

Appendix 31. Drug-o-gram

Name	Date of birth	Health center	Patient file number
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TREATMENT

Date	H	R	Z	E	Rfb	S	Km	Amk	Cm	Lfx/Mfx	Eto	Cs	PAS	Cfz	LZd	Amx-Clv	High dose H	Others	Date	Smears	Culture	Comments		

SUSCEPTIBILITY RESULTS

Date	H	R	Z	E	Rfb	S	Km	Amk	Cm	Ofx	Eto	Cs	PAS						Date	Weight/ BMI	CXR*	DO** rate	Comments		

* CXR: initial (I), improved (IM), no change (N), deteriorated (D).

** Drug observation rate.