

Case Management Treatment Plan for Active TB Disease

The purpose of this form is to provide a checklist to organize the gathering of information in a TB case to ensure the best medical and public health practices. Corresponding TB forms, both required and recommended, are listed with each component. (* denotes forms that are required by the state of Montana)

Patient Name _____ Date _____

___ Patient's contact information – 1. Confirmed/Suspected Report of TB Disease*
2. TB Case Monthly Report*

___ Assignment of responsibilities – 1. Confirmed/Suspected Report of TB Disease*
2. TB Case Monthly Report*
3. TB Contact Investigation Report*
4. DOT - Treatment Record
5. TB Diagnostic Referral Form

___ Patient educator's name & dates of education – 1. Monthly TB Patient Assessment
2. Treatment of Active TB Education Form

___ Method for prevention of transmission – 1. Home Isolation Agreement

___ Planned course of antituberculosis drug therapy – 1. Confirmed/Suspected Report of TB Disease*
DOT plan 2. TB Case Monthly Report*
3. DOT - Treatment Record
4. DOT Agreement

___ Estimated date of completion of treatment - 1. Confirmed/Suspected Report of TB Disease*
2. TB Case Monthly Report*
3. DOT - Treatment Record

___ Test results from initial medical evaluation – 1. Confirmed/Suspected Report of TB Disease*

___ Medical history – 1. Confirmed/Suspected Report of TB Disease*
2. TB Case Monthly Report*
3. Monthly TB Patient Assessment

- ___ Diagnosis – 1. Confirmed/Suspected Report of TB Disease*
 - 2. TB Diagnostic Referral Form
 - 3. Bacteriology Data Sheet

- ___ Baseline tests, monitoring of activities, – 1. Confirmed/Suspected Report of TB Disease*
 - Drug therapy & side effects
 - 2. TB Case Monthly Report*
 - 3. Monthly TB Patient Assessment
 - 4. DOT - Treatment Record
 - 5. DOT - Adverse Reactions & Side Effects
 - 6. Bacteriology Data Sheet
 - 7. Biochemistry Data Sheet

- ___ Potential drug interactions - 1. TB Case Monthly Report*
 - 2. Monthly TB Patient Assessment
 - 3. DOT - Treatment Record
 - 4. DOT - Adverse Reactions & Side Effects

- ___ Potential treatment adherence obstacles - 1. TB Case Monthly Report*
 - 2. Monthly TB Patient Assessment
 - 3. DOT - Treatment Record
 - 4. TB Home Evaluation
 - 5. Treatment Active TB Education Form

- ___ Personal service needs & social services referrals – 1. Monthly TB Patient Assessment
 - 2. TB Home Evaluation

- ___ Referrals for social services - 1. Monthly TB Patient Assessment
 - 2. TB Home Evaluation

- ___ Ensuring completion of treatment – 1. DOT - Agreement
 - Incentives, enablers, adherence
 - 2. DOT - Treatment Record
 - 3. Monthly TB Patient Assessment
 - 4. Treatment of Active TB Education Form

- ___ Intermediate & expected outcomes – 1. TB Case Monthly Report*
 - Sputum & culture conversion
 - 2. Monthly TB Patient Assessment
 - Symptom improvement
 - 3. DOT Agreement