

ED/Non-Birthing Hospital Perinatal Rapid HIV Testing Monthly Report

Hospital: _____ City: _____ Month: _____ 20__

1) Please provide the total, unduplicated number of pregnant women who *presented* to the ED

A. Total # of pregnant women presenting to the ED

The total number of pregnant women presenting in the calendar month.

B. Total # presenting to ED without documented prenatal HIV test

The total number of pregnant women who presented without documentation of HIV status in their chart.

1. Total # counseled for rapid HIV testing

The total number of pregnant women undocumented for HIV status counseled for HIV testing.

2. Total # missed for rapid HIV testing

Of the total undocumented pregnant women presenting, total women not declined and not rapid tested.

3. Total # declined rapid HIV testing

Of the total undocumented pregnant women presenting, total women who declined rapid testing

4. Total # rapid HIV tested Total number of women who were rapidly tested for HIV

a. Total # negative Total number of women who were rapidly tested with negative results

b. Total # positive Total number of women who were rapidly tested with positive results

2) Of all women delivering in the hospital, please provide the totals as follows:

A. Total # of women who delivered The total number of women who delivered in the calendar month.

B. Total # **known HIV positive** women delivered, *prior to rapid testing*

The number of women who were delivered, who were diagnosed as being HIV positive prior to delivery, and their status is documented in the medical chart, *prior to rapid testing*. (If a woman presents with undocumented status but announces she is positive and a rapid test is performed, she should be counted below in C.3.b)

C. Total # delivered women who presented without documented HIV test

The number of women who delivered, who presented to L&D without documentation of HIV status in their chart **prior to delivery**.

1. Total # women missed, not rapid tested

Of the total undocumented women, total women not declined and not rapid tested.

2. Total # declined rapid HIV testing

Of the total undocumented women, total women who declined rapid testing

3. Total # rapid HIV tested Total number of women who were rapidly tested for HIV

a. # negative women Total number of women who were rapidly tested with negative results

b. # positive women Total number of women who were rapidly tested with a preliminary positive result

4. Total # women with late prenatal documentation of HIV test

Prenatal HIV results not available at presentation, but available prior to delivery.

5. Subtract fetal deaths or add multiple births

From **declined women only**, subtract the number of fetal deaths, stillbirths, IUFDs. Add the number of multiple births

+/-

3) Of all *newborns*, please provide totals as follows:

A. # of newborns without documented maternal HIV test

Number of newborns without documentation of HIV status at time of presentation to the nursery. This does not include a newborn whose mother's test is in process, only a newborn whose mother declined testing, or whose mother was missed or not tested.

B. # of newborns rapid HIV tested Total number of newborns who were rapidly tested for HIV

1. # negative newborns Total number of newborns who were rapidly tested with negative results

2. # positive newborns Total number of newborns who were rapidly tested with a preliminary positive result

C. # of newborns not rapid test

Number of newborns who remain untested at time of discharge.

Prepared by: _____ Phone #: (____) ____ - ____ Date: ____ / ____ / ____

This form must be submitted by the 10th of each month to: PACPI/PRTII Attention: Anne Statton
 Questions? (312) 334-0974 (Anne Statton) Email to pacpi2000@aol.com or fax to 312-334-0973.