

## Adult Infectious Diseases Clinic – Tuberculosis Treatment – Follow-up Form Continuation Phase – (6)

Patient Initials \_\_\_\_\_ IDC Number \_\_\_\_\_ TB number \_\_\_\_\_  
 Contacts: Tel No 1 \_\_\_\_\_ (\_\_\_\_\_, \_\_\_\_\_) Tel No 2 \_\_\_\_\_ (\_\_\_\_\_, \_\_\_\_\_)  
 Type of TB:  PTB smear positive  PTB smear negative  EPTB, site: \_\_\_\_\_  
 Category of treatment:  Category 1  Category 2 Date of TB Treatment Initiation \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Expected date of TB follow-up visit</b>	<b>5 months</b> (____/____/____)	<b>End of Treatment</b> (____/____/____)	<b>End of Extended Treatment Phase</b> (____/____/____)		
<b>Visit date</b>	____/____/____	____/____/____	____/____/____		
<b>Name of medical officer:</b>					
<b>Treatment Response</b>	Absent <input type="checkbox"/> Present <input type="checkbox"/>	Absent <input type="checkbox"/> Present <input type="checkbox"/>	Absent <input type="checkbox"/> Present <input type="checkbox"/>		
<b>Symptoms</b>					
Cough	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Excessive night sweats	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Weight Loss	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Anorexia	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
<b>Drug Side Effects</b>					
Joint Pains <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Peripheral neuropathy <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Skin rash <sup>4,5</sup>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Deafness <sup>4,6</sup>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Dizziness <sup>4,6</sup>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Jaundice <sup>4,7</sup>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Vomiting <sup>4,8</sup>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Difficulty with vision <sup>4,9</sup>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
<b>Signs</b>					
Pleural effusion	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>		
Temperature (°C)	<input type="checkbox"/> afebrile <input type="checkbox"/> _____	<input type="checkbox"/> afebrile <input type="checkbox"/> _____	<input type="checkbox"/> afebrile <input type="checkbox"/> _____		
Weight (kg)					
<b>Drug Adherence (%)</b> <sup>10</sup>					
<b>Treatment Regimen</b> <sup>11</sup>					
<b>Follow-up investigations</b> <sup>12</sup>					
Date of Investigation	____/____/____	____/____/____	____/____/____		
Sputum Smear <sup>13</sup>	<input type="checkbox"/> ZN <input type="checkbox"/> Auramine <input type="checkbox"/> Neg <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+	<input type="checkbox"/> ZN <input type="checkbox"/> Auramine <input type="checkbox"/> Neg <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+	<input type="checkbox"/> ZN <input type="checkbox"/> Auramine <input type="checkbox"/> Neg <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+		
Other Investigation	<input type="checkbox"/> X-ray <input type="checkbox"/> Ultrasound Improvement? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> _____ Improvement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Labs</b> <sup>14</sup>	<b>If baseline abnormalities (see Follow-up Form Intensive Phase)</b>				
	Date:	Date:	Date:	Date:	Date:
RFTs <sup>15</sup>	Creat: BUN:	Creat: BUN:	Creat: BUN:	Creat: BUN:	Creat: BUN:
LFTs <sup>7</sup>	AST: ALP: ALT: GGT: Other:	AST: ALP: ALT: GGT: Other:	AST: ALP: ALT: GGT: Other:	AST: ALP: ALT: GGT: Other:	AST: ALP: ALT: GGT: Other:

*Please turn over for comments and legend*

Is extended treatment indicated? <sup>1</sup>  No  Yes

Treatment outcome <sup>16</sup> : \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Adult Infectious Diseases Clinic – Tuberculosis Treatment – Follow-up Form Continuation Phase – (6)

Notes (please add date):

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### Legend:

1. End of treatment = 8 months.  
Extended end of treatment = 12 months in TB of CNS, bone, joint or miliary disease.
2. Frequent with PZA, treat with aspirin/NSAID
3. Usually due to INH, increase dose of pyridoxine to 100mg
4. Major side effect according to WHO and NTLF; consult with TB-coordinator
5. Mild rash: treat with antihistamines; petechiae: check for thrombocytopenia due to RIF, stop RIF; generalized erythematous rash with fever and/or mucous membrane involvement (Stevens- Johnson Syndrome): stop all drugs immediately. If severe TB: start 3 new TB drugs, when rash has subsided reintroduce drugs one by one.
6. Ototoxicity due to streptomycin. Stop SM.
7. Moderate=AST 5-10x upper limit of normal, severe= >10x. Stop TB drugs immediately if AST >5x upper limit of normal without symptoms, or >3x with symptoms, or with significant rise in bilirubin or AF. Check for hepatitis A/B/C. See SOP for guidelines on management and follow-up.
8. No absorption of drugs. Check for cause and treat.
9. Retrobulbar optic neuritis due to EMB, first sign is colour blindness. Immediately stop EMB.
10. Assess adherence to TB drugs using TB treatment card and pill counts. Record in percentages.
11. Record the current regimen (f.e. HERZ, EH), plus possible changes due to toxicity or hepatic/renal insufficiency.
12. The investigation that originally led to the diagnosis of TB is to be used for the assessment of treatment response. During continuation phase, repeat the sputum smears after 5 months and at the end of treatment. Repeat the chest X-ray in PTB smear negative cases with initial radiographic abnormalities at the end of intensive phase and at the end of treatment. Repeat the abdominal ultrasound in abdominal EPTB only at the end of treatment. If the diagnosis was made on the basis of other investigations, assessment of the outcome on clinical grounds may suffice. Discuss with TB coordinator.
13. If negative at 5 months: continue treatment. If positive: consider case as treatment failure, send for culture & sensitivity and restart treatment on category 2 regimen (if on category 1) or discuss with TB coordinator (if on category 2).
14. Order RFTs and LFTs in all patients at TB treatment initiation. Check these baseline results at the first follow-up visit. If abnormal, follow-up during the rest of the treatment is indicated. See SOP for guidelines on management and follow-up.
15. If new renal insufficiency with creatinine clearance <30ml/min: adjust dosage of ethambutol, pyrazinamide and streptomycin. Discuss with TB coordinator.
16. Determine treatment outcome:  

<u>Cure</u> =	sputum smear positive patient who is smear negative in the last month of treatment and on at least one previous occasion (only PTB smear positive patients)
<u>Completed</u> =	a patient who completed treatment but does not meet criteria of cure
<u>Failure</u> =	sputum smear positive patient who is sputum smear positive at 5 months or later, or a sputum smear negative patient who becomes smear positive at 2 months or later (only PTB smear positive patients).
<u>Default</u> =	patient whose treatment was interrupted for 2 consecutive months or more
<u>Died</u> =	patient who dies for any reason during the course of TB treatment
<u>Transfer out</u> =	patient transferred from one TB register to another TB register
<u>Self-transfer</u> =	patient who receives treatment from elsewhere without official transfer