



## TB / HIV Flow Sheet INSTRUCTIONS FOR USE

- Managing patients with HIV-TB co-infection can be very difficult and requires a tremendous amount of organization and data management.
- The attached form is an attempt to make caring for HIV-TB patients more efficient and organized.
- Information regarding the patient's HIV care is necessary as these two disease processes can not be managed in isolation.
- Additional laboratory studies i.e. CD4, HIV viral load, hepatitis serologies are necessary as their result can influence management of TB.
- Likewise, it is absolutely necessary to know what medications the patient is taking for HIV and for prophylaxis of opportunistic infections as there may be drug interactions.

### Abbreviations Used:

INH = Isoniazid RIF = Rifampin PZA = Pyrazinamide EMB = Ethambutol	RFB = Rifabutin SM = Streptomycin Bac = Bactrim	Dap = Dapsone Mep = Mepron Azith = Azithromycin	Bili = Bilirubin AlkPhos = Alkaline Phosphatase SCr = Serum Creatinine Anti-HCV = Hepatitis C Antibodies
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### Complete the form as shown below:

Name: John Doe or Clinic Label DOB: MM/DD/YYYY											History:				
TREATMENT REGIMEN															
Date	INH	RIF	PZA	EMB	RFB	SM	Bac	Dap	Mep	Azith					Comments
11/25/08	300	600	1500	1200			DS								Daily
01/25/09	300	D/C	D/C	D/C	150		DS								Changed to thrice weekly; Combivir / Kaletra started.

SUSCEPTIBILITY RESULTS										X-RAY and BACTERIOLOGY				
Date	Specimen	Lab	INH	RIF	PZA	EMB	RFB	SM		Date	X-Ray	AFB Smear	AFB Culture	Comments
11/25/08	Sputum	PHL	S	S	S	S				11/25/08	Miliary	3+	MTB	

LAB RESULTS																				
Date	Wt Kg	AST	ALT	Bili	Alk Phos.	BUN	SCr	24 hr CrCl	Hgb / Hct	WBC	Platelet	RPR	Anti-HCV	HBsAg	Anti-HBs	CD4+ count	Viral Load	Visual Screen	Vestibular Screen	Audiogram
11/25/08	52	14	20	1.1	120	13	.9		10 / 30	2.1	170	Neg	Neg	Neg	Neg	23	5750	Pass		
12/20/08	54	19	30	1.0	118	14	.8		11 / 33	3.2	160							Pass		