PrEP Service Delivery Checklist

PrEP Initiation Visit

____ Perform an HIV risk assessment to determine whether PrEP is indicated for patient.

____ Provide basic education about PrEP

____ Obtain past medical history. Query specifically about history of kidney and liver (e.g., hepatitis B) disease, bone disease, and fractures. For women of child bearing age, assess pregnancy desires.

____ Review current and recent symptoms. Assess for symptoms of acute HIV infection.

____ Order all laboratory results to assess for contraindications. If laboratory tests were already performed, review at this visit.

☐ HIV test: 4th generation Ag/Ab test (or HIV viral load) to rule out acute HIV

☐ STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)

☐ Serum Creatinine to calculate CrCl

☐ HBsAg and HBsAb and HCV Ab

☐ Check patient weight for CrCl

☐ Pregnancy test (if applicable)

____ Provide prescription for Truvada (#30 tabs).

____ PrEP education/counseling with patient; ask questions to elicit patient understanding. Ensure all questions answered regarding substance abuse and mental health needs and that referrals are made as appropriate.

____ Review importance of regular clinic follow-up and ask patient about the best method of communication for reminders (call, email, text). Schedule follow-up visit for 1-month and provide appointment card PRN.

____ Start Hepatitis B vaccine series, administer meningococcal vaccine and HPV vaccination, as indicated.

____ Review, as needed, any lab results after the visit, and calculate CrCl. If patient is HIV positive or CrCl<60, call patient to tell him/her to stop the medication. Make arrangements for follow-up based on patient’s needs.

1 Month Follow-Up Appointment

____ Assess the following at this visit

  o Patient’s desire to continue on PrEP.
  o Side effects
  o Medication adherence
  o Signs/symptoms of acute HIV.
  o Possibility of pregnancy (if applicable)

____ Provide prescription for two-month supply of Truvada (#60 tabs).

____ Provide medication adherence counseling, if needed.

____ Schedule f/u visits. Provide reminder card with appointment and contact information.

3, 6, 9, 12 Month Follow-Up Appointments

____ Assess the following at each visit

  o Patient’s desire to continue on PrEP
  o Side effects
  o Medication adherence
  o Signs/symptoms of acute HIV
  o Possibility of pregnancy (if applicable)

____ Order Laboratory tests at each visit

☐ HIV test: 4th generation Ag/Ab test is best; if not available, 3rd generation test is sufficient as long as concern for acute HIV or seroconversion is low

☐ STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)

☐ Serum Creatinine to calculate CrCl (every 3-6 months)

☐ Pregnancy test (if applicable)

____ Provide prescription for Truvada (#90 tabs).

____ Provide risk reduction counseling

____ Provide medication adherence counseling, if needed.

____ Assess for substance abuse and mental health needs and make referrals as needed.

____ Schedule f/u visits. Provide reminder card with appointment and contact information.

____ Administer Hepatitis B vaccine series, meningococcal vaccine and HPV vaccination, as indicated.

____ Review, as needed, any lab results after the visit, and calculate CrCl. If patient is HIV positive or CrCl<60, call patient to tell him/her to stop the medication. Make arrangements for follow-up based on patient’s needs.