

FORM 8

CHECKLIST FOR CONSILIUM TO START TREATMENT

Rayon's MSF Doctor, complete the form 8.

The form is used to present the case to the Short course co-ordinator and can be used by consilium supervisors to ensure all baseline testing is complete - the form is kept in patient's medical chart. This replaces the MoH checklist for standard regimen

Micro Lab ID:

Patient's name (surname, name):

Date form completed:

Clinical criteria	Checking	Baseline testing blood	Checking
<input type="radio"/> Pulmonary TB <input type="radio"/> Consents to treatment <input type="radio"/> No treatment 2 nd line >1 mo <input type="radio"/> Will live >1 week <input type="radio"/> Comorbidities _____ _____	<input type="radio"/> No meningitis/bone <input type="radio"/> Form signed <input type="radio"/> Prev. reg status checked <input type="radio"/> Needs 2 nd opinion? <input type="radio"/> Specialist rv? _____ _____	<input type="radio"/> FBC <input type="radio"/> K/ALT/Glu/Cr <input type="radio"/> Pregnancy test <input type="radio"/> Hep B/Hep C/HIV <input type="radio"/> Other _____	<input type="radio"/> Iron sup if Hb low & rpt <input type="radio"/> DM? Hepatitis? CrCl < 30 <input type="radio"/> Contraception _____ <input type="radio"/> Checked? <input type="radio"/>
Microbial criteria	Checking	Baseline testing other	Checking
<input type="radio"/> Rifampicin resistant on Hain, Xpert or MGIT OR <input type="radio"/> <14 yrs and DR contact <input type="radio"/> Hain SL for Ofi S/Invalid <input type="radio"/> No known evidence of ofloxacin or dual injectable resistance <input type="radio"/> Culture taken in last 30 days <input type="radio"/> DST to date _____ _____	<input type="radio"/> Checked by co-ord <input type="radio"/> Checked by co-ord <input type="radio"/> Checked by co-ord <input type="radio"/> Checked by co-ord <input type="radio"/> If not – resubmit sm/cult.	<input type="radio"/> CXR <input type="radio"/> Hearing assessment <input type="radio"/> ECG <input type="radio"/> Other _____	<input type="radio"/> Cavity? _____ <input type="radio"/> Audiometry copy <input type="radio"/> ECG copy. QTc <500 ms <input type="radio"/>
Social criteria		Notes	
<input type="radio"/> Agrees to live in Rayon for 9 mo <input type="radio"/> Counselling session 1 <input type="radio"/> Adequate family/social support <input type="radio"/> Adequate financial support <input type="radio"/> Symptomatic family contacts	<input type="radio"/> Checked by MD <input type="radio"/> Counselling session 2 <input type="radio"/> Checked by MD <input type="radio"/> SW referral? <input type="radio"/> Checked by MD		