INITIATING ART **IN CHILDREN:** Follow the six steps

STEP 1: RECORD PATIENT DETAILS AND HISTORY

Record the following information in the HIV clinical chart.

- **Patient details.**
- **Caregiver details: Details of primary and secondary caregiver.**
- **Past medical history:**
  - Allergies
  - Mode of transmission
  - ARVs prior to ART start date including PMTCT prophylaxis
  - ART transfer in details
  - Disclosure status
  - Immunisation status (update from RTHB)
  - Past medical history including surgical history

STEP 2: DECIDE IF THE CHILD HAS CONFIRMED HIV INFECTION

Infant/ child <18 months:

The first positive HIV PCR test is confirmed with a second positive HIV PCR

- **Proceed to Steps 3 - 6 whilst awaiting second HIV PCR result**

Child >18 months:

Under 2 years: A positive rapid HIV antibody test is confirmed with a positive HIV PCR
Over 2 years: A positive rapid HIV antibody tests confirmed with a second positive HIV antibody test (rapid or ELISA)

- **If the first rapid HIV test is positive and the second test is negative (discordant), do an ELISA or refer**
- **Send outstanding tests but proceed to step 3 while awaiting results**

STEP 3: DECIDE IF THE CAREGIVER IS ABLE TO GIVE ART

- **Check that the caregiver is willing and able to administer ART**
- **Complete psychosocial readiness and social record sections in the HIV clinical chart**
- **The caregiver should ideally have disclosed the child's HIV status to another adult who can assist with providing ART (or be part of a support group)**
- **If caregiver is willing and able to give ART, move to Step 4**
- **If not, classify as HIV INFECTION not on ART, and provide care as outlined on p 50**

STEP 4: DECIDE IF A IMCI NURSE SHOULD INITIATE ART

Check for the following:

- General danger signs or any severe classification
- Infant <1 month of age
- Child weighs less than 3 kg
- TB
- Fast breathing
- Any WHO stage 4 condition

- **If any of these are present, refer to next level of care for ART initiation**
- **If none present, move to Step 5**

STEP 5: ASSESS AND RECORD BASELINE INFORMATION

- **Nutrition assessment:**
- **Weight, height/length, head circumference (if <2 years), MUAC**
- **BMI or WFH z-score. Classify based on findings**
- **Assess and classify for anaemia (p. 31)**
- **TB screening and TB contacts (p. 33)**
- **Developmental screening, school attendance and school performance**
- **WHO clinical staging**
- **Baseline laboratory investigations:**

BASELINE INVESTIGATIONS	DONE FOR
CD4 count and FBC/ Hb	All children starting ART.
Creatinine and eGFR (p. 56)	Children/ adolescents starting tenofovir (TDF).
Alanine Aminotransferase (ALT)	On TB treatment or starting nevirapine (NVP).

- **If the child has SEVERE ACUTE MALNUTRITION, SEVERE ANAEMIA (Hb < 7g/dl) or TB refer to the next level of care for management and for initiation of ART**
- **If Hb is 7 g/dl - 11 g/dl, classify as ANAEMIA and treat (p. 31). Do not delay starting ART**
- **Send any outstanding laboratory tests. If the child already meets the criteria for starting**

STEP 6: START ART

- **ART regimens always include 3 drugs**
- **See ART dosing and instructions (p. 52-59)**
- **Remember to counsel the caregiver on how to give the drugs and possible side-effects**
- **Remember to give cotrimoxazole (p. 38)**
- **Give other routine treatments (p. 34)**
- **Follow-up after one week**

WEIGHT/ AGE	ART REGIMEN
Age >1 month **AND** Weight 2.5kg - < 20 kg	Abacavir (ABC) Lamivudine (3TC) Lopinavir/ritonavir (LPV/r)
Weight 20 - < 35 kg **OR** Age < 10yrs	Abacavir (ABC) Lamivudine (3TC) Dolutegravir (DTG)
Age ≥10 years **AND** Weight ≥ 35kg	Tenofovir (TDF)* Lamivudine (3TC) Dolutegravir (DTG)