MANAGEMENT OF HOSPITALISED INDIVIDUALS WITH ADVANCED HIV DISEASE

ASSESSMENT

- Conduct emergency triage (including in children) and treat immediately life-threatening conditions

REFER

- Rapidly refer to higher level facility if needed
- Do not delay treatment

DIAGNOSE

- In people who are seriously ill, test for HIV, ask about ART use
- Test CD4 cell count to identify advanced HIV disease
- If no CD4 testing available use WHO staging for HIV

IDENTIFY

- Offer a molecular diagnostic test for TB, urine LF-LAM and cryptococcal antigen testing
- Offer other lab and radiological investigations as available
- Establish a diagnosis, consider empirical treatment for TB

TREAT

- Start appropriate treatment, monitor closely
- Provide high quality nursing care, physical assistance, nutrition, and regular clinical review

ART

- Start/change ART as indicated
- If not already on ART offer rapid initiation of ART
- Do not start ART if a working diagnosis of meningeal disease has been established
- Treat TB meningitis or cryptococcal meningitis first, consider ART start in 4-8 weeks

PLAN/LINK

- Develop a discharge plan through joint decision making with the patient and their family.
- Ensure good communication with the HIV clinic to link to care following discharge

MINOR URGENT