



# RNTCP PMDT Treatment Book

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 \_\_\_\_\_

NIKSHAY ID	CDL NIKSHAY ID	PMDT NIKSHAY ID	PMDT TB No

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																								
Date of sample collection	R	H (inhA)	H (katG)	S	E	Z	Km	Cm	Am	Lfx	Mfx (0.5)	Mfx (2)	Eto*	PAS*	Lzd	Cfz*	Clr*	Azi*	Bdq*	Dim*				

*R: Resistant; S: Susceptible; C: Contaminated; -- Not done    \*whenever available*

### Contact Investigation

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	

[illegible]

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: \_\_\_\_\_

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

### Drug and Dosages

Drugs	Dose (mg)
H	
R	
E	
Z	
Km	
Am	
Cm	
Lfx	
Mfx	
Cs	
Eto	
PAS	
Lzd	
Cfz	
Amx Clv	
Clr	
BDQ	

Patient eligible and consented for New Drug\*      ☐ Yes      ☐ No

If No, reason\_\_\_\_\_

Name & Signature of Treating Physician:

\_\_\_\_\_

*\*Whenever available*

[illegible]

15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									

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

## 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)						
H2 (katG)						
S						
E						
Z						
Km						
Cm						
Am						
Lfx						
Mfx (0.5)						
Mfx (2.0)						
Eto						
PAS						
Lzd						
Cfz						



Patient's Name:\_\_\_\_\_

Blood Sugar Testing:

Date:\_\_\_\_\_

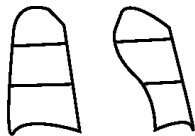
RBS:\_\_\_\_\_

FBS:\_\_\_\_\_

ADT\*

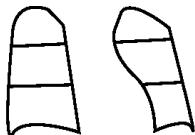
(\*write date of starting)

Thyroid Function Test		
Month	Zero	Six
Date		
T3		
T4		
TSH		



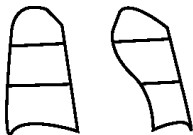
Date of X-ray

Findings\_\_\_\_\_



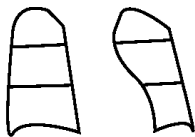
Date of X-ray

Findings\_\_\_\_\_



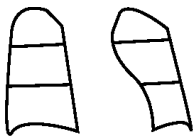
Date of X-ray

Findings\_\_\_\_\_



Date of X-ray

Findings\_\_\_\_\_



Date of X-ray

Findings\_\_\_\_\_

Date of starting intensive phase: \_\_\_\_\_

Date of starting continuation phase: \_\_\_\_\_

Details of change		
Date	Changed regimen	Reason for change

## ADMINISTRATION OF DRUGS (one line per month)

Month & Yr	Day																																	Wt in Kg
	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			

Mark in the boxes: ✓ = directly observed; (✓) = Unsupervised; ○ = drugs not taken; X = initiation of new box;

Recording of CP should start from fresh line.

[illegible]

Mark in the boxes: ✓ = directly observed; (✓) Unsupervised; (✓) = drugs not taken; X = initiation of new box;

Month & Yr	Day																															Wt in Kg
	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	

Mark in the boxes: ✓ = directly observed; (✓) Unsupervised; (✓) = drugs not taken; X = initiation of new box;

Recording of CP should start from fresh line.

[illegible]

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

Date of adverse drug reaction	Details of symptoms	Action taken

## Clinical Notes

Date of visit:

Chief Complaints:

Clinical examination (major findings) :

Counselling notes:

Weight

Investigations

Treatment



## Clinical Notes

Date of visit:

Chief Complaints:

Clinical examination (major findings) :

Counselling notes:

Weight

Investigations

Treatment

## Clinical Notes

Date of visit:

Chief Complaints:

Clinical examination (major findings) :

Counselling notes:

Weight

Investigations

Treatment

## Clinical Notes

Date of visit:

Chief Complaints:

Clinical examination (major findings) :

Counselling notes:

Weight

Investigations

Treatment

## Clinical Notes

Date of visit:

Chief Complaints:

Clinical examination (major findings) :

Counselling notes:

Weight

Investigations

Treatment

## Clinical Notes

Date of visit:

Chief Complaints:

Clinical examination (major findings) :

Counselling notes:

Weight

Investigations

Treatment

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>		

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					