

## 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