BTS MDR-TB Clinical Advice Service
Sheet C: Follow Up

Items in grey are dependent questions – please only answer if directed to.

This sheet provides details of the follow up questions in the BTS MDR-TB Clinical Advice Service (CAS). This form is intended as a summary of those questions only – if you would like to post a case to the MDR-TB CAS please visit http://mdrtb.brit-thoracic.org.uk

1a	Date of follow up entry: DD/ MM / YYYY
1b	Reason for this follow up entry: ☐ Adverse effects and advice (see questions 2-5) ☐ Treatment has concluded (for whatever reason)(see 1c) ☐ Changeover to continuation phase (see questions 2-5) ☐ Routine update requested ☐ Gaps in treatment (see questions 2-5) ☐ Other (see questions 2-5)
1c	Reason for conclusion of treatment (please select all that apply): ☐ Patient completed a planned course of therapy ☐ Transferred to short course treatment ☐ Patient did not complete a full course of therapy ☐ Treatment stopped, patient subsequently found not to have TB ☐ Treatment stopped, patient considered cured by physician ☐ Treatment stopped, but patient had TB ☐ Patient died - TB primary cause of death ☐ Patient died - TB contributed to death ☐ Patient died - TB unrelated ☐ Patient's care was transferred to another clinic ☐ Patient lost to follow up ☐ Unknown (includes transferred out)
1d	Please give a very brief description (more detail will be requested in question 2):
2	Please enter any key findings from investigations to date (if not covered in this form):
3	Are there any social or risk factors that need to be considered?
4	Please provide any other appropriate information:
5a	Latest sputum sample/smear: ☐ Positive (see question 5c) ☐ Negative ☐ Unknown ☐ Awaiting ☐ Non-productive ☐ Not done ☐ Not applicable
5b	Date of latest sputum sample/smear (if applicable): / /

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5c	Time until culture positive (days):
6a	Has there been a change in resistance pattern since the previous entry for this patient? ☐ Yes (see question 6b) ☐ No ☐ Unknown

6b If 'Yes', please identify those changes.

	Resistant	Sensitive	Not available
Commonly used			
Rifampicin (R)	☐	☐	☐
Isoniazid (H)	☐	☐	☐
Pyrazinamide (Z)	☐	☐	☐
Ethambutol (E)	☐	☐	☐
1 – First line oral			
Rifabutin (Rb)	☐	☐	☐
Rifapentine (Rpt)	☐	☐	☐
2 – Fluoroquinolones			
Levofloxacin (Lfx)	☐	☐	☐
Moxifloxacin (Mfx)	☐	☐	☐
Gatifloxacin (Gfx)	☐	☐	☐
3 –Injectables			
Amikacin (Am)	☐	☐	☐
Capreomycin (Cm)	☐	☐	☐
Kanamycin (Km)	☐	☐	☐
Streptomycin (S)	☐	☐	☐

	Resistant	Sensitive	Not available
4 – Other core 2nd line			
Ethionamide (Eto)	☐	☐	☐
Prothionamide (Pto)	☐	☐	☐
Cycloserine (Cs)	☐	☐	☐
Linezolid (Lzd)	☐	☐	☐
Clofazimine (Cfz)	☐	☐	☐
Terizidone (Trd)	☐	☐	☐
5 – Add on agents			
High-dose isoniazid	☐	☐	☐
Bedaquiline (Bdq)	☐	☐	☐
Delamanid (Dlm)	☐	☐	☐
p-aminosalicylic acid (PAS)	☐	☐	☐
Imipenem/Cilastatin (Ipm/Cln)	☐	☐	☐
Meropenem (Mpm)	☐	☐	☐
Amoxicilin/Clavulanate (Amx/Clv	☐	☐	☐
Thioacetazone (T)	☐	☐	☐

7 Drugs received by patient so far in current episode (For each selected please fill in the questions numbered in italics. More than one session of treatment with each drug may be added to the BTS MDR-TB Clinical Advice Service site.):

Commonly used
☐ Rifampicin (R) *Q7a*
☐ Isoniazid (H) *Q7b*
☐ Pyrazinamide (Z) *Q7c*
☐ Ethambutol (E) *Q7d*
1 – First line oral
☐ Rifabutin (Rb) *Q7e*
☐ Rifapentine (Rpt) *Q7f*
2 – Fluoroquinolones
☐ Levofloxacin (Lfx) *Q7g*
☐ Moxifloxacin (Mfx) *Q7h*
☐ Gatifloxacin (Gfx) *Q7i*

3 –Injectables
☐ Amikacin (Am) *Q7j*
☐ Capreomycin (Cm) *Q7k*
☐ Kanamycin (Km) *Q7l*
☐ Streptomycin (S) *Q7m*
4 – Other core 2nd line
☐ Ethionamide (Eto) *Q7n*
☐ Prothionamide (Pto) *Q7o*
☐ Cycloserine (Cs) *Q7p*
☐ Linezolid (Lzd) *Q7q*
☐ Clofazimine (Cfz) *Q7r*
☐ Terizidone (Trd) *Q7s*

5 – Add on agents
☐ High-dose isoniazid (High dose H) *Q7t*
☐ Bedaquiline (Bdq) *Q7u*
☐ Delamanid (Dlm) *Q7v*
☐ *p*-aminosalicylic acid (PAS) *Q7w*
☐ Imipenem/Cilastatin (Ipm/Cln) *Q7x*
☐ Meropenem (Mpm) *Q7y*
☐ Amoxicilin/Clavulanate (Amx/Clv) *Q7z*
☐ Thioacetazone (T) *Q7aa*

7a-1	**Rifampicin (R)** Date this treatment commenced: DD/ MM / YYYY	7a-2	If no longer in use, date ceased: DD/ MM / YYYY
7a-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Renal reaction ☐ Further information/Other	7a-4	If Further information/Other:
		7a-5	If hepatitis please give ALT value:
		7a-6	If hepatitis please give results of bilirubin test:
		7a-7	If hepatitis please give any other relevant information:
7b-1	**Isoniazid (H)** Date this treatment commenced: DD/ MM / YYYY	7b-2	If no longer in use, date ceased: DD/ MM / YYYY
7b-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction	7b-4	If Further information/Other:
		7b-5	If hepatitis please give ALT value:

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	☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Musculoskeletal reaction ☐ Neurological reaction ☐ Further information/Other	7b-6	If hepatitis please give results of bilirubin test:
		7b-7	If hepatitis please give any other relevant information:
7c-1	**Pyrazinamide (Z)** Date this treatment commenced: DD/ MM / YYYY	7c-2	If no longer in use, date ceased: DD/ MM / YYYY
7c-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Arthralgia ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Hyperuricaemia ☐ Further information/Other	7c-4	If Further information/Other:
		7c-5	If hepatitis please give ALT value:
		7c-6	If hepatitis please give results of bilirubin test:
		7c-7	If hepatitis please give any other relevant information:
7d-1	**Ethambutol (E)** Date this treatment commenced: DD/ MM / YYYY	7d-2	If no longer in use, date ceased: DD/ MM / YYYY
7d-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Gastrointestinal reaction ☐ Ophthalmic reaction ☐ Further information/Other	7d-4	If Further information/Other:
7e-1	**Rifabutin (Rb)** Date this treatment commenced: DD/ MM / YYYY	7e-2	If no longer in use, date ceased: DD/ MM / YYYY
7e-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐Hepatic reaction ☐ Ophthalmic reaction ☐ Further information/Other	7e-4	If Further information/Other:
		7e-5	If hepatitis please give ALT value:
		7e-6	If hepatitis please give results of bilirubin test:
		7e-7	If hepatitis please give any other relevant information:
7f-1	**Rifapentine (Rpt)** Date this treatment commenced: DD/ MM / YYYY	7f-2	If no longer in use, date ceased: DD/ MM / YYYY
7f-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Metabolic reaction ☐ Renal reaction ☐ Further information/Other	7f-4	If Further information/Other:
		7f-5	If hepatitis please give ALT value:
		7f-6	If hepatitis please give results of bilirubin test:
		7f-7	If hepatitis please give any other relevant information:
7g-1	**Levofloxacin (Lfx)** Date this treatment commenced: DD/ MM / YYYY	7g-2	If no longer in use, date ceased: DD/ MM / YYYY

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7g-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Metabolic reaction ☐ Musculoskeletal reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7g-4	If Further information/Other:
		7g-5	If hepatitis please give ALT value:
		7g-6	If hepatitis please give results of bilirubin test:
		7g-7	If hepatitis please give any other relevant information:
7h-1	**Moxifloxacin (Mfx)** Date this treatment commenced: DD/ MM / YYYY	7h-2	If no longer in use, date ceased: DD/ MM / YYYY
7h-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Metabolic reaction ☐ Musculoskeletal reaction ☐ Neurological reaction ☐ Renal reaction ☐ Respiratory reaction ☐ Further information/Other	7h-4	If Further information/Other:
		7h-5	If hepatitis please give ALT value:
		7h-6	If hepatitis please give results of bilirubin test:
		7h-7	If hepatitis please give any other relevant information:
7i-1	**Gatifloxacin (Gfx)** Date this treatment commenced: DD/ MM / YYYY	7i-2	If no longer in use, date ceased: DD/ MM / YYYY
7i-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Further information/Other	7i-4	If Further information/Other:
7j-1	**Amikacin (Am)** Date this treatment commenced: DD/ MM / YYYY	7j-2	If no longer in use, date ceased: DD/ MM / YYYY
7j-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Audiological reaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7j-4	If Further information/Other:
7k-1	**Capreomycin (Cm)** Date this treatment commenced: DD/ MM / YYYY	7k-2	If no longer in use, date ceased: DD/ MM / YYYY
7k-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Audiological reaction	7k-4	If Further information/Other:
		7k-5	If hepatitis please give ALT value:

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	☐ Dermatological reaction ☐ Endocrine reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7k-6	If hepatitis please give results of bilirubin test:
		7k-7	If hepatitis please give any other relevant information:
7l-1	**Kanamycin (Km)** Date this treatment commenced: DD/ MM / YYYY	7l-2	If no longer in use, date ceased: DD/ MM / YYYY
7l-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Further information/Other	7l-4	If Further information/Other:
7m-1	**Streptomycin (S)** Date this treatment commenced: DD/ MM / YYYY	7m-2	If no longer in use, date ceased: DD/ MM / YYYY
7m-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Audiological reaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Haematological reaction ☐ Immunological reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7m-4	If Further information/Other:
7n-1	**Ethionamide (Eto)** Date this treatment commenced: DD/ MM / YYYY	7n-2	If no longer in use, date ceased: DD/ MM / YYYY
7n-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Hepatic reaction ☐ Metabolic reaction ☐ Neurological reaction ☐ Ophthalmic reaction ☐ Psychiatric reaction ☐ Further information/Other	7n-4	If Further information/Other:
		7n-5	If hepatitis please give ALT value:
		7n-6	If hepatitis please give results of bilirubin test:
		7n-7	If hepatitis please give any other relevant information:
7o-1	**Prothionamide (Pto)** Date this treatment commenced: DD/ MM / YYYY	7o-2	If no longer in use, date ceased: DD/ MM / YYYY
7o-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Gastrointestinal reaction ☐ Hepatic reaction ☐ Metabolic reaction ☐ Neurological reaction ☐ Ophthalmic reaction ☐ Psychiatric reaction ☐ Further information/Other	7o-4	If Further information/Other:
		7o-5	If hepatitis please give ALT value:
		7o-6	If hepatitis please give results of bilirubin test:
		7o-7	If hepatitis please give any other relevant information:

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7p-1	**Cycloserine (Cs)** Date this treatment commenced: DD/ MM / YYYY	7p-2	If no longer in use, date ceased: DD/ MM / YYYY
7p-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Neurological reaction ☐ Psychiatric reaction ☐ Further information/Other	7p-4	If Further information/Other:
7q-1	**Linezolid (Lzd)** Date this treatment commenced: DD/ MM / YYYY	7q-2	If no longer in use, date ceased: DD/ MM / YYYY
7q-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Infective reaction ☐ Metabolic reaction ☐ Neurological reaction ☐ Opthalmic reaction ☐ Further information/Other	7q-4	If Further information/Other:
		7q-5	If hepatitis please give ALT value:
		7q-6	If hepatitis please give results of bilirubin test:
		7q-7	If hepatitis please give any other relevant information:
7r-1	**Clofazimine (Cfz)** Date this treatment commenced: DD/ MM / YYYY	7r-2	If no longer in use, date ceased: DD/ MM / YYYY
7r-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Ophthalmic reaction ☐ Psychiatric reaction ☐ Further information/Other	7r-4	If Further information/Other:
7s-1	**Terizidone (Trd)** Date this treatment commenced: DD/ MM / YYYY	7s-2	If no longer in use, date ceased: DD/ MM / YYYY
7s-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Neurological reaction ☐ Psychiatric reaction ☐ Further information/Other	7s-4	If Further information/Other:
7t-1	**High-dose isoniazid (High dose H)** Date this treatment commenced: DD/ MM / YYYY	7t-2	If no longer in use, date ceased: DD/ MM / YYYY
7t-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction	7t-4	If Further information/Other:

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	☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Musculoskeletal reaction ☐ Neurological reaction ☐ Further information/Other	7t-5	If hepatitis please give ALT value:
		7t-6	If hepatitis please give results of bilirubin test:
		7t-7	If hepatitis please give any other relevant information:
7u-1	**Bedaquiline (Bdq)** Date this treatment commenced: DD/ MM / YYYY	7u-2	If no longer in use, date ceased: DD/ MM / YYYY
7u-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Arthralgia ☐ Cardiovascular reaction ☐ Chest pain ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Hepatic reaction ☐ Neurological reaction ☐ Respiratory reaction ☐ Further information/Other	7u-4	If Further information/Other:
		7u-5	If hepatitis please give ALT value:
		7u-6	If hepatitis please give results of bilirubin test:
		7u-7	If hepatitis please give any other relevant information:
7v-1	**Delamanid (Dlm)** Date this treatment commenced: DD/ MM / YYYY	7v-2	If no longer in use, date ceased: DD/ MM / YYYY
7v-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Metabolic reaction ☐ Neurological reaction ☐ Psychiatric reaction ☐ Respiratory reaction ☐ Further information/Other	7v-4	If Further information/Other:
		7v-5	If hepatitis please give ALT value:
		7v-6	If hepatitis please give results of bilirubin test:
		7v-7	If hepatitis please give any other relevant information:
7w-1	***p*-aminosalicylic acid (PAS)** Date this treatment commenced: DD/ MM / YYYY	7w-2	If no longer in use, date ceased: DD/ MM / YYYY
7w-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Metabolic reaction ☐ Further information/Other	7w-4	If Further information/Other:
		7w-5	If hepatitis please give ALT value:
		7w-6	If hepatitis please give results of bilirubin test:
		7w-7	If hepatitis please give any other relevant information:
7x-1	**Imipenem/Cilastatin (Ipm/Cln)** Date this treatment commenced: DD/ MM / YYYY	7x-2	If no longer in use, date ceased: DD/ MM / YYYY
7x-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction	7x-4	If Further information/Other:

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	☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Infective reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7x-5	If hepatitis please give ALT value:
		7x-6	If hepatitis please give results of bilirubin test:
		7x-7	If hepatitis please give any other relevant information:
7y-1	**Meropenem (Mpm)** Date this treatment commenced: DD/ MM / YYYY	7y-2	If no longer in use, date ceased: DD/ MM / YYYY
7y-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Infective reaction ☐ Neurological reaction ☐ Further information/Other	7y-4	If Further information/Other:
		7y-5	If hepatitis please give ALT value:
		7y-6	If hepatitis please give results of bilirubin test:
		7y-7	If hepatitis please give any other relevant information:
7z-1	**Amoxicilin/Clavulanate (Amx/Clv)** Date this treatment commenced: DD/ MM / YYYY	7z-2	If no longer in use, date ceased: DD/ MM / YYYY
7z-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Infective reaction ☐ Further information/Other	7z-4	If Further information/Other:
		7z-5	If hepatitis please give ALT value:
		7z-6	If hepatitis please give results of bilirubin test:
		7z-7	If hepatitis please give any other relevant information:
7aa-1	**Thioacetazone (T)** Date this treatment commenced: DD/ MM / YYYY	7aa-2	If no longer in use, date ceased: DD/ MM / YYYY
7aa-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Neurological reaction ☐ Further information/Other	7aa-4	If Further information/Other:
		7aa-5	If hepatitis please give ALT value:
		7aa-6	If hepatitis please give results of bilirubin test:
		7aa-7	If hepatitis please give any other relevant information:
8a	Was treatment directly observed? ☐ Yes - DOT ☐ Yes - VOT ☐ No ☐ Unknown		
8b	Please provide any further information regarding how treatment was observed:		
9a	Does the patient have any additional contacts who may need to be approached? ☐ Yes (see questions 9b to 9h) ☐ No ☐ Unknown		
9b	Number of cohabitants – adult:		
9c	Number of cohabitants – children:		
9d	Work contacts – adult:		
9e	Work contacts (including children if working in a crèche, etc.) – children:		

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9f	Other – adult:
9g	Other – children:
9h	Please give any further information:
10	Number of contacts known to have been infected to date:
11	Did the advice provided by this service cause you to make any changes to the treatment you would otherwise have prescribed for your patient? ☐ Yes ☐ No ☐ N/A