

Tb case holding

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Case Holding -Ensures treatment compliance -Indirectly, this will translate to treatment success or cure -Poor treatment compliance may lead to the following outcomes: oChronic infectious illness oDrug resistance oDeath Poor

Case Holding 1. Inadequate drugs and poor drug distribution 2. Patient's non-adherence 3. Physician's non-adherence 4. Lowmotivationofhealthworkers

SLU PPMD Unit: Operations PTB Suspect -Cough > 2 weeks with or without the following oFever oHemoptysis oBack pains oWeight loss oEasy

fatigability Refer to SLUPPMD unity for sputum AFB smear v PTB YesNo vv

TreatRefer to TBDC v

Send back to referring physician -Importance of taking the drug -Role of treatment partner in thefamily-Possible side effects -Regular physical examination Classification of TB cases 1. Pulmonary TB a. Smear positive o>

2 (+) sputum AFB + radiographic abnormalities consistent with TB, OR o1 (+) sputum AFB + radiographic abnormalities consistent with active TB as

determined by a physician, OR o1 (+) sputum AFB + sputumculture(+) for MTB b. Smear negative o> 3 (-) sputum AFB with radiographic abnormality

consistent with active PTB, AND ono response to a course of antibiotics, AND oTBDC decides to treat the patient . Extra-Pulmonary TB (EP) a. A patient

with at least one mycobacterial smear/culture positive from an extra-pulmonary site, OR b. A patient with histological &/or clinical evidence

consistent with active extra-pulmonary TB and there is a decision by the TBDC to treat the patient with anti-TB drugs. -Note: All EP cases shall

undergo DSSM prior to treatment Types of TB Cases -New - no Tx or 2 months -Treatmentfailure- still (+) on the 5th month -Other - became (+) on

2nd month; interrupted Tx but smear (-) Recommended Category of

Treatment Regimen Category Type of TB Patient TB Treatment Regimen

Intensive Continuation I New smear (+) PTB New smear (-) PTB with extensive
parenchymal lesion on CXR (TBDC) EPTB and severe concomitant HIV

disease 2HRZE4HR II Treatment failure, RAD, relapse, other 2HRZES/

HRZE5HRE III New smear (-) PTB with minimal parenchymal lesions on CXR

(TBDC) 2HRZE4HR IV Chronic (still smear (+) after supervised re-

treatment) Refer to specialized facility or DOTS plus center Directly Observed

Treatment (DOT) -Success depends on having a responsible treatment

partner. - any of the following could serve as a treatment partner: 1. DOTS

facility staff such as midwife or the nurse 2.

A trained community member such as the BHW, local government official or
former TB patient. Schedule of DSSM Follow-up (Categories I and III)

Schedule of DSSM follow-up Category I (2HRZE/4HR) Category III (2HRZE/4HR)

Regular treatment Regular 1 month extension Towards the end of 2nd

month Yes (if positive) Yes Towards the end of 3rd month (if negative) Yes

Towards the end of 4th month Yes Towards the end of 5th month Yes

Beginning of 6th month Yes Beginning of 7th month Yes Schedule of DSSM

Follow-up (Category II) Schedule of DSSM follow-up Category II

(2HRZES/HRZE/5HRE) Regular Treatment 1 month extension Towards the end
of 3rd month Yes (if positive)

Towards the end of 4th month (if negative) Yes Towards the end of 5th

month Yes Towards the end of 6th month Yes Beginning of 8th month Yes

Beginning of 9th month Yes Guide in Managing Adverse Reactions to Anti-TB

drugs Adverse Reactions Drug(s) probably responsible Management
 Minor GI intolerance RH Give meds at HS or small meals Mild skin reactions Any Give
 antihistamines Orange/red color urine Rifampicin Reassure the patient Pain at
 the injection site Streptomycin Warm compress. Rotate sites. Burning
 sensation in the feet due to neuropathy INH Pyridoxine 100-200 mg/day for
 treatment; 10 mg for prevention Arthralgia due to hyperuricemia PZA Give
 ASA/NSAID

Flu-like symptom Rifampicin Give antipyretics Major Severe skin rash Any
 (especially Streptomycin) Discontinue anti-TB drugs and refer to DOTS
 physician Jaundice RHZ Discontinue anti-TB drugs and refer to DOTS physician
 Impairment of visual acuity – optic neuritis EMB Discontinue EMB and refer to
 ophthalmologist Hearing impairment Streptomycin Discontinue streptomycin
 and refer to DOTS physician Psychosis and convulsion INH Discontinue INH
 and refer to DOTS physician Thrombocytopenia, anemia and
 shock Rifampicin Discontinue anti-TB drugs and refer to DOTS physician