TB 01

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Director General of Health Services, Bangladesh

Treatment Card (Front page)

Name:_____

Father's/Husband 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	Self	Other specify

H/O Previous Anti TB Treatment ☐ Yes ☐ No IF yes, Duration: ☐

H/O Contact ☐ No ☐ Yes IF yes, Specify ☐ TB ☐ DR-TB

Smoker (at registration) ☐ Yes ☐ No

Advised to quit smoking' ☐ Yes ☐ No

INTENSIVE PHASE - Prescribed regimen and dosages

Frequency: Daily

Tick category and indicate number of tablets per dose and doses of S (gms):

CAT 1 ☐ CAT2 ☐ CHILD ☐

4 FDC ☐ 4FDC ☐ 3FDC ☐

R	H	Z	E	R	H	Z	E	S	R	H	Z	E	S

TB Registration No:

e-TB Manager Registration No:

Name & Address of Health Institution/DOTS Center

Pulmonary		Extra Pulmonary, Site.....	
Bacteriologically Confirmed	Clinically Diagnosed Ψ	Bacteriologically Confirmed	Clinically Diagnosed Ψ
Smear positive ☐ X-pert positive ☐ Culture positive ☐	Diagnosed By: X-Ray ☐ Others ☐	Smear positive ☐ X-pert positive ☐ Culture positive ☐	Diagnosed By: X-Ray ☐ Others ☐

New ☐

Treatment History Unknown ☐

Transfer in ☐

Previously Treated

Relapse ☐

Treatment after failure ☐

Treatment after loss to follow up ☐

Others ☐

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

TB/HIV

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

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

Enter ☑in the appropriate box to indicate the date when the drugs have been swallowed under direct observation: enter [−] if swallowed but not supervised: enter [O] 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

Signature of Medical Officer

*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.

Ψ Please keep evidence in favour of diagnosis.

Tuberculosis Treatment Card (Back page)

II. CONTINIOUS PHASE-Prescribed regimen and drug dosages

Put tick ☑ mark in the appropriate box

Advised to quit smoking' ☐ Yes ☐ No

CAT 1 ☐ CAT2 ☐ Child ☐

2 FDC ☐ 3FDC ☐ 2FDC ☐

☐☐ R H ☐☐☐ R H E ☐☐ R H

Enter ☑in the appropriate box to indicate the date when the drugs have been swallowed under direct observation: enter [−] if swallowed but not supervised: enter [O] 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 (defauted)
- ☐ Transferred out
- ☐ Not evaluated

Smoker (at treatment completion) ☐ Yes ☐ No

Types of drug reaction (if any):

Remarks (If any):

Signature of Medical Officer