नेपाल सरकार

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

औषधी प्रतिरोधी क्षयरोग उपचार व्यवस्थापन कार्ड

DR TUBERCULOSIS TREATMENT MANAGEMENT CARD

बिरामीको नाम:

स्वास्थ्य संस्थाको नाम:

जिल्ला: **नगरपालिका/गाउँ पालिका:** **वडा नं.:**

प्रयोग मिति: **आर्थिक वर्ष:** **देखि** **सम्म**

DRTB Reg. No:	**Registration Date:** dd/mm/yyyy		**Patient under CBDOT**		TB HIV Status	
Patient Name:	Age:	Sex	**1.Female**	**2. Male**	**Weight:**	Height: .... CM
Province	Districts:	M/RM:	Ward No Tole			
DOT/Provider:		Guardian's Name and Phone				

HIV Infection	Patients on	
1.Positive 2.Negative 3. Unknown	ART	CPT

No.of Household Member: .... | No.of <5 years children :......... | No.of HH members screened for TB:... | Co-morbidity:

Registraion Category: 1. New 2. Relapse 3.1 TAF*(New_FLD) 3.2 TAF(Retreatment_FLD) 3.3 TAF(Ret _Hr TB) 3.4 TAF (2nd line) 4. TALF 5. OPT*** 6. UPTH*****

Type: 1. RR/MDR (SSTR) 2. RR/ MDR (LTR) 3. Pre- XDR 4. XDR | **Site of TB: Pulmonary** | | **EP(Specify...)**

DST Result	H	R	Z	E	Mfx	Mfxh	Lfx	Bdq	Lzd	Cs	cfz	AM	Eto	Dlm			
Base line Result/Date																	
Follow up Date																	
Follow up Date																	

Type	RR/MDR (SSTR)						RR/ MDR (LTR)						Pre- XDR						XDR					
Month	Sputum Microscopy			Culture			Sputum Microscopy			Culture			Sputum Microscopy			Culture			Sputum Microscopy			Culture		
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month	Lab No	date	Result	Lab No	date	Result	Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month							Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month							Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month							Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month							Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month							Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result
Month							Lab No	date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No.	Date	Result	Lab No	Date	Result	Lab No	Date	Result

Outcome: 1.cured 2. Completed 3. Failed 4. Died 5. Loss to follow-up 6 Not Evaluated | **Date:**

H=Isoniazid, R=Rifampicin, Z=Pyrazinamide, E=Ethambutol, Mfx=Moxifloxacin, CM=Capreomycin, Lfx=Levofloxacin, Eto=Ethionamide, Cfz=Clofazimine, Lzd= Linezolide, CS=Cycloserine, Del=Delamanid, Bdq=Bedaquiline, AM=Amikacin

After Treatment Completion follow-up

6 Month	Lab No/date	SR	12 Month	Lab No/date	SR	18 Month	Lab No/date	SR	24 Month	Lab No/date	SR

*TAF = Treatment After Failure **TALF= Treatment After Loss to follow up ***OPT =Other Perviously Treatmentfollowup ****UPTH = Unknown Previous TB Treatment History

जाती कोडः १ दलित, २ जनजाती, ३ मधेशी, ४ मुस्लीम, ५ ब्राहमण/क्षेत्री, ६अन्य

परिमार्जित: आ.व.२०७८/७९ *छपाई: आ.व.२०७८/७९*

DOT Compliance

Month/DAY	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	26	28	29	30	31	32	Weight in (KG)	Adverse Side Effect	
Month																																		Yes	No
Month																																		Yes	No
Month																																		Yes	No
Month																																		Yes	No
Month																																		Yes	No
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TREATMENT REGIMEN .....with dosages (mg or gm)

Months	Lfx	Bdq	Lnz	Mfx	Cfz	Cs	Dlm	Am	Amx-Clv	E	Eto	Imp-Cln	H	PAS	Z	Other
Month																
Month																
Month																
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Month																

Month	Lfx	Bdq	Lnz	Mfx	Cfz	Cs	Dlm	Am	Amx-Clv	E	Eto	Imp-Cln	H	PAS	Z	Other
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DOT Compliance *(Fill only in cases of Patients Shifted for Next Regimen)*

Month/DAY	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	26	28	29	30	31	32	Weight in (KG)	Adverse Side Effect	
Month																																		Yes	No
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Month	Lfx	Bdq	Lnz	Mfx	Cfz	Cs	Dlm	Am	Amx-Clv	E	Eto	Imp-Cln	H	PAS	Z	Other
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Section on ABC Smoking Cessation

At start of TB treatment then at follow-up examination visit:

Month of Treatment	Date	Ask				Brief advice given to patient (30 seconds-1 minute)		Cessation support provided to patient (1-3 minutes)	
		Do you smoke?* Yes / No			Does anyone smoke inside your home? Yes / No 1 = yes 2 = no	Yes / No 1 = yes 2 = no	*Comments*	Yes / No 1 = Yes 2 = No	*Comments*
			If Yes						
	DD/MM/YY	No	Have you smoked at all—even a puff—in the last 2 weeks?	How soon after you wake do you usually have your first cigarette? 1 = <30 min or 2 = >30 min					
Months			S		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	
Months			S R Q		1 2	1 2		1 2	

***Definitions for status of smoking**

S = current smoker: has smoked in the last 2 weeks before the visit and has not made any quit attempt since the last visit (quit attempt = patient tried to quit and succeeded for at least 24 hours).

R = relapsed smoker: has smoked in the last 2 weeks before the visit but has made at least one quit attempt of at least 24 hours since the last visit.

Q = quitter: has not smoked at all in the last 2 weeks before the visit, not even a puff

Investigations and Result

Investigations	Base line	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months
CBC .	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Blood Glucose	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
ECG	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
LFT	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
RFT	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Uric Acid	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Hep B	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Hep C	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Audiometry	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Peripherial Neuropathy	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Visual Acuity	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Pregnancy	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Xray	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Other	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Other	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Other	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result	Result
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date

Follow-up of Side-Effect															
Side Effect	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months	F/U Months
Nausea/Vomiting	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Diarrhoea	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Arthralgia	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Dizziness/ Vertigo	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Hearing Disturbances	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Vision Problem	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Signs of Hypothyroidism	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Minor mood changes or insomnia	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Depression	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Suicidal thoughts	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Hallucinations/ Psychosis	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Urine Output	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Itchy skin	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Jaundice	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Seizures	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Anaemia	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Others	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
others	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
others	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
others	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Note: Based on the Side Effect Identified please fill the aDSM form (HMIS 6.10)

Signed at Treatment Center	Signed at Treatment Sub-Center
Patient commitment I am aware that in order to be cured of this form of tuberculosis, I need to take anti-TB drugs daily till the end of my treatment. If I do not take these drugs daily, I am putting my own health at risk as well as the health of family and community members. I commit to taking these drugs at this health center (sub-center) till the end of my treatment. If I decide to leave this treatment, I understand the risk and consequences of this disease. Name: Address: Date: Signature:	**Sub-centre DR-TB focal person commitment** I have explained the importance of taking these drugs and potential difficulties during treatment. I will do my best to support him/her in completing a full course of treatment and getting cured. I also commit to ensuring proper documentation and reporting as per NTP guidelines Name: Address: Date: Signature:
Treatment center DR-TB focal person commitment I have explained the importance of taking these drugs and potential difficulties during treatment. I will do my best to support him/her in completing a full course of treatment and ensuring cure/completion. I also commit to ensuring proper documentation and reporting as per NTP guidelines Name: Address: Date: Signature:	**Treatment provider Commitment** I commit to supporting his/her in completing a full course of treatment. I will encourage him/her to comply with the treatment and commit to informing the treatment sub-center if I know that s/he has stopped taking drugs. Name: Address: Date: Signature: