

Tuberculosis Treatment Card (Back page)

II. CONTINUATION PHASE- Prescribed regimen and drug dosages

Put tick mark in the appropriate box

CAT 1

CAT 2

Child

2FDC

3FDC

2FDC

R H

R H E

R H

Enter in the appropriate box to indicate the data when the drugs have been swallowed under direct observation: enter if swallowed but not supervised: enter when not taken

Month/Year	Day																															
	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	

Treatment outcome

Date of decision _____

Cured

Treatment completed

Died

Treatment failure

Lost to follow up (defaulted)

Transferred out

Not evaluated

Types of drug reaction (if any):

Remarks:

Signature of Medical Officer

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Directorate General of Health Services, Bangladesh
Treatment Card (Front page)

TB 01

Name : _____

Father's/ Husband's name: _____

Address (in full): _____

_____ Phone No.: _____

Name & Address of contact person: _____

_____ Occupation: _____

Phone No.: _____

Sex: M F Age : _____ BCG: no scar. Scar seen

Name & address of person providing DOT: _____

* Refd by:	Graduate PP	GFS	VD	Gov. Hospital	TB Patient	CHCP
	Non Graduate PP	NGFS/SS	CV	Private Hospital	Other specify	

H/O Previous Anti TB Treatment Yes / No; IF yes Duration: _____

H/o Contact : TB/DR-TB

I. INTENSIVE PHASE- Prescribed regimen and dosages

Frequency: Daily

Tick category and indicate number of tablets per dose and doses of S(gms) : IF Year

CAT 1 CAT 2 CHILD

4FDC 4FDC 3FDC

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	H	Z	E	R	H	Z	E	S	R	H	Z	E	S					

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* PP = Private Practitioner, GFS=Government field staff, NGFS = Non Govt. field staff, SS=Shastho Shebika, VD= Village Doctor, CV=Community volunteer, CHCP=Community Health Care Provider

**** Xpert result T=MTB detected Rif resistance not detected, RR=MTB detected, Rif resistance detected, TI=MTB detected, Rif resistance indeterminate, N=MTB not detected. I=invalid/ no result/ error

TB Registration No. :

Name & Address of Health Institution/ DOT Center:

Bacteriologically Confirmed		Clinically Diagnosed
Pulmonary	EP Site	Pulmonary Negative <input type="checkbox"/>
Smear positive <input type="checkbox"/>	Smear positive <input type="checkbox"/>	EP <input type="checkbox"/>
Xpert positive <input type="checkbox"/>	Xpert positive <input type="checkbox"/>	Site _____
Culture positive <input type="checkbox"/>	Culture positive <input type="checkbox"/>	

New <input type="checkbox"/>	Treatment History Unknown <input type="checkbox"/>
Previously treated <input type="checkbox"/>	Failure <input type="checkbox"/>
Relapse <input type="checkbox"/>	Transfer in <input type="checkbox"/>
Treatment after loss to follow up (default) <input type="checkbox"/>	Others <input type="checkbox"/> SM +VE <input type="checkbox"/> SM -VE <input type="checkbox"/> EP <input type="checkbox"/>

Month	Date	Result of sputum examination				Weight (kg)
		Smear	Smear	Lab No.	****Xpert result	
		1	2			
0						
2/3						
3/4						
5						
6/8						

TB/ HIV		
	Date	Result
HIV Test		
** CPT start		
*** ART start		
Others		

** CPT=Co-trimoxazole preventive Therapy, *** ART=Anti retro viral treatment