

Appendix 25. Treatment card for patients on second-line anti-TB therapy

Name: _____ Registration number: _____ Registration date: _____

Date of birth (dd/mm/yyyy): _____ Age: _____ Sex: M F Size of household: _____ Number of children living at home: _____

Address: _____ Telephone: _____

Work place and address: _____

If homeless, usual locations: _____

Name and address of contact person: _____

Transfer in: Yes No If yes, specify transfer in site: _____

Disease site

Pulmonary Extrapulmonary Site (specify): _____

Registration group

New

Previously treated 1st line Failure Relapse TAI Other

Bacteriological status at baseline (at treatment initiation)

Bacteriologically confirmed TB case? Yes No

Confirmed MDR-TB Xpert/RIF+ Unconfirmed DR-TB

H (S) resistance HE (S) resistance R (S) resistance

Previously treated 2nd line Failure Relapse TAI Other

Bacteriological follow-up

| Month | Date | Smear | Culture | Comments |
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| Month | Date | Smear | Culture | Comments |
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| Month | Date | Smear | Culture | Comments |
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DST results

| Date | H | R | Z | E | S | Km | Amk | Cm | Fq | Eto | Cs | PAS | | Type of DST |
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| HIV information | | | |
|-------------------|------------------------------|-----------------------------|----------------------------------|
| HIV testing done: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Date of test: | Result: | | |
| Started on ART: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Date: | | | |
| Started on CPT: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Date: | | | |

Creatinine and potassium monitoring

| Month | Date | Cr | K+ | Comments |
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TSH monitoring

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SGOT monitoring

| Month | Date | SGOT | Comments |
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| Date treatment started (dd/mm/yyyy): | Date treatment stopped (dd/mm/yyyy): | Treatment outcome: | Cured <input type="checkbox"/> | Completed <input type="checkbox"/> | Failure <input type="checkbox"/> | Interruption <input type="checkbox"/> |
| | | | Death <input type="checkbox"/> | Not evaluated <input type="checkbox"/> | | |

| Month Drugs and dose | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Weight: | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Adherence %: |
| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Month Drugs and dose | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Weight: | | | | |
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| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |