



MANAGING THE REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME IN YOUR AREA

A Training Course



EXERCISE WORKBOOKS:
🧠 **TUBERCULOSIS TREATMENT CARDS**



Central TB Division
Directorate General of Health Services, Ministry of Health and Family Welfare
Nirman Bhavan, New Delhi 110011



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🧠 **TUBERCULOSIS TREATMENT CARDS**



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Revised National Tuberculosis Control Programme Treatment Card

State _____ City / District with code _____
 Name _____
 Sex M F Age _____ Occupation _____
 Complete Address _____

Name of TB Unit with Code _____
 Patient TB No / Year: _____
 PHI: _____
 Name and designation of DOT provider _____

Name and Address of Contact Person _____

DOT center _____
 Signature of MO with date _____

Initial home visit by _____ Date _____

Disease Classification <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra Pulmonary site _____

Type of patient <input type="checkbox"/> New <input type="checkbox"/> Transfer in <input type="checkbox"/> Treatment after default	<input type="checkbox"/> Relapse <input type="checkbox"/> Failure <input type="checkbox"/> Other (Specify) _____
--	--

Month	Date	DMC	Lab No.	Smear Result	Weight
Pretreatment					
End IP/Extended IP					
2 Months CP					
End treatment					

H/o previous Anti-TB treatment with duration _____

I. INTENSIVE PHASE - Prescribed regimen and dosages:

Tick (✓) the appropriate Category below

Category I
 New Case
 (Pulmonary Smear-Positive,
 Seriously ill Smear Negative, or
 Seriously ill extra pulmonary)

Category II
 Retreatment,
 (relapses, failure,
 treatment after
 default, others)

Category III
 New Case
 (Pulmonary Smear Negative,
 not seriously ill: or extra pulmonary,
 not seriously ill)

3 times / week

H	R	Z	E

3 times / week

H	R	Z	E	S

3 times / week

H	R	Z

Tick (✓) appropriate date when the drugs have been swallowed under direct observation

Month / Year	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	

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II Continuation Phase

Prescribed regimen
and Dosages

Category I
3 times / week

--	--

H R

Category II
3 times / week

--	--	--

H R E

Category III
3 times / week

--	--

H R

Enter X on date when the first dose of drugs has been swallowed under direct observation and draw a horizontal line (x _____) to indicate the period during which medicines will be self administrated.

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Treatment out come with date _____

Signature of MO with date _____

Details of X ray / EP tests

Retrieval actions for missed doses

Date and time	By whom	Whom contacted	Reason for missed doses	Outcome of retrieval

Contacts (Children < 6 yrs)	
No	Chemoprophylaxis

Remarks _____
