

NTP TREATMENT CARD FOR CHILDREN 0-9 years old

TB CASE NUMBER \_\_\_\_\_ DATE THE CARD WAS OPENED \_\_\_\_\_ REGION/PROVINCE \_\_\_\_\_ NAME OF DOTS FACILITY \_\_\_\_\_

NAME OF PATIENT: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days Sex: \_\_\_\_\_ Height: \_\_\_\_\_ cm

COMPLETE ADDRESS: \_\_\_\_\_ NAME/RELATIONSHIP/ADDRESS OF CONTACT PERSON: \_\_\_\_\_

SOURCE OF PATIENT:  Public  Private  
 Name of Referring Physician: \_\_\_\_\_  
 HISTORY OF ANTI-TB DRUG INTAKE:  No  Yes  
 Duration:  less than 1 mo.  1 mo. or more  
 Check drugs:  H  R  Z  E  S  
 When: \_\_\_\_\_ to \_\_\_\_\_  
 Name of source case (if known): \_\_\_\_\_  
 Relationship: \_\_\_\_\_

DIAGNOSTIC TESTS: 1. Tuberculin Skin Testing (TST): Result \_\_\_\_\_ Date read: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2. CXR Findings: \_\_\_\_\_ Date of exam: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Other exam: \_\_\_\_\_ Date of exam: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ 4. DSSM Results Record: \_\_\_\_\_

Mt/ul	Due Date	Date Examined	Result
0			
2			
3			
4			
5			
6			
>7			

DIAGNOSIS:  TB DISEASE  
 Children 0-4 years old:  TB INFECTION, No IPT  TB EXPOSURE, No IPT

TREATMENT OUTCOME:  CURED Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  TREATMENT COMPLETED Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  FAILED  DEFAULTED  TRANSFERRED OUT Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cause: \_\_\_\_\_ Specify: \_\_\_\_\_

TREATMENT STARTED: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

CLINICAL EXAMINATION BEFORE AND DURING TREATMENT:  if present,  if absent, draw horizontal line if not applicable or write specific sign or symptoms

Date Examined/Results	Initial	2 weeks	1	2	3	4	5	6	7	8	9	10
Weight in Kg												
Unexplained fever > 2 wks												
Unexplained cough/wheezing > 2 wks												
Unimproved general well being*												
Poor appetite												
Positive PE findings for Extra-pulmonary TB												
Side Effects**												

DRUGS: Dosages and Preparations

Drug	Initial	2 weeks	1	2	3	4	5	6	7	8	9	10
isoniazid (H) 5mg/kg (200mg/5ml)	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml
Rifampicin (R) 10mg/kg (200mg/5ml)	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml
Pyrazinamide (Z) 25mg/kg (250mg/5ml)	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml
Ethambutol (E) 20mg/kg (400mg tab)	tab	tab	tab	tab	tab	tab	tab	tab	tab	tab	tab	tab
Sterptomycin (S) 15mg/kg (1g/6ml)	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml

\* 1-itchiness, 2-stomach aches, 3-vomiting, 4-abdominal pain, 5-bloody urine or feces, 6-numbness, 7-visual changes, 8-yellowing of sclerae and skin, 9-enlarged liver, 10-others