



# CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH

## Rapid Initiation Antiretroviral Therapy (ART) Initiation Checklists: Counseling, Medical History, and Laboratory Testing

Counseling	Medical History	Baseline Laboratory Testing
<p>Priorities for counseling and education before rapid ART initiation:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Confirming HIV diagnosis.</li> <li><input checked="" type="checkbox"/> Managing disclosure.</li> <li><input checked="" type="checkbox"/> Adhering to the ART regimen.</li> <li><input checked="" type="checkbox"/> Recognizing and responding to side effects as they occur.</li> <li><input checked="" type="checkbox"/> Following through with clinic visits.</li> <li><input checked="" type="checkbox"/> Assessing health literacy.</li> <li><input checked="" type="checkbox"/> Navigating acquisition of and payment for medications: Pharmacy selection, insurance requirements and restrictions, co-pays, and refills.</li> <li><input checked="" type="checkbox"/> Identifying and addressing psychosocial barriers to treatment.</li> <li><input checked="" type="checkbox"/> Establishing the best methods of contact.</li> <li><input checked="" type="checkbox"/> Ensuring the patient knows how to reach the care team.</li> <li><input checked="" type="checkbox"/> Referrals, if indicated: Substance use treatment, behavioral health counseling, housing assistance, etc.</li> </ul>	<p>When taking a medical history before rapid ART initiation, ask about:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Date and result of last HIV test.</li> <li><input checked="" type="checkbox"/> Serostatus of sex partners and their ART regimens if known.</li> <li><input checked="" type="checkbox"/> Previous use and dates of antiretroviral medications, including PrEP or repeated episodes of taking PEP.</li> <li><input checked="" type="checkbox"/> Comorbidities, including a history of renal or liver disease, particularly hepatitis B infection.</li> <li><input checked="" type="checkbox"/> Prescribed and over-the-counter medications.</li> <li><input checked="" type="checkbox"/> Drug allergies.</li> <li><input checked="" type="checkbox"/> Substance use.</li> <li><input checked="" type="checkbox"/> Symptoms, to assess for active cryptococcal and TB meningitis.</li> <li><input checked="" type="checkbox"/> Psychiatric history, particularly depressive or psychotic symptoms or any history of suicidality.</li> <li><input checked="" type="checkbox"/> Possible pregnancy and childbearing plans in individuals of childbearing potential.</li> </ul>	<p>ART can be initiated while awaiting test results.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> HIV-1/2 antigen/antibody assay.</li> <li><input checked="" type="checkbox"/> HIV quantitative viral load.</li> <li><input checked="" type="checkbox"/> Baseline HIV genotypic resistance profile.</li> <li><input checked="" type="checkbox"/> Baseline CD4 cell count.</li> <li><input checked="" type="checkbox"/> Testing for hepatitis A, B, and C viruses.</li> <li><input checked="" type="checkbox"/> Comprehensive metabolic panel (creatinine clearance, hepatic profile).</li> <li><input checked="" type="checkbox"/> STI screening; see the NYSDOH AI <a href="#">STI Care Guidelines</a>.</li> <li><input checked="" type="checkbox"/> Urinalysis.</li> <li><input checked="" type="checkbox"/> Pregnancy test for individuals of childbearing potential.</li> </ul>

**Abbreviations:** PEP, post-exposure prophylaxis; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection; TB, tuberculosis.