

# TUBERCULOSIS DIAGNOSTIC WORKSHEET

Patient ID    -    -      -

District

Facility

Serial no.

Facility ID (if different)

Clinic code

Patient Last Name

Patient First Name

## TB SCREENING VISIT

day   month   year

Current TB episode diagnosed elsewhere  Yes  No

### Past TB history:

- None  
 Unknown  
 Yes  
 If yes, # of treatments lasting > 1 mo.

### Last episode:

- Pulmonary  
 Extrapulmonary  
 Unknown  
 Treatment started (mo/yr) Treatment ended (mo/yr)

### Reasons for suspecting TB today:

- |  |   |  |
|--|---|--|
| <b>Symptoms:</b>   | <b>Locating signs:</b>                        | <b>Other:</b>                                  |
| <input type="checkbox"/> Cough > 2 weeks                         | <input type="checkbox"/> Lung                 | <input type="checkbox"/> TB contact            |
| <input type="checkbox"/> Weight loss                             | <input type="checkbox"/> Spinal lesion        | <input type="checkbox"/> Abnormal CXR          |
| <input type="checkbox"/> Fever                                   | <input type="checkbox"/> Ascites              | <input type="checkbox"/> HIV infection         |
| <input type="checkbox"/> Night sweats                            | <input type="checkbox"/> Pericardial effusion | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Loss of appetite                        | <input type="checkbox"/> Skin lesion          |  |
| <input type="checkbox"/> Haemoptysis                             | <input type="checkbox"/> Lymph nodes          |  |
| <input type="checkbox"/> TB meningitis / focal neuro abnormality |   |  |

### Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### INVESTIGATIONS

- Sputum for AFB  
 Chest X-ray  
 Other \_\_\_\_\_

Prescribed antibiotic  Yes  No

### Date of next visit:

/   /    
 Day Month Year

## TB FOLLOW UP VISIT

day   month   year

### Sputa results:

- Date / /  Positive  Negative  Not done  
 Date / /  Positive  Negative  Not done  
 Date / /  Positive  Negative  Not done

### Other results:

Date / /

- Positive  Negative

### CXR results. Date: / /

- Normal  
 Infiltrate \_\_\_\_\_  
 Pleural effusion \_\_\_\_\_  
 Cavity \_\_\_\_\_  
 Pericardial effusion \_\_\_\_\_  
 Other \_\_\_\_\_

### TB status:

- TB diagnosed by: (tick all that apply)  
 smear  biopsy  culture  
 history  exam  xray  
 Diagnosis unclear\* Observe, refer, further tests  
 Patient does not have TB

### Plan:

- Treat for TB. Go to TB Assessment and Plan.  
 Treat with antibiotics  
 Order other tests\*  sputum AFB  sputum culture  CXR  Other: \_\_\_\_\_  
 Continue usual HIV care

### Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*For additional follow up visits, use another TB Diagnostic Worksheet

### Date of next visit:

/   /    
 Day Month Year

## TB ASSESSMENT AND PLAN

day   month   year

Type of patient:  New  Relapsed  Failure  Resumed (treatment after default)

Type of TB:  PTB smear positive  PTB smear neg., culture not ordered  PTB smear neg., culture pending  EPTB

### TB treatment category and medications:

- New case: RHZE x2 mos intensive phase; EH x6 mos continuation phase  
 Failure/relapsed/resumed: S(RHZE) x2 mos/(RHZE) x1 mo intensive phase; RHE x5 mos continuation phase  
 Paediatric: RHZ x2 mos intensive phase; RH x4 mos continuation phase  
 Paediatric TB meningitis/disseminated TB: SRHZ x2 mos intensive phase; RH x10 mos continuation phase

### Comments:

\_\_\_\_\_

### Date of next visit (should be in 2 weeks)

/   /    
 Day Month Year