



Ministry of Public Health and Sanitation

ADULT ICF / IPT CARD

Patient unique No..... Name

Date of birth/...../..... Age: Sex: Male Female Weight (Kgs).....

Physical Address Nearest landmark Contact telephone

Treatment supporters Name..... Treatment supporters cell phone number.....

TB Intensified Case Finding in Adults

Date	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-
1 Cough of any duration Y/N													
2 Fever Y/N													
3 Noticeable weight loss Y/N													
4 Night sweats Y/N													

(Key: Y-Yes; N – No)

If “Yes” to question 1, suspect TB. Do sputum examination and continue evaluation according to the TB diagnostic algorithm.

If “No” to question 1 and “Yes” to any other question; take a detailed history, examine the patient. Investigate appropriately for underlying condition, refer if necessary. Record your decision in the action table below

If “No” to all questions, Initiate workup for IPT and repeat screening on the subsequent visits.

Indicate the Action taken

Action taken/Date	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-
Sputum smear /Gene Xpert (Pos /Neg)													
Chest x-ray (Normal N /Suggestive S)													
Referral (Y/N)													
Start anti-TB (Y/N)													
Invitation of contacts (Y/N)													
Evaluated for IPT (Y/N)													

Isoniazid Preventive Therapy client work up

Ask for the following	
1. Yellow coloured urine Y/N	
2. Numbness/ burning sensation in the hands or feet Y/N	
Examine for the following	
1. Yellowness of eyes Y/N	
2. Tenderness in the upper right quadrant of the abdomen Y/N	
3. Liver function test results (if available)	ALT _____ AST _____
<i>If the client has any of the above history or examination findings, defer IPT: manage the underlying condition and review and re-evaluate on next visit</i>	
<i>If no to all the above initiate IPT and repeat evaluation on subsequent visit</i>	
Date started on IPT	___/___/___
Indication for IPT (Tick ✓)	
2	PLHIV (Y/N)
3	Prisoner

IPT Outcome (Tick✓)	
Event	Date
Completed	
Defaulted	
Discontinued*	
Died	
Transferred out	

*Reason for discontinuation	(Tick✓)
Adverse drug reaction	
Poor adherence	
Active TB disease	
others	

