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MINISTRY OF HEALTH-ETHIOPIA

Health Centre/Clinic/Hospital DR TB Follow up Register

_____   _____   _____   _____   _____
Region   **Zone/Subcity/Woreda**   **Health Facility Name**   **Begin Date**   **End Date**

INSTRUCTION FOR DR TB REGISTRATION AT TREATMENT FOLLOW UP HEALTH FACILITIES

Register (HC/Clinic/Hospital-TB DOTs Reg.) kept in drug resistant (DR) TB/TB-DOTS room, and completed by the TB care provider.	
Location information to be completed at front of register:	
Region	Write the region where the DR TB-Treatment initiating center is located
Woreda / Sub-City	Write the woreda/sub-city where the DR TB-Treatment initiating center is located.
Name of Health Facility	Write the name of the health facility where the DR TB-Treatment initiating center is located.
Register Begin Date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register End Date	Enter the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)

SN	Variable	Description
1	MDR TB reg. Number Refering Health facility	Upper space: Write a new unique patient identification number assigned by treatment initiating center. The DRTB unique number is assigned as:
		Region/Type of facility/facility code/five digit serial number with DR prefix.
		For instance, If a patient is started on SLD treatment at St peter hospital and is the 22nd patient to be put on SLD at the center.
		His/her unique DR number will be: 14/08/020/DR00022
		Lower space: Write name of the health facility initiating the DR TB treatment
2	Patient Name & Address	Upper space: Write patient name, father and grandfather name
		Lower space:full address of the patient including telephone Number
3	Sex	Upper Space: Enter M= Male and F= Female
	Age	Middle Space: Enter age of patient as indicated in DR TB treatment card
	Height(cm)	Lower Space: Write the patient's height in centimeters (NB: To be used to calculate BMI column #8)
4	Contact person name & address	Upper space: Write contact person name, father and grandfather name
		Lower space:full address of the contact person including telephone Number
5	Eligibility	Enter the type regimen prescibed to DR TB patients in the space provided as follow: Enter "1" if the patient is eligible for Short term DR anti TB regimen ; "2" if the patient is eligible for long term regimen ; Enter "3" if the patient is eligible for individualized long term anti TB regimen,"4" Hr-TB regimen
6	Registration group	Upper space:There are seven possible options to choose. Select only one and enter the code as follow
		1. New 2. Relapse 3. Treatment After Lost to follow up 4. After failure of treatment regimen with FLD 5. After failure of treatment regimen with SLD 6. Transfer in from another DR TB Initiating center 7. Other, Specify and write the registration group in the remark if it is different from the list
	Site	Middle space:Enter the site of TB: "Pul" for pulmonary and EP for extra-pulmonary NB: Patients with both pulmonary and extra pulmonary TB should be classified as a case of pulmonary TB.
	Resistant type	Lower Space: Write Hr-TB for INH resistance , "RR" for Rifampicin-resistant, "M" for MDR ; "PX" for Pre-XDR;"X" for XDR; and "PR" for Poly-resistant
7	weight monitoring	Write weight of the patient in space provided at monthly base; copy all weight monitored at the treatment center from the treatment card of the partient in to the registartion and continue montoring of patient weight at your facility for intensive & continuation phases.
8	BMI	Calculate BMI and Enter the value. BMI is computed as weight in kg divided by height in meter square. For patient age 5-18 years, use BMI-for-age and refer standard charts. Measure and enter MUAC in cm for pregnant, bedridden or under-five patient
9	Intensive Phase:Drugs	Enter each drug abbreviations being used in the intensive phase
10	Intensive Phase:Dose	Enter the dose of each drug during the intensive phase.
11	Treatment started	write the date treatment started as(EC); Day/Month/Year (DD/MM/YY)
(12,13)	Intensive Phase: Smear & culture result	Record all smear and culture results specific to the month on treatment. If more than one smear or culture done in a month, enter the most recent result. Use the following abbreviation in the space provided: Enter "P" for positive result using **red pen**; "N" for negative results and "U" for results not available/not done
14	Write the month	Write the name of the month(eg:- Tikimit, Hidar..) for each month of intensive treatment until the patient finished his/ her treatment.
(15-44)	Treatment monitoring: Intensive phase	This part is used to record daily drugs administered/taken by the patient during the intensive phase; one box is checked for each day the treatment administered. For instance if the patient has morning and evening doses, divide the box in to two part and use in the upper portion to check for morning doses and the lower portion for evening does. Write "3" for directly observed; "2" for not observed;"1" drug not taken/missed does.
45	Continuation Phase:Drugs	Enter the initial of each DR TB regimen being used by individual patient in the continuation phase.
46	Continuation Phase:Dose	Enter dose in milligram of each DR TB regimen being used by the individual patient during in the continuation phase.

47	weight monitoring	Write weight of the patient in space provided at monthly base; copy all weight monitored at the treatment center from the treatment card of the partient in to the registartion and continue montoring of patient weight at your facility for intensive & continuation phases.
48	BMI	Calculate body mass index (BMI) of the patient's monthly using the following formula (Bodyweight in kilograms divided by height in meters squared)and write on the space provided and also manage Under nourished patients according to the national program guideline.
(49,50)	Continuation Phase: Smear & culture result	Record all smear and culture results specific to the month on treatment. If more than one smear or culture done in a month, enter the most recent result. Use the following abbreviation in the space provided: Enter "P" for positive result using **red pen**; "N" for negative results and "U" for results not available/not done
(51-62)	Treatment monitoring: continuation phase	Enter the days in the rows for the monthly column when the patient attended for treatment montoring during the continuation period of treatment.
(63-65)	TB/HIV activities	Enter Testing results if the patient tested for HIV. Enter **R** in red pen if test is reactive; **NR** in normal color of pen if test is not reactive or **I** in normal color of pen if test is indeterminate.
(66-67)	Adverse effect	<u>Upper Space</u>: Enter the initial of suspect DR TB drug <u>Lower Space</u>: Write the side effect observed and the action taken for the adverse in the next column
68	Upper Space: Total Household and/or close contacts of index cases.	<u>Upper space</u>: Enter total number Household contacts
	Middle space: Total number of contacts screened for TB	<u>Middle space</u>: Enter number of HH contacts screened for TB/ DR-TB at HF
	Lower space: TB Diagnosed among Contacts	<u>Lower space</u>: Enter number of TB/DR TB cases diagnosed among contact of index DR TB cases
69	Upper Space: Total under 15 years HH and/or Close Contacts including under 5	<u>Upper space</u>: Write total number of Household and/ or close contacts including under 15 years old
	Middle space: Total under 15 years contacts and/or Close contact Screened for TB	<u>Middle space</u>: Enter number of under five children Household and/ or close contacts screened for TB /DR-TB at HF
	Lower space: Total under 15 HH and/or Close contact free from TB and put on IPT	<u>Lower space</u>: Enter number of Under 15 years TB/DR TB Diagnosed among Contacts of Index DR TB cases **NB: all contacts with no active TB at time of evaluation should continue to receive careful clinical follow-up quarterly for a period of at least two years and should be recorded regulary.**
70	Nutritional Assessment : Classification	Interpret the anthropometry and enter the nutritional assessment result as follow : : If normal, write "N"; ; if moderately undernourished, write "MAM". If severely undernourished, write "SAM" **SAM criteria in Adults**:-(BMI <16 OR MUAC <18cm;for pregnant women and lactating mothers MUAC <19 cm OR edema of both feet without clear cut other cause) **MAM criteria in Adults:-** (BMI 16 - <17.5 OR MUAC 18 - <21 cm; For pregnant women and lactating mothers: MUAC 19- <23 cm OR; For HIV positive client: Confirmed (>5% weight loss since last visit) or reported weight loss (e.g. loose clothing) AND No edema of both feet
71	Nutritional Management	Write Nutritional Management given for patient in the space provided:- If no intervention and only nutritional advices is provided enter "1" ; if the patients has given supplementary food enter "2"; and if patient is on Therapeutic Management enter "3" NB: For DR-TB cases, those with severely undernourished (SAM) cases will receive the Ready -To-Use Therapeutic food(RUTF) and those with moderately undernourished (MAM) cases receive Supplementary food(RUSF) based on availability of supplies.
72	Nutritional treatment: Outcome	<u>Upper space</u>: Record the final outcome of the therapeutic or supplementary food treatment as: recovered/cured ; No change; other outcome(specify) NB: The following arithmetic measure should be consider to label patients as recovered/cured from nutrition related problem, if Adult (non-pregnant/lactating) with BMI ≥18.5 ; Pregnant and lactating-with MUAC ≥ 23 cm,; Children: Under 5 years -WHZ-score above the -2 or WHM greater than 80% ; and Children :5-18 years -BMI for-Age Z- score above the -2 <u>Lower space</u>: Enter the data on which nutritional treatment outcome assigned date in EC using DD/MM/YY.
73	DR TB Treatment outcome	<u>Upper space</u>: Enter the DR TB treatment outcome of the patient as described (Cured; Completed; Failed; Died; Lost to follow up; Not Evaluated; and use blank space to write any other outcome other than listed) <u>Lower space</u>: Enter the DD/MM/YY of the DR TB treatment outcome given by TIC
74	Remarks	Write any remarks relate to patient care, treatment,outcome, etc ...

Drug Resistant TB Follow up Register

MINISTRY OF HEALTH-ETHIOPIA

MDR TB Reg. Number	Name of patient	Sex (M/F)	Name of contact Person	Eligibility 1. Shorter regimen 2. Longer regimen 3. Individualized regimen 4. Hr-TB regimen	Registration Gruop (1,2,3,4,5,6,7)	Weight monitoring	BMI	Intensive phase		Treatment started (DD/MM/YY)	Smear Result (P/N/U)	Culture Result (P/N/U)	Write the Month	Days: Intensive Phase treatment Monitroing chart																														
Refering Facility Name	Address of Patient (Woreda, kebele, H.No. Phone No.)	Age / Height (cm)	Address of contact person (Woreda, kebele, H.No. Phone No.)		Pul/EP / Resistance type (Hr-TB/ RR/MDR/ Pre-XDR/ XDR)			Drugs	Dose					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
(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)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)

Drug Abbreviations

First line drugs: **H=** Isoniazid   **R=** Rifampicin   **E=**Ethambutol   **Z=** Pyrazinamide   **S =** Streptomycin

Second-line drugs :   **Amx-Clv=**Amoxicillin-clavulanate   **Cm=**Capreomycin   **Ofx=**Ofloxacin   **Lfx=**Levofloxacin   **Mtx=**Moxifloxacin

Pto=Prothionamide   **Eto=**Ethionamide   **Cs=**Cyclosrine   **PAS=**Pra amino Salicyclic acid   **Am=**Amikacin **Lzd=** Linezoid **Cfz=** Clofazimine

Bdq = Bedaquiline   **Dlm =** Delamanid   **Cfz =** Clofazimine   **Km =**Kanamycin

Registration Group

1. New   2. Relapse   3. Treatment After Lost to follow up   4.After failure of treatment regimen with FLD

5. After failure of treatment regimen with SLD   6.Transfer in from another DR TB Initiating center

7. Other, Specify and write the registration group in the remark if it is different from the list

Drug Resistant TB Follow up Register

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Continuation phase		Weight monitoring	BMI	Smear Result (P/N)	Culture Result (P/N)	Weekly attendance: Continuation Phase Treatment Monitroing Chart												TB/HIV collaborative activities			Adverse effect		Total HH and/or Close Contacts (Number)	Total under 15 HH and/or Close Contacts	Nutritional Assessment			Outcome of DR TB Treatment Cured Completed Failed Died LTFU Not Evaluated	Remarks
Drug	Dose					Hamle	Nehase	Meskerem	Tikimt	Hidar	Tahisas	Tir	Yekatit	Megabit	Miaza	Ginbot	Sene	Test Result (P/N)	CPT (Y/N)	ART(Y/N)	Drug	Action taken	Total contacts Screened for TB/ DR-TB (Number)	Total under 15 years contacts and/or Close contact Screened for TB /DR TB	Status	Management	Outcome: Recovered/cured Unchanged Other (Specify)		
																			Started date (DD/MM/YY)	Started date (DD/MM/YY)	Adverse effect		TB/DR TB Diagnosed among Contacts (Number)	Under 15 years TB/DR TB Diagnosed among Contacts (Number)	Normal MAM SAM	1. Adivce 2. Supplementary 3. Therapeutic	Write nutritional treatment outcome & the date(DD/MM/YY)	Write DR-TB treatment outcome & the date (DD/MM/YY)	
(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)