MDR-TB Treatment Intake Form

I. Demographic Data

Last Name______________________________________ First Name_______________________________________

Registration No._________________________________ Health Center___________________________________

Date of Birth____________________________________ Gender: Male □ Female □

Address____

District____ Province____

Telephone number______________________________ No telephone available □

Civil status: Married □ Single □ Partnered □ Widow(er) □ Divorced/Separated □

Employment status: Employed □ Retired □ Student □ Unemployed □

Occupation_____________________________________ Last Level of Education____________________________

II. Tuberculosis History

Previous active TB disease: Yes □ No □

Pulmonary: Yes □ No □ Smear status: Positive □ (Result_________) Negative □ Date_____________

Extra-pulmonary: Yes □ No □ Site__________________________________

Previous TB Treatment ***Outcomes: Cured, Treatment Completed, Treatment Failed, Lost to Follow-Up, Not Evaluated***

	Start Date (DD-MM-YY)	Finish Date (DD-MM-YY)	Duration	Regimen				Treatment Center	Outcome
1			m d	Cat I	Cat II	Cat IV	Other		C TC F LTF NE
2			m d	Cat I	Cat II	Cat IV	Other		C TC F LTF NE
3			m d	Cat I	Cat II	Cat IV	Other		C TC F LTF NE
4			m d	Cat I	Cat II	Cat IV	Other		C TC F LTF NE
5			m d	Cat I	Cat II	Cat IV	Other		C TC F LTF NE
6			m d	Cat I	Cat II	Cat IV	Other		C TC F LTF NE
7			m d	Cat I	Cat II	Cat IV	Other		C TC F LTF NE

Has received treatment with the following medications:

H □ R □ E □ Z □ S □ KM □ AMK □ CM □ OFX □ MXF □ LFX □ ETH □ CS □ PAS □ AMX-CLV □ LZD □ CFZ □ BDQ □

Other____

Additional comments:

MDR-TB Treatment Intake Form

Last Name______________________________________ **Registration No.**_____________________________________

III. TB Contacts No contacts □

Household Contacts	Relationship	Age	Ever Treated for TB? (Yes/No)	Symptoms of Active TB? (Yes/No)	Xpert Testing? (Yes/No)

IV. Past Medical History

HIV/AIDS Yes □ No □

Diabetes mellitus Yes □ No □

Chronic renal insufficiency Yes □ No □

Chronic hepatitis or cirrhosis Yes □ No □

Gastritis Yes □ No □

Convulsions, epilepsy Yes □ No □

Cardiovascular disease Yes □ No □

Psychiatric history Yes □ No □

Severe malnutrition Yes □ No □

Other___________________________

V. Medications None □

Medication	Indication	Dosage	Frequency	Route	Start Date	Stop Date	Continues
							□
							□
							□
							□
							□

***VI.* Allergies or adverse drug reactions (medication and reaction):** ***R**ash, **A**ngioedema, **S**tevens-Johnson, **H**epatitis*

Penicillin	R	A	S	H	Other:	Z	R	A	S	H	Other:
Sulfa	R	A	S	H	Other:	S	R	A	S	H	Other:
H	R	A	S	H	Other:	Quinolone	R	A	S	H	Other:
R	R	A	S	H	Other:	Other:	R	A	S	H	Other:
E	R	A	S	H	Other:	Other:	R	A	S	H	Other:

***VII.* Habit History**

Currently smoking: Yes □ No □ _______packs/day, for____ years

Currently drinking alcohol: Yes □ No □ _______drinks/day

Currently substance dependent: Yes □ No □

Substance(s)____

VIII. Pregnancy History

Last menstruation date: __ __ / __ __ / __ __ (DD-MM-YY)\

History of pregnancy: Yes □ No □ Number________

Number of delivered pregnancies_________________

Contraceptive use: Yes □ No □

MDR-TB Treatment Intake Form

Last Name____ **Registration No.**______________________________________

IX. Current Presentation

Fever Yes □ No □ Duration (mos)____________	Weight Loss Yes □ No □ Amount (kg)____________ Normal weight____________	Cough Yes □ No □ Duration (mos)____________ Hemoptysis Yes □ No □	Dyspnea Yes □ No □

Other symptoms:

X. Physical Examination

BP	____/_____
Pulse	______/min
Temp	_______ °C
RR	______/min
Weight	_______kg
Height	_______cm

Functional status:	
Able to work	Y □ N □
Ambulatory	Y □ N □
Bedridden	Y □ N □

	Normal	Abnormal	Comments
Head, ears, eyes, nose, throat			
Lymph nodes			
Heart			
Lungs			
Abdomen			
Skin			
Urogenital			
Musculoskeletal			
Neurological			
Extremities			
Other			

XI. Laboratory Results

HIV Antibody: Positive □ Negative □ Date __ __/__ __/ __ __ HCG: Positive □ Negative □ Date __ __/__ __/ __ __

Potassium		Magnesium		Calcium		Creatinine		Creatinine Clearance	
Date		Date		Date		Date		Date	
Date		Date		Date		Date		Date	

ALT (SGPT)		AST (SGOT)		Bilirubin		Albumin		Glucose	
Date		Date		Date		Date		Date	
Date		Date		Date		Date		Date	

WBC		Hematocrit		Platelets		CD4			
Date		Date		Date		Date		Date	
Date		Date		Date		Date		Date	

Other results:

MDR-TB Treatment Intake Form

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XII. Microbiology

GeneXpert MTB/RIF Test Results

Date sample collected (DD-MM-YY)	MTB Result			RIF Result		
	TB detected	Not detected	Error or invalid	Resistance detected	Not detected	Indeterminate

Conventional Drug Susceptibility Test Results

Laboratory	Date (DD-MM-YY)	Sample N°	H	R	E	Z	S	Km	Cm	Lfx	Cs	Eth	PAS		

XIII. Chest X-ray

Date_____________ (DD-MM-YY)

Upper Right Lobe
- □ Cavity
- □ Fibrosis
- □ Lung infiltrate
- □ Pneumothorax
- □ Pleural effusion
- □ Miliary
- □ Lymphadenopathy
- □ Other____________

Upper Left Lobe
- □ Cavity
- □ Fibrosis
- □ Lung infiltrate
- □ Pneumothorax
- □ Pleural effusion
- □ Miliary
- □ Lymphadenopathy
- □ Other____________

Middle Right Lobe
- □ Cavity
- □ Fibrosis
- □ Lung infiltrate
- □ Pneumothorax
- □ Pleural effusion
- □ Miliary
- □ Lymphadenopathy
- □ Other____________

Lower Left Lobe
- □ Cavity
- □ Fibrosis
- □ Lung infiltrate
- □ Pneumothorax
- □ Pleural effusion
- □ Miliary
- □ Lymphadenopathy
- □ Other____________

Lower Right Lobe
- □ Cavity
- □ Fibrosis
- □ Lung infiltrate
- □ Pneumothorax
- □ Pleural effusion
- □ Miliary
- □ Lymphadenopathy
- □ Other____________

XIV. Electrocardiogram

Date_____________ (DD-MM-YY) Heart Rate_______________ QT_c interval_______________

Note: $QT_c = QT / \sqrt{60 / \text{heart rate}}$

XV. Other diagnostic studies

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XVI. Assessment and Plan

Registration group	Tick
New	
Previously treated – Relapse	
Previously treated – Treatment after failure	
Previously treated – Treatment after loss to follow-up	
Previously treated – Other	
Unknown previous TB treatment history	

XVII. Proposed Regimen and Dosing Guide

New medications prescribed at this interview (list anti-TB meds first)	Dosage	Frequency	Route	Start date	Indication

Anti-TB Drug Dosing Guide

		Daily Dose in mg (Per Patient Weight in kg)		
	Drug	33-50 kg	51-70 kg	>70 kg (max dose)
Group 1	Ethambutol (25 mg/kg)	1250	1750	1750
	Pyrazinamide (30-40 mg/kg)	1000-1750	1750	2000-2500
Group 2	Kanamycin (15-20 mg/kg)	500-750	1000	1000
	Amikacin (15-20 mg/kg)	500-750	1000	1000
	Capreomycin (15-20 mg/kg)	500-750	1000	1000
Group 3	Levofloxacin	750	750-1000	1000
	Moxifloxacin	400	400	400
Group 4	Ethionamide (15-20 mg/kg)	500	750	1000
	Cycloserine (15 mg/kg)	500	750	1000
	Para-aminosalicylic acid	8000	8000	8000
Group 5	Bedaquiline	400 mg/day for first two weeks then 200 mg three times per week		
	Linezolid	600	600	600
	Amoxicillin/Clavulanic acid	2600	2600	2600
	Clofazimine	200	200	200

Clinician's signature____

Clinician's name (block letters) _______________________________________ Date______________(DD-MM-YY)