

OKLAHOMA DEPARTMENT OF CORRECTIONS

HCV End of Treatment Note

Allergies: _____

Problems: _____

Medications: _____

APRI _____ Fib-4 _____ Metavir _____ Child Pugh _____

Treatment Regimen: _____

Treatment Duration: _____

Was treatment completed: Yes No If "No" state reason: _____

HCV PCR RNA: _____

Has the inmate engaged in any high-risk behavior during HCV treatment? Yes No If "Yes" state: _____

Upon completion of HCV medications and the EOT note:

- Update the "Activity Housing Summary (IHAP)" and remove the Override CF (Restricted to current facility) in the VS section.
- Order HCV antibody with reflex RNA (CPL 4677) 12 weeks after completing HCV Medication and schedule on site provider 12-week post treatment follow up to complete the HCV note "HCV 12 Week Post Treatment - Assess for Sustained Virologic Response (SVR12)."

Health Care Provider Signature: _____ Date: _____

Inmate Name (Last, First) _____ DOC # _____