

HIV Acute Care Testing Talking to your patient

Asking a patient to consent to an HIV Test

<u>Clinician</u>: We routinely test all hospital patients for HIV. Can I include this with your blood-work today?

We offer an HIV test to all patients, because knowing your HIV status is important for your health and health care.

Just like all other test results, the result of the HIV test will only be known to you and the medical team who will be treating you. This means the test result is confidential.

If patient refuses test

Clinician: You can decline the test today and it won't affect the care you receive.

Is there a reason you don't want an HIV test today?

Patient: I am not at risk.

<u>Clinician:</u> Most people we test are at very low risk. But, HIV has no symptoms for many years. The only way to know for sure, is to have the test.

Patient: I have had a test in the last few years.

Clinician: That's good. We now recommend testing every year.

Patient: I'd rather not know.

<u>Clinician:</u> HIV is a treatable disease. People on treatment live long, healthy lives. It is much better to know.

<u>Clinician:</u> Complete the HIV Routine Admission Orders Form with reason for refusal.

If a patient tests positive for HIV

1. Physicians can choose to disclose a positive result or contact:

 PHC - contact HIV nurse to disclose result, provide patient counseling, education and linkage to care. Local 34377 (or page 604 252 4377)

 VCH - contact VGH Infectious Disease physician to disclose result, provide patient counseling, education and linkage to care. Call 604 875 4588 between 8am-5pm.

IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY Vancouver -CoastalHealth VA: VGH / UBCH / GFS VC: BP / Purdy / GPC **ORDERS** COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS HIV ROUTINE TESTING - ON ADMISSION ORDERS (items with check boxes must be selected to be ordered) (Page 1 of 1) Time Processed Date: Time: __ RN/LPN Initials Comments ADMISSION INSTRUCTIONS: HIV Routine Testing is required for all patients admitted to acute care units. LABORATORY: Patient has consented to HIV test Yes - obtain HIV Antibody Test with next blood-work No - indicate reason below to complete order If NO, state reason: ☐ Known HIV Positive Recent HIV test within last 12 months Patient unable to provide consent Patient refusal Follow-up for Positive Test Results If HIV test result is positive, please contact the HIV Service. A HIV Infectious Disease physician should be contacted for all post-test counselling and linkage to care. Call 604 875 4588. This service is available Monday-Friday 8am-5pm. Refer to physician FAQ on intranet for positive test algorithm. **Provincial Translation Services** Language is not a valid reason for inability to consent. To book an Interpreter call 604 675 4099 College ID Prescriber's Signature Printed Name VCH.VA.PPO.786 | SEPT.2011





PRESCRIBER'S ORDERS

NO DRUG WILL BE DISPENSED OR ADMINISTERED WITHOUT A COMPLETED CAUTION SHEET

ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)



July 27 2011

DATE AND TIME	HIV ROUTINE TESTING ADMISSION ORDERS
	(Items with check boxes must be selected to be ordered)
	ADMISSION INSTRUCTIONS: Required for all patients admitted to acute care units.
	PATIENT HAS CONSENTED TO HIV TEST
	Yes - HIV Antibody Test with next blood-work
	Section 100000 to the control of the
	☐ No - Select reason below to complete order
	If NO, state reason:
	☐ Known HIV Positive
	Recent HIV test within last 12 months
	Patient unable to provide consent
	Patient refusal
	Provincial Translation Services
	Language is not a valid reason for inability to consent.
	To book an Interpreter call 604 675 4099
	Follow-up for Positive Test Results
	See HIV Testing and Follow-up Guidelines on intranet
	For support in disclosing a positive test result, please contact an HIV experienced nurse. An HIV experienced nurse should be contacted for all post-test counseling and linkage to care.
	Contact HIV experienced nurse at local 34377 (or page 604 252 4377). This service is available Monday-Friday 8am-4pm.
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	Printed Name Signature College ID Pager