CITY CLINIC AIDS SCREENING PROCEDURES

We will be screening for AIDS in a more organized manner starting May 2, 1983. A 5 x 8 card is being photocopied to be used as the patient record for this specific service with plans for its printing sometime in the future. It will be in addition to the regular Access card used in documenting all patient visits.

1. A patient who is interested in an AIDS evaluation will be asked by the Screener(or by the Clinician if that is when the interest is first expressed) what symptoms or signs are present which makes the patient think he has AIDS. In the absence of significant symptoms or signs the patient can be reassured and given appropriate informational pamphlet. The patient can be offered a routine VD examination by the Screeners and an Access patient record can be initiated.

2. Only a patient having significant symptoms or signs listed on the card and to the extent described in the Guidelines will have a special AIDS examination card initiated. The presence or absence of particular symptoms, signs and history items will be noted by + or - placed in the respective boxes by the Screener(or Clinician). The Screener (or Clinician) doing this should place his or her identifying number or letter in the Screener box on the face of the record. This AIDS record will accompany a completed Access card to the Clinician.

3. Clinician evaluation and services

A. Perform an appropriate VD examination properly documented on the Access card as currently practiced. In addition, the patient's Access record will be stamped with "AIDS Evauation" on the dateline of the examination. Each examination room will be supplied with the stamp.

B. Describe on the reverse side of the AIDS clinic record the "duration, frequency, etc...." of the symptoms, signs and historic factors noted as being present. The clinician should identify his or her notes written on back of record.

C. Perform a brief physical examination focusing on:

1) Lymph nodes - cervical, axillary, popliteal and inguinal
2) Mouth and throat - for candida and Kaposi-like lesions
3) Skin - including peri-anal and soles for chronic folliculitis and Kaposi-like lesions

D. Use the regular treatment form to order skin tests for candida and mumps to be applied by a nurse who will also supply the patient with an information sheet regarding the test reading and interpretation.

E. Place X to the left of the test ordered. Consider hematology one test for this purpose. Write in name of other tests that might be ordered, ie O&P.

F. Offer ova and parasite collection kits to AIDS evaluation patients with cramps and other bowel problems. The kits contain directions for collecting specmens,where and when to return them, etc. NOTE: Start of ova and parasite testing may be delayed to after 5/2/83.

G. Secure a hematology evaluation. We anticipate funding will be secured which will allow patients a referral for the CBC, differential and platelet count starting in the Summer of 1983.

In the interim the patient can pay here the fee of $11.00 ($12.00 starting 6/1) and we will complete the Smith Kline Clinical Laboratories "Client Bill" slip, keeping the Client Copy. The patient will take the remaining parts of the lab slip and to to one of the five Smith Kline Labs in the City. If the patient prefers to pay at the Lab, he will pay $19.00. In this latter case, we complete the "Patient Bill" lab slip, again keeping the Client Copy, giving the patient the remaining copies to the laboratory.

The Supervisor of Registration and Patient Services, or designee, will complete the appropriate lab slip and collect payment when indicated. If the patient wishesto pay the $11.00(or $12.00) by check, the check should be made out to

Smith Kline Clinical Laboratories.

H. Depending on the Clinician's evaluation, a patient can be referred for a definitive evaluation at the completion of our screening if the indications are strong enough. This referral will then be made before test results are available or even the tests ordered.

Appointments can be made at SFGH AIDS Clinic at 995 Potrero Avenue, corner of 22nd Street, Ward 86, 861-8830 for Thursdays from 8:45 to 11:15 A.M.. Call while patient is in our Clinic and arrange for a photocopy of our AIDS record sent to SFGH with note as to date and time of appointment.

4. When the disposition is being deferred until after testing results are back, the STS review physician will make the determination and form letter will will be sent to the patient which will have various options, such as referral, return for repeat screening, etc.. If referred, a copy of the record should be sent to the designated evaluating agency with note indicating patient was advised to make an appointment.

5. The AIDS Coordinator will be responsible to see that test results are posted, referred to review physician and to send out disposition letter to the patient. As indicated by a review physician follow-up phone call by AIDS Coordinator to selected patients to confirm compliance with recommendations can be arranged.

6. Screeners and Clinicians should keep themselves informed as to the latest developments in this program area.

7. The AIDS record will be filed numerically in a designated file drawer.

City Clinic

NAME _____ DOB _____ CC# _____
LAST FIRST Date
ADDRESS _____ Phone _____ of exam _____

SYMPTOMS
__ Persistent fever
__ Night sweats
__ Dry cough
__ Shortness of breath
__ Loss of weight
__ Persistent fatigue
__ Recurring headaches
__ Rec. herpes-simpl/zoster
__ Persistent cramps, diarrhea, upset stomach or bloody stools

SIGNS
__ Swollen lymph glands
__ White patches tongue/throat
__ Chronic skin infections
__ Bluish/purplish spots

HISTORY
__ Syphilis
__ Gonorrhea
__ Herpes
__ Intestinal parasites
__ Hepatitis B
__ IV drug use
__ Sex with known AIDS Patient

TESTING RESULTS

VDRL
GC
OTHER:

Skin Test:
Candida
Mumps

Hematology Evaluation:

HEM	MCV	WBC	M
HGB	MCH	N	E
RBC	MCHC	L	B
			P

Comment

DISPOSITION - Refer AIDS Clinic SFGH Date Time

Other:

LIST THOSE PRESENT AND DESCRIBE on reverse (Duration, frequency, measure of severity, exacerbating and ameliorating factors, previous medical evaluations, treatment and other significant details)

Screener

I authorize the City Clinic to send a copy of this record to _____ if it appears I need further evaluation.

_____
Signature of Patient

City Clinic 5/83

GUIDELINES

SYMPTOMS

Persistent fever	- low grade but over 101°F, unexplained cause, especially in late afternoon and evening, for three or more weeks.
Drenching night sweats	- for three or more weeks
Dry cough	- persistent daily for more than one week & of recent origin
Short of breath	- present without or minimal exertion (climbing one flight of stairs).
Loss of weight	- more than ten pounds in past year without known cause
Persistent fatigue	- for two or more months without cause
Recurring headaches	- no obvious cause, such as sinusitis, vision problem, etc.
Herpes infections	- zoster in any male under 60 years and of recent origin - recurring "cold sores" or genital herpes with episodes every four - six weeks
Persistent cramps, etc	- for one or more months without explanation

SIGNS

Swollen lymph glands	- in two or more sites for more than three months, excluding inguinal. Bilateral cervical would be considered two sites; or excessively large nodes in any one site for any duration without explanation of its existance, i.e. infection,
White patches	- identify presence of candidiasis with microscopic examination of suspect lesions with scraping and wet mount preparation
Chronic skin infection	- particularly a folliculitis present more than three months without other explanation
Bluish-purple spots	- on skin and/or mucus membranes, such as in mouth or anus; does not pale on pressure.

Final draft

City Clinic-May 83

WENDY WOLF