



health

Department: Health  
REPUBLIC OF SOUTH AFRICA

TB TREATMENT RECORD

GW 20/12  
2018

TB Registration Number: 85/2018

Facility Name: Boland Step Down District: Cape Winelands

Patient Folder Number: Q00000004

- Newly Registered in this facility
- M Moved In from facility in this district
- T Transferred in from another district

Facility Name: \_\_\_\_\_  
TB Reg No: \_\_\_\_\_

PATIENT DETAILS

ID Number/Date of birth: 

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 2 | 0 | 7 | 0 | 7 | 5 | 8 | 0 | 4 | 1 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

 Age 36 Gender  M  F

PHYSICAL ADDRESS

Home Address:  
14 Main Street  
ROSEBANK  
Johannesburg  
Tel No./Cellphone: 0827447510

Name of Company/ Employer: Spar  
Work address: Thembisa  
\_\_\_\_\_  
Tel No: \_\_\_\_\_

PATIENT CATEGORY

CLASSIFICATION OF DISEASE

- New
- Relapse
- Re-treatment after Loss to follow up
- Re-treatment after Failure
- Other Previously Treated

ICD10 Code A 15.0  
Pulmonary TB    
Extra Pulmonary TB   
Site of disease \_\_\_\_\_

Indicate Type of TB (Tick where applicable)  
 Rifampicin susceptible TB

Isoniazid resistant TB

TREATMENT REGIMEN

Regimen 1  Regimen 3  Other Specify: \_\_\_\_\_

Treatment Start Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 8 | 0 | 1 | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|

NEXT OF KIN or FRIEND DETAILS

Surname Watson First Name(s) John Phone Number 0113528473

Address: \_\_\_\_\_

NOTIFICATION INFORMATION (GW17/5)

Has the GW17/5 form been completed?  Yes  No Notification date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 1 | 0 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|

Name: David

Surname: Maseko

**XPERT, LINE PROBE ASSAY, CULTURE, DST RESULTS**

| GENEXPERT  |          |           |                 |                                   |
|------------|----------|-----------|-----------------|-----------------------------------|
| Date       | Result   |           |                 | Rifampicin Susceptibility Results |
| 2018/01/05 | Positive | X         | Multi-resistant | Resistant                         |
|            | Positive | Wild-type | Multi-resistant | Resistant                         |
|            | Positive | Negative  | Multi-resistant | Resistant                         |

| LINE PROBE ASSAY (LPA) |          |           |                 |           |            |
|------------------------|----------|-----------|-----------------|-----------|------------|
| Date                   | Result   |           |                 |           | Rifampicin |
| 2018/01/10             | X        | Resistant | Multi-resistant | Resistant | X          |
|                        | Positive | Resistant | Multi-resistant | Resistant | Resistant  |

| CULTURE |                |           |                 |  |           |
|---------|----------------|-----------|-----------------|--|-----------|
| Date    | Culture Result |           |                 | Drug Susceptibility Test (DST) Results |           |
|         |                |           |                 | Rifampicin                             |           |
|         | Positive       | Resistant | Multi-resistant | Resistant                              | Resistant |
|         | Positive       | Resistant | Multi-resistant | Resistant                              | Resistant |

**SMEAR MICROSCOPY RESULTS**

| Date | Baseline | End of intensive or |          |          | End of treatment |          |
|------|----------|---------------------|----------|----------|------------------|----------|
|      |          | 7 w                 | 11 weeks | 23 weeks | 23 weeks         |          |
| Date | Result   | Ref Date            | Result   |          |                  |          |
|      | Positive | Positive            | Positive | Positive | Positive         | Positive |
|      | Positive | Positive            | Positive | Positive | Positive         | Positive |
|      | Positive | Negative            | Positive | Positive | Positive         | Positive |
|      | Positive | Positive            | Positive | Positive | Positive         | Positive |

**OTHER DIAGNOSTIC TESTS CONDUCTED**

X-rays: \_\_\_\_\_

Findings: \_\_\_\_\_

Other tests conducted/ performed: \_\_\_\_\_

Test results: \_\_\_\_\_

**MEDICAL HISTORY**

| KNOWN MEDICAL CONDITIONS | Yes | No | X | CURRENT MEDICATION |
|--------------------------|-----|----|---|--------------------|
| Hypertension             | Yes |    | X |                    |
| Diabetes                 | Yes |    | X |                    |
| Epilepsy                 | Yes |    | X |                    |
| Mental illness           | Yes |    | X |                    |
| Liver disease            | Yes |    | X |                    |
| Renal insufficiency      | Yes |    | X |                    |
| Allergies (specify)      |     |    |   |                    |
| Other (specify)          |     |    |   |                    |

Last menstrual period: \_\_\_\_\_

Contraceptive method: \_\_\_\_\_

**HIV INFORMATION**

|                  |     |     |     |
|------------------|-----|-----|-----|
| HIV Status       | Pos | Yes | Yes |
| On Cotrimoxazole | Yes | Yes | Yes |
| On ART           | Yes | Yes | Yes |

HIV Test conducted: If yes, result: \_\_\_\_\_  
 (Circle where applicable)

ART R# \_\_\_\_\_ Start Date: 03/12/2017 De Doorns Clinic

**SOCIAL HISTORY**

|               |     |    |
|---------------|-----|----|
| Tobacco use   | Yes | No |
| Alcohol use   | Yes | No |
| Substance use | Yes | No |

Specify: \_\_\_\_\_  
 Specify: \_\_\_\_\_  
 Specify: \_\_\_\_\_

Assess for severity

|                           |     |    |
|---------------------------|-----|----|
| Has the patient ever:     | Yes | No |
| Worked in a mine          | Yes | No |
| Spent time in prison      | Yes | No |
| Been admitted in hospital | Yes | No |

Specify: \_\_\_\_\_  
 Specify: \_\_\_\_\_  
 Specify: \_\_\_\_\_

(Refer to occupational health clinic/ MBOB if ex-mineworker)



## TREATMENT

### INTENSIVE PHASE (IP)

Body weight at start of IP 63 kg

| Medicine                      | RHZE<br>(150/75/400/) | *RHZ<br>(75/50/150) | RH<br>(60/60) | R | H | Z | E | S |
|-------------------------------|-----------------------|---------------------|---------------|---|---|---|---|---|
| No. of tablets/dosage per day | 4                     |                     |               |   |   |   |   |   |

\* New formulation

| Month  | Date |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | No. of Doses taken |   |   |    |  |  |  |
|--------|------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------------------|---|---|----|--|--|--|
|        | 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 |                    |   |   |    |  |  |  |
| Jan-18 |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓  | ✓                  | ✓ | ✓ | 14 |  |  |  |
|        |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |   |   |    |  |  |  |
|        |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |   |   |    |  |  |  |
|        |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |   |   |    |  |  |  |
|        |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |   |   |    |  |  |  |
|        |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |   |   |    |  |  |  |

- ✓ = patient took medication
- x = patient did not take medication
- = medication collected for self administration or supervision elsewhere

### CONTINUATION PHASE (CP)

Body weight at start of CP   kg

| Medicine                          | RH<br>(150/75) | RH<br>(300/150) | *RH<br>(75/50) | RH<br>(60/60) | R | H | E |
|-----------------------------------|----------------|-----------------|----------------|---------------|---|---|---|
| Number of tablets/ dosage per day |                |                 |                |               |   |   |   |

\* New formulation

| Month | Date |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | No. of Doses taken |  |  |  |  |  |  |  |
|-------|------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------------------|--|--|--|--|--|--|--|
|       | 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 |                    |  |  |  |  |  |  |  |
|       |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |  |  |  |  |  |  |  |
|       |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |  |  |  |  |  |  |  |
|       |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |  |  |  |  |  |  |  |
|       |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |  |  |  |  |  |  |  |
|       |      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |  |  |  |  |  |  |  |

- ✓ = patient took medication
- x = patient did not take medication
- = medication collected for self administration or supervision elsewhere

### HOUSEHOLD CONTACTS

| Name of contact | Age | Symptom Screened |    | Treatment started |    |     |    |
|-----------------|-----|------------------|----|-------------------|----|-----|----|
|                 |     |                  |    | IPT               |    | TB  |    |
| Baby Maseko     | 4   | <del>Yes</del>   | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |
|                 |     | Yes              | No | Yes               | No | Yes | No |

### TREATMENT OUTCOMES

Treatment stop date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

Cured

Treatment Completed

Lost to follow up

Failed treatment

Died

MDR-TB

Rif Resistant TB

### REFERRALS

Moved

Transferred out

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

Name of receiving clinic: \_\_\_\_\_

Town/ District: \_\_\_\_\_

Province/ Country: \_\_\_\_\_