

Adult Infectious Diseases Clinic Tuberculosis Diagnosis Form

Patient Initials _____ IDC Number _____ Date ____/____/____

Diagnosis		
Determine type of TB	<input type="checkbox"/> Pulmonary, smear positive	1 sputum smear positive
	<input type="checkbox"/> Pulmonary, smear negative	2 sputum smears negative AND: - sputum culture positive, OR - radiographic abnormalities consistent with active TB, OR - decision by a clinician to treat with a full course of anti-TB treatment
	<input type="checkbox"/> Extrapulmonary, Specify site: _____	1 specimen from an extrapulmonary site smear or culture positive OR Histological or strong clinical evidence consistent with active extrapulmonary TB OR Decision by a clinician to treat with a full course of anti-TB treatment
Determine type of patient:	<input type="checkbox"/> New	A patient who has never had treatment for TB or who has taken anti-TB drugs for less than 1 month
	<input type="checkbox"/> Relapse	A patient treated for TB within the past 5 years who has been declared cured or treatment completed, and is diagnosed with bacteriologically positive (smear or culture) TB
	<input type="checkbox"/> Treatment after failure	A patient who is started on a re-treatment regimen after having failed previous treatment Failure = smear positive five months or later after commencing treatment OR smear negative found smear positive at the end of 2 nd month
	<input type="checkbox"/> Treatment after default	A patient who returns to treatment, positive bacteriologically, following interruption of treatment for 8 or more consecutive weeks AND having received at least 4 wks of treatment
	<input type="checkbox"/> Other	Specify:

Treatment plan (according to 2007 NTLP and 2007 WHO guidelines)			
Type of patient	Treatment plan	Check	Alterations / comments
New	Category 1	<input type="checkbox"/>	
Relapse	Category 2	<input type="checkbox"/>	
Treatment after failure	Category 2	<input type="checkbox"/>	
Treatment after default	Category 2	<input type="checkbox"/>	
Other	Discuss with TB-coordinator	Done <input type="checkbox"/>	Regimen: Signature TB-coordinator:

Category 1 regimen = 2 RHZE / 6 EH
 Category 2 regimen = 2 (RHZE)S / 1 RHZE / 5 HRE
 R=rifampicin H=isoniazid Z=pyrazinamide E=ethambutol S=streptomycin dosage: see NTLP or WHO guidelines

Please turn over for the treatment checklist

Name _____ Signature _____