

Adult Infectious Diseases Clinic

Tuberculosis Treatment Checklist

Checklist before initiating treatment (according to 2007 NTLF and 2007 WHO guidelines)			
Does the patient have peripheral neuropathy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If no:</i> prescribe pyridoxine 50 mg during intensive phase and 25 mg during continuation phase <i>If yes:</i> increase dose of pyridoxine to 100mg daily during entire treatment
Is the patient on ARVs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Regimen: Starting date:
Are there any interactions with ARVs?	<input type="checkbox"/> No or <input type="checkbox"/> N/A	<input type="checkbox"/> Yes (<i>check below</i>):	
		<input type="checkbox"/> Nevirapine	Switch to efavirenz, if possible. Use nevirapine in 1 st trimester of pregnancy and in patients unable to tolerate efavirenz.
		<input type="checkbox"/> Lopinavir/ritonavir	Replace rifampicin with rifabutin 3x/wk 150mg
		<input type="checkbox"/> Tenofovir	Do not use streptomycin
Is the patient on any other medication? (except co-trimoxazole or dapsone)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>check below</i>):	
		<input type="checkbox"/> Corticosteroids	Specify: _____
		<input type="checkbox"/> Ketoconazole	Caution advised, consider increasing antifungal dose
		<input type="checkbox"/> Contraceptives	Specify: _____ Advise to switch to injectable contraceptives during rifampicin treatment.
		<input type="checkbox"/> Other drugs	Specify: _____
Have you ordered baseline renal function tests (RFTs)?	<input type="checkbox"/> Yes	- Known creatinine clearance <30ml/min*: discuss with TB coordinator. - Check baseline results at first follow-up visit.	
Have you ordered baseline liver function tests (LFTs)?	<input type="checkbox"/> Yes	- Known raised LFTs: discuss with TB coordinator and monitor LFTs closely during treatment. - Check baseline results at first follow-up visit.	
Is the patient pregnant?	<input type="checkbox"/> No or <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<i>If unknown:</i> counsel and test <i>If yes:</i> do not use streptomycin and discuss with TB coordinator
For smear positive PTB patients: is the patient breastfeeding?	<input type="checkbox"/> No or <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<i>If yes:</i> treat with normal regimen and continue lactation. Give 6 months course of preventive INH to baby (5mg/kg). At completion, give baby BCG.
For smear positive PTB patients: are there any other household contacts?	<input type="checkbox"/> No or <input type="checkbox"/> N/A	<input type="checkbox"/> Child < 5 years	Refer for further assessment. If no active TB, give 6 months course of preventive INH (5mg/kg). At completion, give BCG.
		<input type="checkbox"/> Child 5 years or older	If symptoms suggestive of TB, refer for further assessment
		<input type="checkbox"/> Adult	If symptoms suggestive of TB, refer for further assessment

N/A = non applicable

* Cockcroft-Gault formula: estimated creatinine clearance (ml/min) = $\frac{(140 - \text{age}) \times \text{weight (in kg)} \times (0.85 \text{ if female})}{72 \times \text{serum creatinine (in mg/dl)}}$

Date of first follow-up visit (14 days):

____/____/____