

## Baseline investigations for an HIV infected infant/child starting ART and monitoring on ART

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- These investigations should be carried out at baseline before starting antiretrovirals and repeated as clinically indicated.
- In the early weeks after starting ART when toxicities are most likely to arise, the biochemistry and haematology investigations should be repeated within 2-4 weeks of starting therapy.
- HIV Viral load should be repeated at every visit.
- Bloods for drug toxicity and CD4 parameters can be taken every 6-8 months if the patient becomes stable on therapy with no ongoing toxicity concerns. See also CHIVA adherence guidelines when starting ART (<http://www.chiva.org.uk/guidelines/adherence/>)

<b>HIV parameters</b>	HIV RNA PCR CD4 count and percentage and HLA B5701 if not already done	3-4 monthly
	Resistance	Baseline and consider during episodes of viral rebound
	HLA B5701	Baseline only
<b>Haematology</b>	FBC	6-8 monthly**
<b>Biochemistry</b>	U+E, Cr Ca, PO4 LFT Glucose Vitamin D Total protein Albumin Lipids Amylase	6-8 monthly**
<b>Clinical investigation</b>	BP Urine dip (mid-stream) – if 1+ or more protein send urine protein/Cr and albumin/Cr ratio (ideally early morning sample) Height/ Weight/ OFC (<5 years old)	3-4 monthly
<b>Additional health surveillance and screening</b>	TSH Vitamin D Immunisation serology Repeat hepatitis B and C status (if negative at baseline) Growth/BMI assessment Pubertal, lipodystrophy and developmental screening through history and detailed assessment if indicated	Annually and as clinically indicated
<b>Social situation and adherence</b>	To be reviewed before start of treatment and as necessary – see adherence guidelines (link above)	

\*\* if undetectable VL and stable/asymptomatic on ART