

DR-TB Patient Treatment Log Book

Patio	nt	Na	me:
ı au	711L	119	IIIC.

Patient Reg. No.:

VERSION 2020



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DR-TB TREATMENT OUTCOME		
<u>Outcome</u>	Mark one	Date of outcome
Cured		
Treatment Complete		
Died		
Treatment Failed		
Lost to follow up		
Transferred out		

Outcome	Definition
Cured	Treatment completed as recommended by the national policy without evidence of failure AND three or more consecutive cultures taken at least 30 days apart are negative after the intensive phase
Treatment Complete	Treatment completed as recommended by the national policy without evidence of failure BUT no record that three or more consecutive cultures taken at least 30 days apart are negative after the intensive phase.
Died	A DR TB patient who dies for any reason before starting or during the course of treatment.
Treatment Failed	Treatment terminated or need for permanent regimen change of at least two anti-TB drugs because of: - lack of conversionb by the end of the intensive phasea, or - bacteriological reversionb in the continuation phase after conversionb to negative, or - evidence of additional acquired resistance to fluoroquinolones or second-line injectable drugs, or - adverse drug reactions (ADRs)
Lost to follow up	A TB patient who started treatment and interrupted for 2 consecutive months or more

CONTACTS SCREENING

Contacts are defined as persons living in the same household, or spending many hours together in the same indoor living space. Screen the contacts for TB symptoms and obtain a chest X-Ray at baseline. Close contacts of DR TB are at high risk of DR TB. Close contacts with TB should be treated as DR TB. Refer to the DR TB guidelines.

Screen contacts for symptoms every 0 months(at time of diagnosis of the index case), 3 months, 6 months, 18 months, 18 months and 24months. If a contact is found to have TB symptoms, obtain a chest X-Ray, genexpert FL LPA, SL LPA, and culture and DST. (Document this in the clinical notes section)

						Date_/_/		Date//	Date//	Date//	Date/_/	Date_/_/	Date_/_/	Date//
No.	Name	Age	Sex	Mobile No.	Are there TB symptoms? (Y/N)	CXR	GeneXpert Results	Are there TB symptoms? (Y/N)	Outcome (TB/ No TB)					
	,					1. Normal 2. Abnormal (Suggestiveof CXR Key 3. Abnormal Others 4. Not done TB)			•	,	•	•	•	•

DR TB (CATEGORY IV) TREATMENT CARD

County:					
Sub-County:					
Health facility Name:					
Patient Name:					
Model of care(Community/Facilit	y/Isolation):				
DR TB serial Number:					
Date of Registration:					
Sub-County DR TB Registration N	umber:				
Phone number:	NHIF Reg No.	ID NO/Nemis No.			
Occupation:	-				
Place of Residence:					
Nearest Landmark e.g school/ ch	urch/ mosque:				
Sex: Male Fem	nale 🗍				
Age: Date of Birth: _					
	Height (cm):	BMI/ BMI for Age/ Z score:			
Treatment Supporter					
Name:					
Mobile Number:					
Physical Address:					
Medical History					
Condition		Current Medication			
Diabetes mellitus					
Renal Disease					
Liver Disease					
Convulsions, epilepsy					
Cardiovascular disease					
Psychiatric history					
Severe malnutrition					
Cancer					
Asthma/COPD					
Covid-19					
Other					
Other medications used					
	Pulmomary				
	Extrapulmonary				
Type of TB	Both				
	If Extrapulmonary, speci	fy Sub type:			
Indicate Anti-TB		Remarks/Co	omments		
Isoniazid	П				
Rifampicin		1			
Ethambutol	П	1			
Pyrazinamide		1			
Streptomycin	П	1			
	l	<u> </u>			

	Registration Group	Select only one
1	New patient	
2	Relapse	
3	Return after loss to follow up	
4	After failure of 1st Line (FFT)	
5	After failure of retreatment	
6	Transfer In	
7	Others (previously treated without known outcome status)	

Previous Tu	Previous Tuberculosis Treatment episodes					
Number of episodes	Start date (if unknown, put year)	Health Facility	Remarks			

HIV Information

THY IIIO Mation				
HIV Testing done: YES NO				
Date of Test:/ Result:	s: Pos Neg			
If positive, on ART: YES NO	Pate started://			
ART Regimen ——				
CD4 count: Viral Lo	ad:			
Patient CCC Number:				
On CPT: YES/ NO Date	started://			
Previously on TPT: YES/ NO				
Key:ART- Antirotroviral therapy CPT= Cotrimoxazole preventive therapy TPT (TB Therapy) Preventive				
Comorbidities and Risk factors Tick as applicable				
smoking				
Alcoholism				
drug and substance Use including her	drug and substance Use including herbal medicines			
Pregnancy				
Malnutrition				
Others (Specify)				
Presenting complains	Tick as app	licable		
Cough				
Fever				
Shortness of breath				
Night sweats				
Weight loss/poor weight gain/Failure to thrive				
Chest pain				
Others (Specify)	•			

Used 2nd Line TB M	Nedicines: YES NO Don't Kn	OW				
If yes, tick as applie	125 116	OW				
BDQ	Bedaquiline					
Am	Amikacin					
Km	Kanamycin					
Cm	Capreomycin					
Cfx						
-	Ciprofloxacin					
Lfx	Levofloxacin					
Mfx	Moxifloxacin					
Pto	Prothionamide					
Eto	Ethionamide					
Cs	Cycloserine	Cycloserine				
PAS	Para Aminosalicilic Acid					
Cfz	Clofazimine					
Lzd	Linezolid	Linezolid				
DLM	Delamanid					
Aug	Augmentin					
Imp/ Cil	Imipenem/ Cilastatin					
INHh	High dose Isoniazid					

Obs/ Gyn history	
Last mensturation date//	(dd/mm/yy)
Gravidity	Parity
Contraceptive use: YES	SpecifyNO
Social history	
Currently smoking	packs/ day, for
Currently drinking alcohol: drinks/day	years
Currently using addictive drugs: (specify)	
Employment status	Marital status
Unemployed	Married
Retired	Single
Student	Divorced
Occupation (specify)	Separated
	Widow(er)

Vital Signs	Functional status:
BP/	Able to conduct normal activity, No special care needed
Pulse rate/ min	Unable to conduct normal activity, Some assistance needed
Temp oC	Unable to care for self, requires hospitalization
Resp. rate/ min	
SpO2(%)	

	Systemic examination
(Fill in the findings on syste	mic examination below as either normal or abnormal)
Lymph nodes	
Cardiovascular system	
Respiratory system	
Abdomen	
Skin	
Urogenital system	
Musculoskeletal exam	
Neurological exam	
Other	

Baseline la	ab test results	
Test	Date	Results
Creatinine		
Bilirubin		
AST		
ALT		
Potassium		
Full haemogram		
TSH		
Pregnancy test		
Magnessium		
RBS		
Albumin		
CD4		
Viral Load		
Other B	aseline tests	
Test	Date	Results
ECG (QTCF)		
Audiometry(Normal/Abnor	mal)	
page 3)		
Visu	al testing	
Ishihara test	_	
Snellen's test		

ANTHROPROMETRIC MEASUREMENTS

	-					
Month No.	Date*	Weight (kg)	Height (m)	Z score(0-59Months)	Nutrition Support	Comments
Baseline						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

Nutrition support	code
Nutritional Counselling	NC
Therapeutic feeds	RUTF
Supplementary Feeds	FBF
Vitamin A	
Pyridoxine	
Not Done	ND

ADHERENCE COUNSELING CHECKLIST

Questions	Baseline	Day 14	Day 28	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20
Date																						
Agreement between HCW and patient	****Tick appropria	ately****																				
Is the patient willing to receive DOTs?																						
Does the patient fully understand the duration of treatment?																						
Does the patients understand that the health care worker will retain confidentiality?																						
Does the patient understand the consequences of stopping/refusing treatment to themselves?																						
Does the patient understand the consequences of stopping/refusing treatment to their close contacts and general public?																						
Does the patient understand they can be put under involuntary isolation as a consequence of stopping/refusing treatment?																						
If the patient stopped/refused TB treatment in the past, what will he/ she do differently this time in order to complete treatment?																						
Arrange with the patient	,														ı	ı						
Does the patient understand the need to organise his/her priorities in order to better cope with changes and interruptions in social life?																						
Does the patient have a treatment supporter (caregiver or family member) that would participate in the sessions and help in treatment management?																						
Does the patient have a daily schedule and treatment plan for DOT?																						
Health care workers responsibility		•	•	•	•		•	•	•				•	•			•	•				
Have you assisted the patient to evaluate the factors likely to interfere in the treatment and their solutions?																						
Will you be available for the patient to express his emotions and other psychological reactions?																						
Will you assist the patient to anticipate causes of treatment interruption and identify strategies to overcome them?																						
Have you applied the PHQ9 form to the patient?																						
If mental or substance abuse history, have you refered to appropriate care providers?																						

CONSENT FORM

Level	Information provided	Agree	ement
20.01			No
	Is the patient willing to receive DOTs?	Yes	No
	Does the patient fully understand the duration of treatment?	Yes	No
Agree between	Does the patients understand that the health care worker will maintain confidentiality?	Yes	No
HCW and patient	Does the patient understand the consequences of Stopping/ refusing treatmentto himself/herself?	Yes	No
	Does the patient understand the consequences of Stopping/refusing treatmentto their close contacts and general public?	Yes	No
	Does the patient understand that one of the consequences of Stopping/ refusing treatment is involuntary isolation for the duration of treatment?	Yes	No
	Does the patient understand the need to organize his/her priorities in order to better cope with changes and interruptions in social life	Yes	No
Arrange with the patient	Does the patient have a treatment supporter (caregiver or family member) that will participate in the education/ counselling sessions and help in treatment management	Yes	No
	Does the patient have daily schedule for taking his medication and treatment plan for DOT	Yes	No
	Have you helped the patient to evaluate the factors likely to interfere in the treatment and their solutions?	Yes	No
	Will you be available for the patient to express his emotions and other psychological reactions?	Yes	No
	Will you assist the patient to anticipate barriers to implementing treatment plan and identify strategies to overcome them?	Yes	No
	Have you applied the PHQ9 and CAGE form to the patient?	Yes	No
Health care workers responsibility			
	Is there is history of mental illness or substance abuse? (If yes, refer to appropriate care providers)	Yes	No

understanding for DR TB Treatment	
I (patient identified to have DR TB/Guardian)	
And (who is the Next of kin/Teachment supported)	
have been explained about DR-TB, the medicines to be used and associated adverse/side effects, the need to complete treatment and the duration of treatment.	
We also understand the consequences of stopping/refusing treatment to self, close contacts and general public.	
We have agreed that the patient will be started on DR TB treatment and we undertake to ensure that the patient will presthemselves to the health facility (or allow a health worker to visit them daily) for the stipulated treatment period as advised by the health care worker. We also undertake to ensure that the patient do interrupt treatment under any circumstances. In case of interruption of treatment, we understand the applicable consequences, including involuntary isolation treatment for the patient in a health facility.	
Sign:	
Patient/GuardianNext of	
Kin	
Date	
Phone No: Phone No:	
Witness (Health care worker):	
Name :	
Sign: Date:	
Phone No:	
Facility official stamp	
Reviewed	
Subcounty TB Leprosy Coordinator NameSign:Sign:	
Date	
Phone No:	

				1st and	d 2nd line	Culture D	ST results (P	henotypic)							1st and 2nd	d line LPA [OST Resu	lts (Genot	ypic)	
Da	ate*	S	Н	R	E	Z	Km	Am	Cm	Fq	Pto/ Eto	Other		Н	R	Km	Am	Cm	Fq	Other
							Follow	up Smear	Microsco	py results					F	ollow up C	ulture re	sults		
GENEXPER	RT Results (t	ick where app	licable)		Month		m smear mic		Month	Sputu	m smear mi	croscopy	Month		Culture		Month		Culture	
мтв	DETECTED				No.	Date	Sample No.	Result	No.	Date	Sample No.	Result	No.	Date	Sample No.	Result	No.	Date	Sample No.	Result
2	NOT DETEC	CTED			0				13				0				13			
RIF	RESISTANT								13				Ľ				13			
	SENSITIVE				1				14				1				14			
					_															
					2				15				2				15			
	Not	ation method f	or DST																	
R- Resista	nce				3				16				3				16			
S= Suscep	tible																			
Nota	ation meth	nod for reco	rding Micr	oscopy	4				17				4				17			
	No AFB se	en		0																
			Scanti	(Report	5				40				_				40			
'-	9 AFB per 1	OU HPF		of AFB)	5				18				5				18			
									_											
10-	99 AFB per	100 HPF		+	6				19				6				19			
	1- 10 AFB pe	er HPF	-	++	-														+	
	>10 AFB per	r HPF	+	++	7				20				7				20			
					8				21				8				21			
N	otation me	thod for rec	ording cult	ures	9				22				9			1	22			
Growth				G	-			-						-				1		
Na Canada				١G	10				23				10				23			
No Growti	n rculous myco	bacteria	Г	10									1	 				1	+	
	ut no growth		NG	(NTM)	11				24				11				24			
Contamin	ated																			
				С	12								12							
					I															

							L/	ABOR	ATOR	Y ANI	CLIN	ICAL F	OLLO	W UP							
									,	RESU	LTS		<u> </u>								
	TESTS:		Full hea	amogram		Bilirubin	AST	ALT	Serum			Potassium	HIV Test	CD4 Count	Viral load	TSH	Pregnancy	ECG (QT	Visual test	RBS	Other
	IESIS.	RBC	WBC	Platelets	НВ	Billiubili	ASI	ALI	Albumin	Creatimine	Wagnesium	Polassium		CD4 Count	Viral loau	ЮП	test	interval)	Visual lest	KDS	(specify)
Month of Treatment	Date																				
Baseline (Month 0)																					
																	-				
																					-
											-										
																					-
]																				

		AUI	DIOMETI	RY FOLLO	W UP TO	OOL (if pa	tient is or	n Aminogl	ycosides)	
Month	Date	FREQUENCY (dbl)	500	1,000	2,000	3,000	4,000	6,000	8,000	Comments
		Right								
0		Left								
		Right								
1		Left								
		Right								
2		Left								
		Right								
3		Left								
		Right								
4		Left								
		Right								
5		Left								
		Right								
6		Left								
		Right								
7		Left								
		Right								
8		Left								
		Right								
9		Left								
		Right								
10		Left								
		Right								
11		Left								
						-				
12		Right								
14		Left								

DR-TB REGIMEN MODIFICATION

Drug	Date treatment started	Initial Dosage	Date of Dose adjustement	Adjusted Dose	Reason for adjusting dosage	Date drug was substituted	Reason for drug substitution
Bedaquiline (Bdq)							
Levofloxacin (Lfx)							
Moxifloxacin (Mfx)							
Linezolid (Lzd)							
Clofazimine (Cfz)							
Cycloserine (Cs)							
Delamanid (Dlm)							
Isoniazid (Inh)							
Rifampicin (Rif)							
Ethambutol (Emb)							
Pyrazinamide (Pza)							
High Dose Isniazid (Hh)							
Prothionamide (Pto)							
Ethionamide (Eto)							
Para-Aminosalicylic Acid (PAS)							
Kanamycin (Km)							
Amikacin (Amk)							
Capreomycin (Cm)							
Imipinem (Imp)							
Amoxy-Clavulanic Acid (Amx/Clav)							
Indicate type of contraception (for females)							

Month																																	Reason for missed drug
				1	_	1	_	_		1 4	0 1	4 .	12	12	1.4	15	1.0	17	10	10	20	21	22	22	24	25	20	27	20	20	20		missea arug
Date:	1	2	3	3 4	5) (5 7	/	3 9	1	0 1	1 .	12 1	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Bedaquiline (Bdq)																																	
Levofloxacin (Lfx)																																	
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Pyrazinamide (Pza)														Ī																			
High Dose Isniazid (Hh)														Ī																			
Prothionamide (Pto)																																	
Ethionamide (Eto)														Ī																			
Para-Aminosalicylic Acid (PAS)																																	
Kanamycin (Km)																																	
Amikacin (Amk)														ĺ																			
Capreomycin (Cm)														Î																			
Imipinem (Imp)														Ì																			
Amoxy-Clavulanic Acid (Amx/Clav)																																	
Mark in the boxes		()	Dai	ly Ob	serv	ed		7	Со	mme	nts:																					
		1	V	Not	Sup	ervis	ed																										
			X	Drug not taken																													

														N	lonth		/Y	ear		_													Enter code fro	om key below
	Date:	1	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	Management	Outcome
	Side Effect																																	
1	Nausea																																	
2	Vomiting																																	
3	Abdominal pain																																	
4	Palpitation																																	
5	Diarrhea																																	
6	Headache																																	
7	Fatigue																																	
8	Dizziness																																	
	Fever																																	
	Jaundice																																	
	Vision changes	ges																																
	Oedema																																	
	Joint pain																																	
	Rash	ion of skin and																																
	Discoloration of skin and mucus membrane																																	
16	Depression																																	
17	Psychosis																																	
18	Constipation																																	
19	Decreased hearing																																	
20	Tinnitus																																	
21	Tremors																																	
	Others (list)																																	
22																																		
23																																		
24							Ì	İ	İ	Ì	Ì																							
Side	effect grading																			Mana	geme	nt				Outco	me							

Grade 0 - No side effect.

Grade 1 - Mild symptoms that don't interrupt normal functioing but requiring reassurance.

Grade 2 - Moderate symptoms causing greater than some interfernce in normal functioning. Requires monitoring and reassurance.

Grade 3 - Severe symptoms causing limitation in normal functioning. Requires clinical intervention including regimen modification.

Grade 4 - Potentially life threatening symptoms causing inability to perform. Requires hospitalisation for management.

- 1 Drug withdrawn
- 2 Dose reduced
- 3 Dose not changed
- 4 Patient reassured
- 5 Patient hospitalized
- 1 Recovering/Resolving
- 2 Recovered/Resolved
- Requires prolonged hospitalization
- Causes congenital anomaly
- Permanent disability/morbidity Not resolved
- 6 Unknown

Month:																																Reason for missed drug
Date:	1	2	3	4	. 5	5 (6 7	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	
Bedaquiline (Bdq)																																
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Capreomycin (Cm)																																
mipinem (Imp)								1																								
Amoxy-Clavulanic Acid (Amx/Clav)																																

Mark in the boxes	0	Daily Observed	Comments:
	N	Not Supervised	
	Х	Drug not taken	

														N	/lonth		/Y	ear _		_													Enter code fr	om key below
	Date:	1	2	3	4	5	6	7	8	9	10	1	1 12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Management	Outcome
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	Constipation												İ		Ì																			
19	Decreased hearing												İ		Ì																			
_	Tinnitus																																	
21	Tremors																																	
	Others (list)																																	
22																																		
23		1			1						1	1	1		1																			
24			\top										1		1																			
	effect grading	_1						1	l	1	1	1	-1	1		l				Mana	igeme	nt				Outco	me							

Grade 0 - No side effect.

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Kanamycin (Km)																																
Amikacin (Amk)																																
Capreomycin (Cm)																																
mipinem (Imp)																																
Amoxy-Clavulanic Acid (Amx/Clav)																																

Mark in the boxes	0	Daily Observed	Comments:
	N	Not Supervised	
	Х	Drug not taken	

														N	lonth		/Y	ear		_													Enter code fr	om key below
	Date:	1	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	Management	Outcome
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	Oedema																																	
	Joint pain																																	
	Rash																																	
	Discoloration of skin and mucus membrane																																	
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18	Constipation																																	
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20	Tinnitus																																	
21	Tremors																				j					j								
	Others (list)																				j					j								
22																																		
23										İ	Ì																							
24																																		
Side	effect grading		1				1	1				1		1	1	1				Mana	geme	nt				Outco	me		1					

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2 Recovered/Resolved

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Causes congenital anomaly Permanent disability/morbidity

Not resolved

6 Unknown

Month	:																															Reason for missed drug
Date	: 1	2	3	4	1 5	5	6	7 8	9	10	11	12	2 13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Mark in the boxes	0	Daily Observed	Comments:
	N	Not Supervised	
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														N	/lonth		/Y	ear _		_													Enter code fr	om key below
	Date:	1	2	3	4	5	6	7	8	9	10	1	1 12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Management	Outcome
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Month:																									, ,							missed drug
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														N	/lonth		/Y	ear _		_													Enter code fr	om key below
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Amoxy-Clavulanic Acid (Amx/Clav)																																

Mark in the boxes	0	Daily Observed	Comments:
	N	Not Supervised	
	Х	Drug not taken	

														N	/lonth		/Y	ear _		_													Enter code fr	om key below
	Date:	1	2	3	4	5	6	7	8	9	10	1	1 12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Management	Outcome
	Side Effect																																	
1	Nausea																																	
2	Vomiting																																	
3	Abdominal pain																																	
4	Palpitation																																	
5	Diarrhea																																	
6	Headache																																	
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11	Vision changes																																	
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14	Rash																																	
	Discoloration of skin and mucus membrane																																	
16	Depression																																	
17	Psychosis																																	
	Constipation												İ		Ì																			
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_	Tinnitus																																	
21	Tremors																																	
	Others (list)																																	
22																																		
23					1						1	1	1		1																			
24			\top										1		1																			
	effect grading	_1						1	l	1	1	1	-1	1		l				Mana	igeme	nt				Outco	me							

Grade 0 - No side effect.

Grade 1 - Mild symptoms that don't interrupt normal functioing but requiring reassurance.

Grade 2 - Moderate symptoms causing greater than some interfernce in normal functioning. Requires monitoring and reassurance.

Grade 3 - Severe symptoms causing limitation in normal functioning. Requires clinical intervention including regimen modification.

Grade 4 - Potentially life threatening symptoms causing inability to perform. Requires hospitalisation for management.

- 1 Drug withdrawn
- 2 Dose reduced
- 3 Dose not changed
- 4 Patient reassured
- 5 Patient hospitalized

- 2 Recovered/Resolved
- Requires prolonged hospitalization
- Causes congenital anomaly
- Permanent disability/morbidity
- Not resolved
- 6 Unknown

Month																																Reason for missed drug
Date	: 1	2	3	4	. 5	5	6	7 8	3 9	9 1	0 1	1 1	2 13	3 14	1 15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Levofloxacin (Lfx)																														•		
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	N	Not Supervised	-	
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CLINICAL NOTES	CLINICAL NOTES

MONTHLY DR TB CLINICAL REVIEW TEAM CHECKLIST

- 1. To be filled by the chair of the review team
- 2. Confirm and put a tick against each variable carried out

		Baseline	Month 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	Date																									
2	Record age in years																									
3	Record weight at current visit																									
4	Record BMI at current visit																									
5	Nutrition support given Y/N																									
6	Record follow up tests reviewed at visit depending on month of treatment (audiometry, hgm, LFTs, UECs, CXR, LFTs, CD4, repeat																									
7	Blood drawn for Lancet Labs Y/N																									
8	Screen for clinical symptoms of common ADRs, seizures, peripheral neuropathy, hearing impairment, psychotic symptoms, hypo thyroidism, nausea, vomiting, gastritis, hepatitis, renal failure, electrolyte imbalance, optic neuritis, arthralgias Y/N																									
9	ADR forms filled and reported to county pharmacist Y/	N																								
10	Drug adjustments made Y/N																									
11	Record reasons for drug adjustment e.g. weight gain, weight loss, ADR																									
12	Record date drugs adjusted																									
13	Record results of latest monthly smear microscopy																									
14	Record results of latest monthly culture																									
15	Where applicable, any ART adjustments made to dosa	ge? Y/N																								
16	Record date adjustment made																									
17	Record reason for ART adjustments e.g. ADR, ART resistance e.t.c																									
18	Patients received monthly support Y/N																									
19	Has the patient been enrolled with NHIF?																									
20	Where applicable DOTS nurse received monthly transport support Y/N																									
	DR TB Tx Counselling done? Y/N																									







