

HIV PEP Side Effect Documentation

HIV PEP Follow-up Visit (1st, 2nd, 3rd, 4th, 5th): _____

Date: _____

☐ Check if NO side effects experienced since LAST visit

Pt Name: _____

Complete 1 copy of this form at **EACH follow-up visit** for ALL clients taking HIV PEP.
Check the applicable grade for each side effect experienced since the client's LAST visit.

RESPIRATORY	GRADE 1	GRADE 2	GRADE 3	GRADE 4 *
Cough	<input type="checkbox"/> Transient – no Rx	<input type="checkbox"/> Treatment associated cough, local non-narcotic Rx	<input type="checkbox"/> Treatment associated cough, narcotic Rx required	<input type="checkbox"/> Uncontrolled
Shortness of breath	<input type="checkbox"/> Mild, does not interfere with routine activities	<input type="checkbox"/> Moderate, interferes with routine activities, requires intermittent Rx	<input type="checkbox"/> Moderately debilitating, requiring nasal oxygen	<input type="checkbox"/> Severe, requiring ventilator assistance

GASTROINTESTINAL	GRADE 1	GRADE 2	GRADE 3	GRADE 4 *
Nausea	<input type="checkbox"/> Transient, mild discomfort, reasonable food/fluid intake maintained	<input type="checkbox"/> Moderate discomfort, significantly decreased food/ fluid intake < 3 days, some limit of activity	<input type="checkbox"/> Severe discomfort, no significant or minimal food/fluid intake > 3 days, activities limited	<input type="checkbox"/> Minimal fluid intake or hospitalization required
Vomiting	<input type="checkbox"/> Transient emesis, 2-3 per day or lasting < 1 week	<input type="checkbox"/> Moderate emesis, 4-5 per day or lasting 1 week	<input type="checkbox"/> Vomiting all food/fluids in 24 hours, orthostatic hypotension or IV fluid/Rx required	<input type="checkbox"/> Hypotensive shock, hospitalization, IV fluid therapy
Constipation	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate, Rx required	<input type="checkbox"/> Severe, Rx required, vomiting	<input type="checkbox"/> Distension with vomiting
Diarrhea	<input type="checkbox"/> Mild or transient, 3-4 loose stools per day or mild diarrhea < 1 week	<input type="checkbox"/> Moderate or persistent, 5-7 loose stools per day or diarrhea > 1 week	<input type="checkbox"/> Bloody diarrhea or > 7 loose stools per day, orthostatic hypotension or IV Rx required	<input type="checkbox"/> Hypotensive shock or hospitalization required

NEURO / NEUROMUSCULAR	GRADE 1	GRADE 2	GRADE 3	GRADE 4 *
Mood	<input type="checkbox"/> Mild anxiety or depression	<input type="checkbox"/> Moderate anxiety or depression, therapy required	<input type="checkbox"/> Severe anxiety, depression, or manic, needs assistance	<input type="checkbox"/> Acute psychosis, incapacitated, hospitalization required
Muscle weakness	<input type="checkbox"/> Subjective/reported weakness, no objective symptoms/ signs	<input type="checkbox"/> Mild objective weakness, no decrease in function	<input type="checkbox"/> Objective weakness, function limited	<input type="checkbox"/> Paralysis
Painful neuropathy (pain, numbness, or tingling in fingers, toes, hands and/or feet)	<input type="checkbox"/> Mild discomfort, no therapy required	<input type="checkbox"/> Moderate discomfort, persisting for > 72 hours, analgesic required	<input type="checkbox"/> Severe discomfort, marked antalgic gait, narcotic analgesic required with symptomatic improvement	<input type="checkbox"/> Incapacitating and intolerable discomfort, gait not improved or unable to walk despite narcotic analgesics

OTHER PARAMETERS	GRADE 1	GRADE 2	GRADE 3	GRADE 4 *
Fever (oral w/out infection >12hrs)	<input type="checkbox"/> 37.7 – 38.5 C or 100.0 – 101.5 F	<input type="checkbox"/> 38.6 – 39.5 C or 101.6 – 102.9 F	<input type="checkbox"/> 39.6 – 40.5 C or 103 – 105 F	<input type="checkbox"/> > 40.5 C or > 105 F
Headache	<input type="checkbox"/> Mild, no Rx therapy required	<input type="checkbox"/> Transient, moderate, non-narcotic Rx required	<input type="checkbox"/> Severe, responds to initial narcotic therapy	<input type="checkbox"/> Intractable, requires repeated narcotic therapy
Fatigue	<input type="checkbox"/> < 25% decrease in regular daily activities	<input type="checkbox"/> 25-50% decrease in regular activities	<input type="checkbox"/> > 50% decrease in regular activities, unable to work	<input type="checkbox"/> Unable to care for self
Allergic reaction	<input type="checkbox"/> Pruritus without rash	<input type="checkbox"/> Localized urticaria angioedema	<input type="checkbox"/> Generalized urticaria angioedema	<input type="checkbox"/> Anaphylaxis
Rash (mucocutaneous)	<input type="checkbox"/> Erythema, pruritus	<input type="checkbox"/> Diffuse maculopapular rash, dry desquamation	<input type="checkbox"/> Vesiculation, moist desquamation ulceration	<input type="checkbox"/> Exfoliative dermatitis, suspected mucous membrane involvement, Stevens Johnson or erythema multiforme, necrosis requiring surgery
Other, specify:				

* HIV PEP should be **DISCONTINUED** or **CHANGED** in clients who experience **Grade 4 side effects**. Consult with HIV Expert.

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Source: *National Institute of Allergy and Infectious Diseases/National Institutes of Health (NIAID/NIH) Toxicity Grading*