

Adult Infectious Diseases Clinic – Tuberculosis Diagnosis Form – (3)

Patient Initials _____ IDC Number _____ Date ____/____/____ TB number ____/____

| Transfer-in | | |
|---------------------------------------|--|---|
| Has this patient been transferred in? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, specify: Date of transfer: ____/____/____ Phase at transfer-in : <input type="checkbox"/> Diagnosis <input type="checkbox"/> Intensive phase 2 weeks <input type="checkbox"/> Intensive phase end <input type="checkbox"/> Intensive phase end extended <input type="checkbox"/> Continuation phase 5 months <input type="checkbox"/> Continuation phase end <input type="checkbox"/> Continuation phase end extended |
| | Comments: | |

| Diagnosis | | |
|----------------------------|---|--|
| Determine type of TB | <input type="checkbox"/> Pulmonary, smear positive | 1 sputum smear positive |
| | <input type="checkbox"/> Pulmonary, smear negative | 2 sputum smears negative AND: - sputum culture positive, OR - radiographic abnormalities consistent with active TB, OR - decision by a clinician to treat with a full course of anti-TB treatment |
| | <input type="checkbox"/> Extrapulmonary, Specify site: _____ | 1 specimen from an extrapulmonary site smear or culture positive OR Histological or strong clinical evidence consistent with active extrapulmonary TB OR Decision by a clinician to treat with a full course of anti-TB treatment |
| Determine type of patient: | <input type="checkbox"/> New | A patient who has never had treatment for TB or who has taken anti-TB drugs for less than 1 month |
| | <input type="checkbox"/> Relapse | A patient treated for TB within the past 5 years who has been declared cured or treatment completed, and is diagnosed with bacteriologically positive (smear or culture) TB |
| | <input type="checkbox"/> Treatment after failure | A patient who is started on a re-treatment regimen after having failed previous treatment Failure = smear positive five months or later after commencing treatment OR smear negative found smear positive at the end of 2 nd month |
| | <input type="checkbox"/> Treatment after default | A patient who returns to treatment, positive bacteriologically, following interruption of treatment for 8 or more consecutive weeks AND having received at least 4 wks of treatment |
| | <input type="checkbox"/> Other | Specify: |

| Treatment plan (according to 2007 NTLP and 2007 WHO guidelines) | | | |
|---|-----------------------------|-------------------------------|---|
| Type of patient | Treatment plan | Check | Alterations / comments |
| New | Category 1 | <input type="checkbox"/> | |
| Relapse | Category 2 | <input type="checkbox"/> | |
| Treatment after failure | Category 2 | <input type="checkbox"/> | |
| Treatment after default | Category 2 | <input type="checkbox"/> | |
| Other | Discuss with TB-coordinator | Done <input type="checkbox"/> | Regimen: Signature TB-coordinator: |

Category 1 regimen = 2 RHZE / 6 EH
 Category 2 regimen = 2 (RHZE)S / 1 RHZE / 5 HRE
 R=rifampicin H=isoniazid Z=pyrazinamide E=ethambutol S=streptomycin dosage: see NTLP or WHO guidelines

Please turn over for the treatment checklist

Name _____ Signature _____