Government of the People's Republic of Bangladesh
National TB Control Programme
Programmatic Management of Drug Resistant Tuberculosis (PMDT)

Form DR TB 01

DR TB Treatment Card (Page 01 of 04)

Name of Initial Treatment Center:.....
Address of Initial Treatment Center: .....
Name of Patient: .....
Father's/Husband's Name: .....
Mother's Name: .....
Address of Patient: .....
.....
Mobile No: .....
Sex: ❑ M ❑ F Age: .....
Initial Weight (kg): ..... Initial Height (cm): .....
DR TB Registration Number: .....
Date of DR TB Registration ...../...../.....
Date of DR TB Treatment Started: ...../...../.....
e-TB Manager Number .....
Site: ❑ Pulmonary ❑ Extra pulmonary (Specify): .....
Medical Diagnosis Other than TB .....
History of Contact With TB/DR TB Patients: Yes / No

Relation and Duration (If yes):

	Registration Group	Put Tick (√)		
1	CAT I Non Converter (Remain positive at month of 2)			
2	CAT I Failure (Remain pos. at 5 m or later/ Negative patient positive at month 2)			
3	Treatment after loss to follow up- CAT i			
4	CAT I Relapse			
5	CAT II Non Converter (Remain positive at month of 3)			
6	CAT II Failure (Remain pos at 5 or 8 month/Negative patient positive at month 3)			
7	Treatment after loss to follow up- CAT II			
8	CAT II Relapse			
9	Transfer in (form another DR TB treatment initiation center)			
10	Close Contact of DR TB With S/S	Unknown History	New	Previously Treated
11	HIV infected patient with TB S/S	Unknown History	New	Previously Treated
12	**Others (Specify):**			
	a) Pulmonary- Clinically diagnosed	Unknown History	New	Previously Treated
	b) Extra Pulmonary	Unknown History	New	Previously Treated
	c) Pulmonary-Bacteriologically confirmed	Unknown History	New	

Previous Tuberculosis Treaatment History Including DR TB:

No.	Start Date (In Unknown, Year)	TB Registration Number With Date	Regimen (Write Regimen In Drug Abbreviations)	Outcome

Outcome:

Outcome	Date
Cured	
Completed	
Died	
Failed	
Lost to follow up	
Transferred out	

Drug Abbreviations:

First line drugs

H = Isoniazid
R = Rifampicin
E = Ethambutol
Z = Pyrazinamide
S = Streptomycin

Second line drugs

Km = Kanamycin
Ofx = Ofloxacin
Lfx= Levofloxacin
Eto = Ethionamide
Cs = Cycloserine
PAS= Para-aminosalicylic Acid
Cm=Capreomycin
Clf=Clofazimine
Lzd= Linezolid
Trd= Terizidone
Amx/Clv= Amoxicillin+ Clavulanate acid
Mfx= Moxifloxacin
Other.....

Date of Discharge from Hospital and Referral to the Local Treatment/DOTS Centre: .....
Name and Address of the Local Treatment/DOTS Center:.....
Standardized MDR TB Regimen: Intensive Phase: ZKmEtoCsLfx Continuation phase: ZEtoCsLfx
Standardized XDRTB Regimen: Intensive Phase: Cm-Z-Mfx-PAS-Cs-Amx/Clv-Lzd-Cfz Continuation phase : Z-Mfx-PAS-Cs-Amx/Clv-Lzd-Cfz
Others Regimen (if any) Intensive Phase..... Continuation phase: .....

Regimen and Drug Doses

*Date	Z (mg)	Km (mg)	Ofx/Lfx (mg)	Eto (mg)	Cs (mg)	Cm (mg)	PAS (mg)	Clf (mg)	Amx/Clv (mg)	Trd (mg)	Lzd (mg)	Mfx (mg)	Other	Comments

* Date treatment started and doses, Change of doses (if any)

.....
Signature of the Divisional PMDT Coordinator/Authoriry of the DR TB Treatment Initiation Centre

Name and Designation: .....

Contact Number: .....

Type of Resistance:
MDR TB/XDR TB/ Poly Resistance (Specify).....
Mono Resistance (Specify).....

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Microscopy Results:

Month #	Week	Sputum Smear Microscopy			
		Date of sample collection	Lab ID.	Date of report received	Result
0					
1	1				
	2				
	3				
	4				
2	1				
	2				
	3				
	4				
3	1				
	2				
	3				
	4				
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Month #	Sputum Smear Microscopy			
	Date of sample collection	Lab ID.	Date of report received	Result
21				
22				
23				
24				

Culture Results				
Month #	Date of sample collection	Lab ID.	Date of report received	Result
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
18				
21				
24				

Drug Susceptibility Test (DST) Results:

*Method	Date	S	H	R	E	Km	Ofx/Lfx	Eto	Other	Other	Other

Notation symbol for DST:

R = resistant
S = susceptible
C = contaminated

*Method: 1) Xpert MTB/RIF 2) Line Probe Assay (LPA) 3) Liquid Culture 4) Solid culture(L-J)

Meeting Dates and Decisions of Clinical Management/PMDT Committee:

Date	Decision	Next date

Post Treatment Follow-Up (Up to Two Years After Treatment Complition Date):

Month #	Sputum Smear Microscopy			
	Date of sample collection	Lab ID.	Date of report received	Result

Month #	Culture Results			
	Date of sample collection	Lab ID.	Date of report received	Result

Comments on Post Treatment Follow-Up:

Relapse Yes ☐ No ☐ Unknown ☐

Date: .....

Others: .....

Adverse Drug Reaction

Date	Adverse Drug Reaction	Suspected Drugs	Measure Taken

HIV Status:

Date:

Pos ☐ Neg ☐ Unknown ☐

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Administration of Drugs (one row per month):

Patient's Name: .....

Month /Year	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	Weight (kg).

Mark in the boxes : ☑ = directly observed
☐ = not supervised
⊡ = drugs not taken

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Laboratory and Radiological Investigation :

Patient's Name.....

Month	Date	Chest X-ray	Hb(g/dl)	ESR	Blood Glucose	Serum Bilirubin	SGPT	Alkaline Phosphate	Serum Creatinine	Serum Potasium	TSH	Pregnancy Test	Others	
													(Specify)	(Specify)

Name of DOT Provider : .....

Designation : .....

Organization : .....

Address : .....

Mobile : .....

Comments : .....

Remarks:

.....

Name and Signature of Assigned Authority of DOTS Center

Date: