



## PEDIATRIC ICF / IPT CARD

(TB ICF FOR CHILDREN < 15 YEARS)

Patient unique No..... Name of Child ..... Name of parent/ guardian .....

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

Physical Address ..... Nearest landmark ..... Contact telephone .....

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

Details of TB of smear positive TB contact: Address ..... District TB No.....

Date	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-	-/ /-
1 Cough of any duration Y/N														
2 Fever Y/N														
3 Weight loss or Poor weight gain Y/N														
4 Contact with a TB case Y/N														

(Key: Y-Yes; N – No)

If “Yes” to any of the above questions, suspect TB, examine the child and use the pediatric TB diagnostic algorithm to evaluate for active disease. Rule out other underlying conditions, refer if necessary. **Record** your action in the table below.

If “No” to all questions, Initiate workup for IPT and repeat screening at 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

<b>Ask for the following</b>	
1. Yellow coloured urine Y/N	
2. Numbness or tingling sensation, regression in motor milestones refusal to crawl, walk, or run Y/N	
<b>Examination findings</b>	
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 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	___/___/___
<b>Indication for IPT (Tick ✓)</b>	
1	Child under 5 years exposed to active SM +ve PTB
2	PLHIV (Y/N)
3	Prisoner

<b>IPT Outcome (Tick✓)</b>	
<b>Event</b>	<b>Date</b>
Completed	
Defaulted	
Discontinued*	
Died	
Transferred out	

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

