

TB 5 Patient Record Card [Strictly Confidential]



Serial Number	Number	Year

				<u> </u>										
County	Facil		Facility Na	ame:					Sub County Reg. No.					
Sub County		Date Start Treatment				Date of Registration								
Patient's name (Three names)								-		Nation NEMIS				
Age: Y()	M ()	Sex:				If	other, Speci	ify:						
Patient's physica	al address													
School/Employ	er's address													
Patient's cell ph	one no.													
Treatment supp	orter's name						relation to atient Patie			Patien	Patient Occupation		Tick	
Treatment supp	orter's address						ks within a health (hospital) setting							
Treatment supp cell phone no.	orter's								Others (Specify)					
				TB test	Result Exa	amin	ation							
			Month	0										
		Xpert		Smear			Month 2		Month 3		Month 5	5 M	lonth 6	
Date														
Serial No.														
Result (Quantify	,													
Type of TB Tick		Tick where	k where appropriate					Type of Patient						
Pulmonary	Bacteriologically Extra -				Patient type New (N)				Tick					
Tuberculosis	,			sis			Relapse (R)							

X-ray results					
X-Ray	Tick	Date			
Normal (N)					
Abnormal Suggestive TB (SG)					
Abnormal Others (AO)					
Not Done (ND)					

Type of Patient					
Patient type	Tick				
New (N)					
Relapse (R)					
Treatment after loss to follow up (TLF)					
Treatment after Failure (TF)					
Other previously treated (PT)					
Previous Treatment History Unknown (THU)					
Transfer In (TI)					

Drug Susceptible TB Regimen	Tick
2RHZE/4RH	
2RHZE/10RH (Osteoarticular & TB Meningitis)	
Other	

Month of Treatment	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Height/length in cm												
Weight (Kg)												
BMI/BMI for age/Z-score												
Random blood sugar												

Culture/Sensitivity results					
Drug	Result	Date			
Rifampicin (R)					
Isoniazid (H)					
Pyrazinamide (Z)					
Ethambutol (E)					

Patient HIV Status					
Test Result	Tick	Date			
Positive (Pos)					
Negative (Neg)					
Declined (D)					
Not done (ND)					

Prophylaxis for Opportunistic Infections					
Tick Date start					
Cotrimoxazole					
Others indicate:					

Viral Load/CD4 Count (if done)						
Data	Results					
Date	Viral Load CD4					

Partner HIV Status				
Test Result	Tick	Date		
Positive (Pos)				
Negative (Neg)				
Declined (D)				
Not done/Unknown				
No partner (NP)				

Patient referred by						
Unit	Tick	Date				
HTC						
Comprehensive care unit						
Diabetes						
Private Sector						
Antenatal/PMTCT clinic						
Self-referral						
Contact Invitation						
Chemist/Pharmacist						
Community Health Worker						

ADR	Date	Remarks
Rash		
Hepatitis		
Peripheral neuropathy		
Others (specify)		

Patient referred to										
Unit	Tick	Date								
HTC										
Comprehensive care unit										
Community/Home Based Care										
Diabetes Clinic										
Antenatal/PMTCT clinic										
Nutrition Clinic										
Private Sector										
Not Referred										

Nutrition	Tick
Therapeutic feeds (RUTF)	
Supplementary (FBF)	
Nutritional Counseling (NC)	
Pyridoxine	
Vitamin A	
Not Done (ND)	

ART Regimen											
1st and 2nd line ART	Tick	Date started ART									
ABC + 3TC + LPV/r											
AZT + 3TC + LPV/r											
ABC + 3TC + NVP											
ABC + 3TC + RAL											
AZT + 3TC + NVP											
AZT + 3TC + RAL											
ABC + 3TC + LPV/r											
ABC + 3TC + EFV											
ABC + 3TC + RAL											
TDF + 3TC + EFV											
TDF + 3TC + RAL											
TDF + 3TC + NVP											
AZT + 3TC + ATV/r											
TDF + 3TC + ATV/r											
ABC + 3TC + ATV/r											
Third line A	Third line ART (Please specify)										

Co-morbidity/Risk factor	Tick as appropriate
COVID-19	
Diabetes	
Hypertension	
Smoking	
Lung Cancer (If other cancer, Specify)	
Alcoholism	
Asthma	
Liver & Renal Disease(s)	
COPD	
Drug & Substance Abuse	
Others (Specify)	

Treatment Outcome									
Outcome	Tick	Date							
Cured (C)									
Treatment completed (TC)									
Treatment failure (F)									
Death (D)									
Lost to follow-up (LTFU)									
Not evaluated (NE)									
Moved to category 4 (MT4)									

Clinical notes (To be filled at every visit):

Intensive phase of treatment - Tick and/or write date of daily intake as observed by health worker or treatment supporter													
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	32	33	34	35	36	37	38	39	40	41	42
43	44	45	46	47	48	49	50	51	52	53	54	55	56

Continuation phase of treatment											
Month of treatment	3	4	5	6	7	8	9	10	11	12	
Date of drug collection											
							1	1			
										•••••••••••••••••••••••••••••••••••••••	
										•••••••••••••••••••••••••••••••••••••••	