Adult Infectious Diseases Clinic – Tuberculosis Treatment – Follow-up Form Intensive Phase – (5)

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 **____/____/_____**

Expected date of TB follow-up visit	**2 weeks (____/___/_____)**		**End of Intensive Phase[1] (____/___/_____)**		**End of Extended Intensive[1] Phase (____/___/_____)**	
Visit date	____/___/_____		____/___/_____		____/___/_____	
Name of medical officer:						
Treatment Response	Absent	Present	Absent	Present	Absent	Present
Symptoms						
Cough	☐	☐_____	☐	☐_____	☐	☐_____
Excessive night sweats	☐	☐_____	☐	☐_____	☐	☐_____
Weight Loss	☐	☐_____	☐	☐_____	☐	☐_____
Anorexia	☐	☐_____	☐	☐_____	☐	☐_____
Other:	☐	☐_____	☐	☐_____	☐	☐_____
Drug Side Effects						
Joint Pains[2]	☐	☐_____	☐	☐_____	☐	☐_____
Peripheral neuropathy[3]	☐	☐_____	☐	☐_____	☐	☐_____
Skin rash[4,5]	☐	☐_____	☐	☐_____	☐	☐_____
Deafness[4,6]	☐	☐_____	☐	☐_____	☐	☐_____
Dizziness[4,6]	☐	☐_____	☐	☐_____	☐	☐_____
Jaundice[4,7]	☐	☐_____	☐	☐_____	☐	☐_____
Vomiting[4,8]	☐	☐_____	☐	☐_____	☐	☐_____
Difficulty with vision[4,9]	☐	☐_____	☐	☐_____	☐	☐_____
Other:	☐	☐_____	☐	☐_____	☐	☐_____
Signs						
Pleural effusion	☐	☐_____	☐	☐_____	☐	☐_____
Temperature (°C)	☐ afebrile	☐_____	☐ afebrile	☐_____	☐ afebrile	☐_____
Weight (kg)						
Drug Adherence[10] (%)						
Treatment Regimen[11]						
Follow-up investigations[12]						
Date of Investigation			____/___/_____		____/___/_____	
Sputum Smear			☐ ZN ☐ Auramine ☐ Neg ☐1+ ☐ 2+ ☐ 3 +		☐ ZN ☐ Auramine ☐ Neg ☐1+ ☐ 2+ ☐ 3 +	
X-ray			Improvement? ☐ Yes ☐ No Other:			

Labs[13]	**Baseline results**	**If baseline abnormalities**			
	Date:	Date:	Date:	Date:	Date:
RFTs[14]	Creat: BUN:	Creat: BUN:	Creat: BUN:	Creat: BUN:	Creat: BUN:
LFTs[7]	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

Does this patient need an extended intensive phase[15]? ☐ **No** ☐ **Yes**

Can this patient start continuation phase[15]?
☐ **Yes, continue on TB Continuation Phase Form**
☐ **No, restart treatment according to guidelines**
☐ **No, other treatment outcome: _____**

Name _____Signature _____Date ___/___/_____

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Notes *(please add date)*:

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Legend:

1. Intensive phase = 2 months (category 1 regimen), 3 months (category 2 regimen). Extended intensive phase = extension of 1 month if sputum is smear positive at end of regular intensive phase. See note 15.
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 NTLP; consult with TB-coordinator
5. Mild rash: treat with antihistamines; petechiae: check for trombocytopenia 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 ALP. 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. 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. 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.
14. If new renal insufficiency with creatinine clearance <30ml/min: adjust dosage of ethambutol, pyrazinamide and streptomycin. Discuss with TB coordinator.
15. First sputum evaluation at the end of intensive phase (category 1: 7 weeks, category 2: 11 weeks). If negative: start continuation phase. If positive and negative at treatment initiation: send for culture & sensitivity testing, consider case as treatment failure and restart treatment with category 2 regimen (if on category 1) or discuss with TB coordinator (if on category 2). If positive and positive at treatment initiation: counsel for adherence, extend intensive phase with 1 month, and redo sputum examination afterwards. If positive after extended intensive phase: send for culture & sensitivity, consider case as treatment failure and restart treatment with category 2 regimen (if on category 1) or discuss with TB coordinator (if on category 2).
    If the patient is transferred out, defaults, dies or stops treatment for any other reason during intensive phase, please tick the appropriate box and fill out this treatment outcome.