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| **Nombre:** | | | | | | | **Historial:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Localización de la enfermedad:** | | | | | | | | | | | | | | |
| **FDN:** | | | | | | | **Fecha de inicio del régimen:** | | | | | | | | | | | | | | |
| FECHA | |  | | |  | | |  | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| **Medicamento/Dosis** | **DST** | **Susceptibilidad a medicamentos (DST) (S=Susceptible, R=Resistente) y Dosis de medicamentos farmacograma (Drug-O-Gram)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Isoniacida (INH) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Rifampicina (RIF) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Rifabutina (RFB) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Rifapentina (RPT) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Pirazinamida (PZA) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Etambutol (EMB) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Etionamida (ETA) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Bedaquilina (BDQ) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Clofazimina (CFZ) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Cicloserina (CS) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Levofloxacina (LFX) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Moxifloxacina (MFX) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Ofloxacina (OF) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Linezolid (LZD) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Amikacina (AK) |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Otro: |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| FECHA |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| Peso |  |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| **Bacteriología** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Fecha de la conversión del cultivo:** | | | | | | | | | | | | | | | | |
| FECHA |  |  | |  |  | |  |  | |  | |  |  | | | |  |  | |  | | |  |  | | | |  |  | | |  |  | | |  | | |  | |  | |  | |  | |  | |  | |  |
| Tipo de muestra |  |  | |  |  | |  |  | |  | |  |  | | | |  |  | |  | | |  |  | | | |  |  | | |  |  | | |  | | |  | |  | |  | |  | |  | |  | |  |
| Frotis para AFB |  |  | |  |  | |  |  | |  | |  |  | | | |  |  | |  | | |  |  | | | |  |  | | |  |  | | |  | | |  | |  | |  | |  | |  | |  | |  |
| Cultivo para AFB |  |  | |  |  | |  |  | |  | |  |  | | | |  |  | |  | | |  |  | | | |  |  | | |  |  | | |  | | |  | |  | |  | |  | |  | |  | |  |
| NAAT/PCR |  |  | |  |  | |  |  | |  | |  |  | | | |  |  | |  | | |  |  | | | |  |  | | |  |  | | |  | | |  | |  | |  | |  | |  | |  | |  |
| **Monitoreo de laboratorio** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FECHA | **Punto de referencia** | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Sodio |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Potasio |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Magnesio |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Glucosa/(HbA1c) |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| BUN |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Creatinina sérica |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| ALT (SGPT)/ AST (SGOT) |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| ALK. Phos. |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Total Bili |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Calcio |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Leucocitos |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Hgb/Hct |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Plaquetas |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| TSH |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| CD4/carga viral |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
| Otro: |  | |  | | |  | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |

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| **Nombre:** | | | | | | **Historial:** | | | | | | | | | | | | | **Localización de la enfermedad:** | | | | | | |
| **FDN:** | | | | | | **Fecha de inicio del régimen:** | | | | | | |
| **Perspectiva de las evaluaciones de toxicidad de los medicamentos**  *(Normal, Anormal, Estable); vea la documentación completa sobre las evaluaciones en el 702a.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| FECHA | | | **Punto de referencia** |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| Láminas de Ishihara | | |  |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| Agudeza visual | | |  |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| Cardiaca/ECG | | |  |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| Estado de la salud mental | | |  |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| Neuropatía periférica | | |  |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| Audiómetro | | |  |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| Vestibular | | |  |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| Evaluación mensual de toxicidad | | |  |  | |  | | |  |  | |  | |  |  | |  | |  | |  | |  | |  |
| **Radiología** *(Abreviaturas para**CXR: N=Normal, A=Anormal, DP=Derrame pleural, C=Cavitario, N/C= No-Cavitario, M=Mejorado, E=Empeorando, ES=Estable)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| FECHA | |  | | |  | | |  | | |  | |  | | |  | |  | | | |  | |  | |
| Resultados | |  | | |  | | |  | | |  | |  | | |  | |  | | | |  | |  | |

**Información para el manejo del Programa de TB**

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| **Información de contacto local o regional del Programa de TB** | | | | | | | |
| **Enfermera principal del caso (Nombre/Iniciales)** | **Médico/clínico tratantes (Nombre/Iniciales)** | | | **Nombre del médico asesor** | | **Jurisdicción administrativa** | |
|  |  | | |  | |  | |
| **Personal adicional de administración de casos** | | | | | | |
| **Nombre** | | **Iniciales** | **Firma** | | **Puesto** | |
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