

Clinical notes (To be filled at every visit):

****Differentiate Care**

Initial Visit 1. Presenting complaints 2. History of presenting illness 3. Physical and General Examination/ Vital signs 4. Investigations 5. Diagnosis 6. Management, including Nutrition assessment/Food support, and referral,	Follow up visits 7. Review of clinical symptoms/progress 8. ADR 9. NACS – nutrition assessment counseling and support 10. Adherence / counselling 11. Follow up sputum/X-rays
--	---

Date	Clinical Notes (For every visit take history, conduct general and physical examination, assess for nutritional status, check for ADRs etc)			
Visit 1				
**DC				
Y				
Visit 2				
**DC				
Y				
Visit 3				
**DC				
Y				
Visit 4				
**DC				
Y				
Visit 5				
**DC				
Y				
Visit 6				
**DC				
Y				
Visit 7				
**DC				
Y				
Visit 8				
**DC				
Y				

Visit 9 **DC		----- ----- ----- -----
Y	N	----- -----

Treatment Outcome						
Outcome	Tick	Date		Outcome	Tick	Date
Cured (C)				Lost to follow-up (LTFU)		
Treatment completed (TC)				Not evaluated (NE)		
Treatment failure (F)				Moved to category 4 (MT4)		
Death (D)						

Post TB treatment follow up

Patients will be followed up for a period of 2 years after treatment completion to assess for any relapses/re-infection and post TB treatment complications that may arise. Refer to table below for guidance

Month (after treatment completion)	3	6	12	18	24	Remarks
Review by clinician(evaluate for symptoms including TB and other lung conditions and record at every visit)						
Screening for substance abuse						
Weight/BMI (Done at each follow up visit)						
CXR/Chest CT scan (Done for any presumptive Post TB Lung Disease patient (PTLD) on follow up)						
Molecular test (for Presumptive TB)- Specify						
Culture (for Presumptive TB)						
1st line DST (Done for any culture positive PTLT patient on follow up)						
2nd line DST (Done for any culture positive PTLT patient on follow up)						
Spirometry (Done as clinically indicated (When there is impairment of lung function)						
Diagnosis (See Key below for options of diagnosis)						
Moved to category 4 (MT4)						
Review by clinician(evaluate for symptoms including TB and other lung conditions and record at every visit)						
Conduct 6 minute walk test						
Weight/BMI (Done at each follow up visit)						
Screening for substance abuse (type findings)						
Imaging: CXR , CT scan (Done for any presumptive Post TB Lung Disease patient (PTLD) on follow up)						

Diagnostic tests for Presumptive TB

TEST	TEST RESULT	DATE
Microscopy/LAMP		
LF-LAM		
XPRT MTB/RIF/ ULTRA		
TRUENAT		
LPA (1st & 2nd Line)		
Culture & DST,1st & 2nd Line		
Spirometry (Done as clinically indicated (When there is impairment of lung function)		

Diagnosis (See Key below for options of diagnosis)

1. Tuberculosis <input type="checkbox"/>	7. Aspergillus-related lung disease <input type="checkbox"/>
2. Asthma <input type="checkbox"/>	8. Spontaneous Pneumothorax <input type="checkbox"/>
3. Lung scarring (fibrosis) <input type="checkbox"/>	9. Interstitial lung diseases <input type="checkbox"/>
4. Bronchiectasis <input type="checkbox"/>	10. Lung cancer <input type="checkbox"/>
5. Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/>	11. Other specify <input type="checkbox"/>
6. Lung abscess <input type="checkbox"/>	