

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Treatment Card

TB Notification No / NIKSHAY ID _____

State: _____ City / District: _____ TB Unit: _____ PHI: _____ Area: Tribal / Rural / Urban / Urban slum
 Name: _____ Sex: ☐ M ☐ F ☐ TG Age: _____ Marital status: _____ Occupation: _____ Socioeconomic status: APL/ BPL
 Complete Address: House No. _____ Road: _____ Important landmark: _____ Ward/Village: _____ Town/City: _____
 Taluka/Mandal: _____ Pin code: _____ Mobile: _____ Aadhaar No.: _____ Key population: Contacts / Miners / Refugees / Migrants / Prison inmates
 Name and Address of contact person _____ Mobile No. _____

Name of Treatment Supporter _____ Designation _____ Mobile No.: _____
 Initial home visit by _____ Date _____ Type of Treatment Adherence – DOT / Family DOT / ICT supported, specify _____ / Other _____
 Predominant symptom _____ Duration _____ day Number of health care providers visited before diagnosis for current episode: _____

Site of disease <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra Pulmonary Site _____	Type of Patient <input type="checkbox"/> New <input type="checkbox"/> Recurrent <input type="checkbox"/> Transferred in <input type="checkbox"/> Treatment After Failure <input type="checkbox"/> Treatment after lost to followup <input type="checkbox"/> Others, previously treated (Specify) _____	Investigations (ZN / FM / CBNAAT / Liquid C / Solid C)	Date	Lab	Lab. No.	Test result	Sample sent to CDST (date)	DST result
	Pre-treatment							
	End of Intensive Phase							
	End of treatment							

H/O of Previous ATT: _____ months of treatment _____ months since end of last episode
 Source of treatment: ☐ Public ☐ Private Previous regimen: _____

Other investigations (if any) with date and result



HIV related information
 HIV Status: ☐ Unknown ☐ Reactive ☐ NR Date _____ PID _____
 CPT delivered on: (1) (2) (3) (4) (5) (6)
 Initiated on ART: ☐ No ☐ Yes Date & ART No. _____

Diabetes related information
 Diabetes Status: ☐ Unknown ☐ Diabetic ☐ Non-Diabetic
 RBS _____ FBS _____ End IP _____ End treatment _____
 Initiated on ADT: ☐ No ☐ Yes Date & ADT No. _____

Other co-morbidity
 Details _____

	<6yrs	>6yrs
No. of household contacts		
No. screened		
No. with symptoms		
No. evaluated		
No. diagnosed		
No. put on treatment		

No of children less than 6 years given chemoprophylaxis =								
Name	Wt (Kg)	Dose (mg)	1	2	3	4	5	6

Addiction related information
Current Tobacco user ☐ Yes ☐ No
 If yes, ☐ Smoking ☐ Smokeless Linked for cessation ☐ Yes ☐ No
 If tobacco user, status of tobacco use at end of treatment ☐ Quit ☐ Not quit
H/o Alcohol intake ☐ Yes ☐ No
 If yes, linked for deaddiction ☐ Yes ☐ No

Signature of MO with date _____

Regimen – New / Previously Treated Date of initiation of intensive phase _____ Date of initiation of continuation phase _____

Dosage frequency ☐ Daily ☐ Intermittent Drug formulations ☐ FDC ☐ Combipack ☐ Loose drugs Drug packaging ☐ PWB ☐ Strips

Weight Band: Adult: ☐ 25-39 Kg ☐ 40-54 Kg ☐ 55-69 Kg ☐ ≥70 Kg Pediatric: ☐ 4-7 Kg ☐ 8-11 Kg ☐ 12-15 Kg ☐ 16-24 Kg ☐ 25-29 Kg ☐ 30-39 Kg

Dosages: FDC / Combipack _____ per day Weight _____ (kg) Height _____ (cm)

Loose	Dose					
drugs	Pills					

Mark ✓ when doses are taken under direct observation, (✓) when the dose was not observed, O when missed the dose

Record CP from fresh line

Record of Work from line																																
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	Wt

Retrieval Actions for Missed Dose

Date	By Whom	Whom contacted	Reason for missed doses	Outcome of retrieval action

Details of Adverse events

Date of adverse event	Details of symptoms	Action taken	Duration of management for adverse event	Outcome of adverse event

Post treatment follow up clinical & sputum (Results with date)

Follow up	Clinical	CXR	Smear	Culture	Impression
6 mths of Rx					
12 mths of Rx					
18 mths of Rx					
24 mths of Rx					

Nutrition support (if any, give details)

Remarks

Treatment outcome with date: _____

Signature of the MO with date: _____