

When to Fill Out the Form

The Patient Tracking Chart should be filled out immediately after dispensing.

How to Fill Out the Form

Immediately after dispensing, the dispenser should fill in the card number of the patient in the column that corresponds to the date of next visit. The card numbers of all patients are then recorded in a similar fashion. If the date of next visit falls on a weekend (painted black), the patient can be appointed to come on Friday or Monday. Likewise if the date falls on a holiday (painted gray), the patient can be appointed to come on an earlier date or immediately after the holiday. Every morning the dispenser will look at the Patient Tracking Chart and take out the cards of all patients who are expected to visit the pharmacy on that date. If any patient fails to come on that date, the dispenser should find a means for tracing the patient in collaboration with other ART team members.

How to File

The Patient Tracking Chart is to be filed in such a way that it is accessible to the dispensers. The information will not be reported. Rather it will be used only by the dispensers to follow up HIV patients with regard to their behavior in collecting their medicines on time.

Patient Tracking Chart (ARV/PTC-14)

Name of the Health Facility: _____ Month: _____ Year: _____

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	Remark

Expiry Date Tracking Chart (ARV/ETC-14)

Introduction

The ultimate goal of appropriate pharmaceutical management is to be able to make all essential medicines available at the health facility at all times in adequate quantities. More important, a good management system avoids unnecessary wastage of medicines for any reason. One of the major reasons that medicines are wasted is that they may have expired without anyone noticing that the shelf-life date was approaching. Failure to notice approaching expiry dates might lead to the loss of a significant amount of resources (particularly money), especially in resource-limited countries. This type of loss is not acceptable for pharmaceuticals such as ARV drugs, which are very expensive. To avoid such unnecessary wastage, the facility must track the expiry dates of ARV drugs closely and regularly. Expiry dates can be monitored using simple, easy techniques that enable the store manager to trace the medicines that will expire within a specified period, so that he or she can take appropriate action on the short-dated products before they become unusable. Doing so will result in huge savings. The **Expiry Date Tracking Chart** is designed to serve this purpose, and the procedures for using it are described below.

Definition

The Expiry Date Tracking Chart is a single-copy sheet of paper designed for monitoring the expiry date of ARV drugs so that the pharmacist can plan appropriate actions to minimize losses due to expiry.

Purpose

The purpose of the Expiry Date Tracking Chart is to track the expiry dates of ARV drugs. The pharmacist will alert the concerned authority when the medicines and supplies should be removed from the stock for exchange or destruction. The chart can be used for other pharmaceuticals, too. When the medicines cannot be returned for exchange, the chart alerts staff to remove expired stock so that it is not issued in error.

Who Fills Out the Form

The Expiry Date Tracking Chart is to be filled out by the store manager.

When to Fill Out the Form

The Expiry Date Tracking Chart should be filled out immediately after receiving the items from the supplier.

How to Fill Out the Form

- Yellow and red stickers are used to mark the corresponding months.
    - Red stickers are used to mark the actual month when each batch or lot of medicines will expire.
    - Yellow stickers are used to alert the store manager when to report to the concerned authority that the supplies should be ready for exchange (if he or she anticipates that they will not be consumed before the date of expiry).
- Stock on hand at the end of the month can be written in cells under the appropriate months to figure the quantity on hand at that particular time.
- Each product has space to list three different batches or lots of medicines.
    - If you have more than three batches or lots, record the three that expire first.
- The yellow sticker marks the expiry warning date; the red sticker marks the month when the medicine expires.
- Put the yellow sticker in the grid that corresponds to the date six months before the expiry date; put the red sticker in the grid that corresponds exactly to the date on which the product expires.
- For the three months before the yellow warning dot, enter the current stock level of that batch or lot in the relevant grid.
    - The stock levels also show the rate of use and determine how much, if any, stock should be returned or prepared for exchange.
- Remove the red dot only after the expired stock has been destroyed or removed from stock.
- When the batch or lot expires or is used up, erase the entry and replace it with the next batch to expire.
- When medicines or supplies are received, enter the new batch or lot number and expiry date on the chart.
- If a medicine expires after the three years covered in the chart, record the medicine in the chart, but do not include stickers. When updating the chart at the beginning of the new year, if the medicine is still in stock and expires within the three years, add the stickers accordingly.
- To reduce the number of entries, make two separate charts: one for liquid (e.g., syrups) and one for solid (e.g., tablets or capsules) dosage forms.

How to File

The chart is to be hung on the wall for easy reference.

Expiry Date Tracking Chart (ARV/ETC-14)

Drug Name	Batch No	Year: 2014												Year: 2015											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Nevirapine 200 mg tablet	AXIP/2022		12	8	5	🟡						🔴													
	GSK8/1114														🟡						🔴				
Nevirapine 50 mg/5 ml susp.	AX66/2506						40	24	15	🟡						🔴									

ARV Drugs Pharmacy Internal Monitoring Form (ARV/IMF-14)

Introduction

To check whether any program is running as smoothly as planned, auditing or monitoring the activities is important, because it will allow early detection of problems and deficiencies that are affecting or will affect the program negatively, and will ensure that appropriate corrective measures are taken. In addition, using selective indicators for monitoring will help to improve performances and possibly speed up the process by identifying and modifying specific tasks. Current experience indicates that auditing is not carried out regularly. Even if it is done, its goal is often not to improve performance, and it is unlikely to be used for taking corrective measures on deficiencies. The **ARV Drugs Pharmacy Internal Monitoring Form** is designed to serve as an internal audit tool for monthly monitoring of pharmacy activities within the ART program. The results of this internal monitoring will be used by the hospital management team and other concerned authorities to address the problem areas and deficiencies observed.

Definition

The ARV Drugs Pharmacy Internal Monitoring Form is, in a sense, an auditing form that is used for monitoring the activities of the pharmacy department with in the ART program using different indicators.

Purpose

The purpose of the ARV Drugs Pharmacy Internal Monitoring Form is to monitor the overall pharmacy activities as related to ARV management in terms of appropriate ordering, handling, distribution, use, recording, and reporting. It enables responsible bodies to take corrective measures on issues that might affect the proper running of the ART program.

Who Fills Out the Form

The ARV Drugs Pharmacy Internal Monitoring Form is to be filled out by a committee assigned by the health facility. The committee members should all be elected from among the ART team.

When to Fill Out the Form

The ARV Drugs Pharmacy Internal Monitoring Form is to be filled out monthly.

How to Fill Out the Form

The procedures for completing ARV Drugs Pharmacy Internal Monitoring Form are obvious and the values for all indicators should be filled in.

How to File

This form is to be filed by the internal monitoring committee so that it can be used again for the next month's monitoring and that problem areas can be followed up easily.

ARV Drugs Pharmacy Internal Monitoring Form (ART/IMF-14)

(Internal monitoring will be carried out by the audit committee every month. The results of the internal monitoring will then be shared with the chief pharmacist and other pharmacy personnel so that appropriate corrective measures are taken to improve problem areas).

Name of the Health Institution: _____

S.N.	Procedure	Date: / Month:		
		Result	**Remark**	**Advice**
Adherence to Standard Prescribing and Dispensing Guidelines				
1. Authorization of Prescriptions	a. Pick 5 prescriptions at random dispensed in the month and write as Total Dispensed. b. Examine all the above prescriptions, count those which bear authorized signatures, and write as Total Authorized. c. (a) and (b) should match. If not, write the reasons in the remark column and instructions, if any, in the advice column.	Total Dispensed: Total Authorized:		
2. Patient Adherence to Treatment	a. Pick 5 refill prescriptions at random dispensed in the month and write as Total Dispensed. b. Examine the corresponding ARV Drugs and Patient Information Sheet for all prescriptions, count those into which the information is correctly transferred from the prescriptions, and write as Total Correct. c. (a) and (b) should match. If not, write the reasons in the remark column and instructions, if any, in the advice column.	Total Dispensed: Total Correct:		

S.N.	Procedure	Date: / Result	Month: / Remark	Advice
3. Completeness of Prescription Writing	**a.** Pick 5 prescriptions at random dispensed in the month and write as Total Dispensed. **b.** Examine the prescription to see if it contains complete information including patient name, weight, date, prescriber's name and address, drug name, strength, dose, quantity, and frequency of administration, and write as Total Complete. **c.** (b) should be complete for all prescriptions. If not, write the information missing in the remark column and instructions, if any, in the advice column.	Total Dispensed: Total Complete:		
4. Recording in the ARV/PIS-13	**a.** Select 5 ARV Drugs and Patient Information Sheets recorded in the month and write as Total Recorded. **b.** Examine and check for correct recording of information on the sheet and write as Total Correct. **c.** (b) should be correct for all ARV Drugs and Patient Information Sheet. If not, write the information missing or wrongly recorded in the remark column and instructions, if any, in the advice column.	Total Recorded: Total Correct:		
5. Transfer of Information from ARV/PIS-13 to ARV/DDR-14	**a.** Select 5 ARV Drugs and Patient Information Sheets recorded in the month and write as Total Recorded. **b.** Examine and check for correct transfer of information into ARV Drugs Dispensing Register and write as Total Correctly Transferred. **c.** (a) and (b) should match. If not, write the information that is wrongly transferred in the remark column and instructions, if any, in the advice column.	Total Recorded: Total Correctly Transferred:		

S.N.	Procedure	Date: / Result	Month: / Remark	Advice
6. Recording in the ARV/DDR-14	a. Select 1 regimen and 3 drugs dispensed in the month and write as Total Dispensed. b. Examine the ARV Drugs Dispensing Register to see if quantities dispensed are correctly added up for the month and write the number of regimens and drugs added up correctly as Total Correct. c. (a) and (b) should match. If not, write the reasons in the remark column and instructions, if any, in the advice column.	Total Dispensed: Total Correct:		
7. Transfer of Information from ARV/DDR-06 to ARV/MCS-14	a. Select 5 columns of the ARV Drugs Dispensing Register that show a summary figure at the end of the month and write as Total Examined. b. Check the number of entries that are correctly transferred into the Monthly ARV Drugs Dispensing and Consumption Summary and write as Total Correct. c. (a) and (b) should match. If not, write the reasons in the remark column and instructions, if any, in the advice column.	Total Examined: Total Correct:		
8. Adherence to Expiry Date Monitoring Procedures	a. Select 5 ARV drugs stored at the main store/dispensing outlet at random and write as Total Stored. b. Check if the Expiry Date Recording Chart indicates the correct expiry of the lot and write as Total Correct Expiry. c. (a) and (b) should match. If not, state the reasons in the remark column and write instructions, if any, in the advice column.	Total Stored: Total Correct Expiry:		

S.N.	Procedure	Date:	Result		Remark	Advice
					Month:	
9. T^o Monitoring in the Main Store	a. Select 3 days randomly from the month. Check the temperature log of the main store and see if the log was completed twice for each of the days selected. If yes, put √ against each of the day in the column Log Completed. b. If a day is checked, find out if the temperature was within the acceptable limit. If yes, put another √ in the column T^o Acceptable. c. All days should have √√. If not, discuss, find out the reasons, and list instructions, if any, in the advice column.	Day	Log Completed	T^o Acceptable		
		1				
		2				
		3				
10. T^o Monitoring in the Outpatient Pharmacy	a. Select 3 days randomly from the month. Check the temperature log of the outpatient pharmacy and see if the log was completed twice for each of the days selected. If yes, put √ against each of the days. b. If a day is checked, find out if the temperature was within the acceptable limit. If yes, put another √. c. All days should have √√. If not, discuss, find out the reasons, and list instructions, if any, in the advice column.	Day	Log Completed	T^o Acceptable		
		1				
		2				
		3				
11. T^o Monitoring of the Refrigerator at the Main Store	1. Select 3 days randomly from the month. Check the temperature log of the main store refrigerator and see if the log was completed once for each of the days selected. If yes, put √ against each of the days. 2. If a day is checked, find out if the temperature was within the acceptable limit. If yes, put another √. 3. All days should have √√. If not, discuss, find out the reasons, and list instructions, if any, in the advice column.	Day	Log Completed	T^o Acceptable		
		1				
		2				
		3				

S.N.	Procedure	Date: / Month:			Remark	Advice
		Result				
12. T^o Monitoring of the Refrigerator at the Outpatient Pharmacy	a. Select 3 days randomly from the month. Check the temperature log of the outpatient pharmacy refrigerator and see if the log was completed once for each of the days selected. If yes, put √ against each of the day. b. If a day is checked, find out if the temperature was within the acceptable limit. If yes, put another √. c. All days should have √√. If not, discuss, find out the reasons, and list instructions, if any, in the advice column.	Day	Log Completed	T^o Acceptable		
		1				
		2				
		3				

ARV Drugs Pharmacy Internal Monitoring Feedback Report (ARV/MFR-14)

Introduction

As can be seen from the number of pages of the **ARV Drugs Pharmacy Internal Monitoring Form,** the information will not be summarized, so the concerned authorities will need to go through all of its contents to find problem areas. Program managers are unlikely to make this tedious search, but if they do not, the purpose of internal monitoring will be lost. Therefore the internal monitoring committee should be able to summarize the key deficiencies and problem areas that need the attention of higher authorities. The summary of the findings of the internal monitoring will then be presented at a meeting with the program managers so that remedial measures will be taken by these higher authorities. The **ARV Drugs Pharmacy Internal Monitoring Feedback Report** is meant to achieve this goal (i.e., the key findings that need action are summarized into this form for presentation at the meeting).

Definition

The ARV Drugs Pharmacy Internal Monitoring Feedback Report is a single-copy form that is designed to be used for summarizing the key findings obtained from the internal monitoring.

Purpose

The purpose of the ARV Drugs Pharmacy Internal Monitoring Feedback Report is to enable the monitoring committee to summarize issues of importance in one form and present it to the concerned authorities so that appropriate decisions can be made

Who Fills Out the Form

The ARV Drugs Pharmacy Internal Monitoring Feedback Report is to be filled out by the monitoring committee by picking the key findings from the internal monitoring form.

When to Fill Out the Form

The ARV Drugs Pharmacy Internal Monitoring Feedback Report is to be filled out immediately after completing the internal monitoring activities.

How to Fill Out the Form

Key findings from the internal monitoring are summarized in this form.

How to File

The ARV Drugs Pharmacy Internal Monitoring Feedback Report should be filed in the same manner that the ARV Drugs Pharmacy Internal Monitoring Form is filed.

ARV Drugs Pharmacy Internal Monitoring Feedback Report (ARV/MFR-14)

(This report will be presented by the audit committee in a meeting with the Medical Director and Chief Pharmacist.
This document will be retained by the audit committee with a copy provided to the Medical Director and Chief Pharmacist)

Name of the Health Institution: _____

Procedure	Approved by: Signature Date 1. Medical Director _____ _____ 2. Chief Pharmacist _____ _____ 3. Audit Committee Chair _____ _____ **Month…….**	Approved by: Signature Date 1. Medical Director _____ _____ 2. Chief Pharmacist _____ _____ 3. Audit Committee Chair _____ _____ **Month…….**
Adherence to Prescribing and Dispensing Guidelines		
1. List of improvements from last audit		
2. What was done to improve?		
3. New issues this month		
4. Issues still pending with reasons		
Stock in ARV Main and Outpatient Pharmacy Stores (Expiry and Handling)		
1. What was done to improve		
2. New issues this month		
3. List of improvements from last audit		
4. Issues still pending with reasons		

Procedure	Approved by: Signature Date 1. Medical Director _____ _____ 2. Chief Pharmacist _____ _____ 3. Audit Committee Chair _____ _____ **Month…….**	Approved by: Signature Date 1. Medical Director _____ _____ 2. Chief Pharmacist _____ _____ 3. Audit Committee Chair _____ _____ **Month…….**
Temperature Control		
1. What was done to improve?		
2. New issues this month		
3. List of improvements from last audit		
4. Issues still pending with reasons		

ADDITIONAL FORMS (BRIEF EXPLANATIONS AND FORM DESIGNS)

ARV Drug Dispensing Register for PEP

- Used to record medicines issued for the purpose of PEP
- Expected to be placed in the inpatient pharmacy that provides 24-hour service

ARV Drug Dispensing Register for Emergency Supply[1]

- Used to record medicines issued as emergency supplies
- Expected to be placed in the inpatient pharmacy that provides 24-hour service.

ARV Drugs Expiry and Damage Inventory Sheet

- Used for recording expired and damaged items until they are disposed of
- Unusable items will be deleted from Bin and Stock Cards and temporarily recorded into this sheet.

Temperature Recording Chart

- Used for twice daily temperature monitoring at the main store, outpatient dispensary, and refrigerators

Prescription Paper

- The only legal prescription paper designed and approved by the Food, Medicine and Healthcare Administration and Control Authority (FMHACA) for prescribing ARV drugs
- It is serially numbered and to be audited like the medicine itself

[1] Additional guidelines can be developed by each Region considering practical issues on the ground for the dispensing of ARVs for Emergency Cases. The guideline should cover, at a minimum, who will be eligible for the service, the amount of ARVs to be dispensed at one visit, the number of visits allowed, confirmations of diagnosis by the prescriber and requirements for verification of identity of patients.

ARV Drugs Dispensing Register For Post Exposure Prophylaxis (ARV/PEP-04)

This form is to be used at the inpatient pharmacy only for recording ARV drugs issued for the purpose of Post Exposure Prophylaxis.

Name of the Health Institution: _____

Date	Profile of Exposed Individual					Source of Exposure			Prescribing Physician		Drugs Dispensed		Signature
	Name	Age	Sex	Profession	Department	Needle Stick	Mucosa	Others	Initial	Reg. No.	Description (Name, strength, dosage form)	Qty	

ARV Drugs Dispensing Register for Emergency Supply (ARV/DES-04)

This form is used for recording short-term supplies of ARV drugs that are dispensed to inpatients admitted to the hospital and who have forgotten to bring their regular ARV drugs

Name of the Health Institution: _____

Date	Patient Name	Card No.	Drugs Dispensed		Prescribing Physician		Reasons for Supply	Signature
			Description (Name, strength, dosage form)	**Qty**	**Initial**	**Reg. No.**		

ARV Drugs Expiry and Damage Inventory Sheet (ARV/EDI-04)

Name of the Health Institution: _____

Date	**Description of the Item** (Name, strength, pack size, and dosage form)	**Date Received**	**Receiving Voucher No. (Model 19)**	**Received From**	**Unit**	**Quantity Transferred**			**Price**		**Remark**	**Initial**
						Expired	Damaged	Others	Unit Price	Total Price		

Temperature Recording Chart (ARV/TRC-04)

Month/Year: ____________ **Location: _______________**

Date	**Morning**		**Initial**	**Afternoon**		**Initial**
	Time	**Recorded Temp. (^{0}C)**		**Time**	**Recorded Temp. (^{0}C)**	

PRESCRIPTION PAPER **O2 VRA No 000000**
Name of the Health Institution _____
Address: Reg. _____ Town _____ Tel _____ P.O. Box _____

PRESCRIPTION PAPER **O2 VRA No 000000**
Name of the Health Institution _____ **Date**: _____
Patient's Name: _____ Sex: _____ Age: _____
Weight: _____ Card No. _____ ☐ Inpatient ☐ Outpatient
☐ **Start** ☐ **Refill**
Diagnosis (ICD code No.) _____
Address: Region: _____ Town _____ Woreda _____
Kebele ____ House No. _____ **Tel. No._____**

Treatment given (Drug name, strength, dosage form, dose, duration, and quantity)	Price of each item (for dispenser's use only)	
Rx		
TOTAL		

Prescriber's Dispenser's
Full name _____ _____
Qualification _____ _____
Registration _____ _____
Signature _____ _____
* See overleaf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THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
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PHARMACEUTICALS FUND AND SUPPLY AGENCY (PFSA)


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