

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

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

TB 01

Name : _____

Father's/ Husband's name: _____

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

Occupation: _____ Phone No.: _____

Address (in full): _____

Name & Address of contact person: _____

_____ Phone No.: _____

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) :

CAT 1 CAT 2 CHILD

4FDC 4FDC 3FDC

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

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 IPT=Isoniazid preventive therap

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	

* 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

***** X-pert 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.:

e-TB Manager Registration No.:

Name & Address of Health Institution/ DOTS 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"/>
X-pert positive <input type="checkbox"/>	X-pert positive <input type="checkbox"/>	Site _____
Culture positive <input type="checkbox"/>	Culture positive <input type="checkbox"/>	

New <input type="checkbox"/>	Previously treated
Treatment History Unknown <input type="checkbox"/>	Relapse <input type="checkbox"/>
Transfer in <input type="checkbox"/>	Failure <input type="checkbox"/>
	Treatment after <input type="checkbox"/>
	Loss to follow up <input type="checkbox"/>
	Others <input type="checkbox"/>

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

TB HIV IPT		
	Date	Result
HIV Test		
** CPT start		
*** ART start		
**** IPT start		

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

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 (if any):

Signature of Medical Officer