

RNTCP PMDT Treatment Card

NIKSHAY ID	CDL NIKSHAY ID	PMDT NIKSHAY ID	PMDT TB No

Patient's name: _____

Age: _____yrs Gender: ☐ Male ☐ Female ☐ Transgender

Address: _____

Marital status: _____

Occupation: _____

Contact No: _____

Aadhar ID _____

Name, designation of treatment supporter: _____

Contact no: _____

State: _____

District: _____

TB Unit: _____

PHI: _____

Initial home visit: Date _____ By: _____

DR TB Centre: _____ District _____ State _____

Reason for Testing	
<input type="checkbox"/> New <input type="checkbox"/> Previously Treated	
<input type="checkbox"/> Presumptive TB <input type="checkbox"/> Private Referral <input type="checkbox"/> Presumptive NTM	
Presumptive MDR TB	<input type="checkbox"/> At diagnosis <input type="checkbox"/> Contact of MDR/RR TB <input type="checkbox"/> Follow up Sm+ve at end IP <input type="checkbox"/> Private referral
<input type="checkbox"/> Presumptive H mono/poly	
Presumptive XDR TB	<input type="checkbox"/> MDR/RR TB at diagnosis <input type="checkbox"/> ≥ 4 months culture positive <input type="checkbox"/> 3 monthly, for persistent culture positives (treatment month _____) <input type="checkbox"/> Culture reversion <input type="checkbox"/> Failure of MDR/RR-TB regimen <input type="checkbox"/> Recurrent case of second line treatment

Drug Susceptibility Test (DST) results at Diagnosis																	Date of specimen collection						
R	H (inhA)	H (katG)	S	E	Z	Km	Cm	Am	Lfx	Mfx (0.5)	Mfx (2)	Eto	PAS	Lzd	Cfx	Clr	Azi	Bdq	Dlm				

R: Resistant; S: Susceptible; C: Contaminated; -- Not done

No of household contacts	
No of members screened	
No of presumptive TB cases identified	
No of presumptive TB cases evaluated	
No diagnosed with TB	
No of DR-TB diagnosed	

TB Site: ☐ Pulmonary ☐ Extra Pulmonary
If extra pulmonary, please specify _____

Treatment regimen

- ☐ Regimen for INH mono/poly resistant TB
- ☐ Regimen for MDR/RR TB
- ☐ Shorter regimen*
- ☐ Modified Regimen for MDR/RR-TB + FQ /SLI resistance
- ☐ Regimen for XDR TB
- ☐ Modified Regimen for mixed pattern resistance
- ☐ Regimen with New Drug for MDR-TB Regimen + FQ/SLI resistance
- ☐ Regimen with New Drug for XDR-TB
- ☐ Regimen with New Drug for failures of regimen for MDR TB
- ☐ Regimen with New Drug for failures of regimen for XDR-TB
- ☐ Regimen with New Drug for mixed pattern resistance

Initiation Date: _____

Registration Date: _____

Drugs and Dosages

[illegible]

Patient eligible and consented for New Drug* ☐ Yes ☐ No
If No,
reason

Name & Signature of Treating Physician:_____

*Whenever available

DR-TB Centre Committee meetings – dates and decisions

[illegible]

Month of Treatment	Culture Results			Other Investigations					
	Date	Lab No	Culture	S. Cr	LFT	ECG*-QTC Interval	CBC/Platelets	Electrolyte (K, Mg, Ca)	Urine Gravindex
Diagnosis									
1 st week									
2 nd week									
3 rd week									
4 th week									
1									
2									
3									
4									
5									
6									
7									
8									
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34									
35									

Patient's Name: _____

Blood Sugar Testing:

Date: _____

RBS: _____

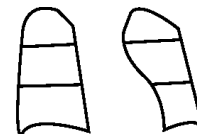
FBS: _____

ADT*

(*write date of starting)

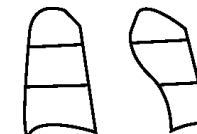
Thyroid Function Test

Month	Zero	Six
Date		
T3		
T4		
TSH		



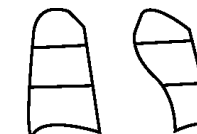
Date of X-ray

Findings _____



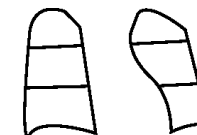
Date of X-ray

Findings _____



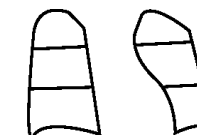
Date of X-ray

Findings _____



Date of X-ray

Findings _____



Date of X-ray

Findings _____

* ECG to be done daily (first two weeks), weekly (for 3 months) then monthly

Patient's name: _____

Initial Weight: _____ kgs Height: _____ cms

Weight band:

Conventional - ☐ <16 Kg ☐ 16-25 Kg ☐ 26-45 Kg ☐ 46-70 Kg ☐ >70 Kg

Shorter regimen - ☐ <30 Kg ☐ 30-50 Kg ☐ >50 Kg

Date of starting intensive phase: _____

Date of starting continuation phase: _____

Details of change		
Date	Changed regimen	Reason for change

Drug Susceptibility Testing (DST) Results						
Drug	Date of specimen collection & type of DST (LJ/LC/LPA/CBNAAT)					
	Month____	Month____	Month____	Month____	Month____	Month____
R						
H (inhA)						
H (katG)						
S						
E						
Z						
Km						
Cm						
Am						
Lfx						
Mfx (0.5)						
Mfx(2.0)						
Eto*						
PAS*						
Lzd						
Cfz*						
Bdq*						
Dlm*						

**Whenever available*

Mark in the boxes: ✓ = directly observed; ☒ = Unsupervised; ☐ = drugs not taken; X = initiation of new box; Recording of CP should start from fresh line.

Date of retrieval action	By whom	Who contacted	Reason for missed doses	Outcome of retrieval action

Treatment outcome	Date	Remarks
Cured		
Treatment completed		
Died		
Failed – Culture non conversion		
Failed – Culture reversion		
Failed – Additional drug resistance		
Failed – Adverse Drug Reaction		
Lost to follow up		
Regimen Change		
Not evaluated		
<i>In remarks column, provide cause of death, reason for lost to follow up, latest TB no. in case of failure and put on treatment further</i>		

Date of adverse drug reaction	Details of symptoms	Action taken

Comments:

Name & Signature of Treating Physician:

Post treatment follow up clinical & sputum (Result with date)					
Follow up	Clinical	Smear	Culture	CXR	Impression
6 months of Rx					
12 months of Rx					
18 months of Rx					
24 months of RX					