

Guide to Exercise # 3.3: Accomplishing NTP Forms on Case Finding

Objectives

This activity provides trainees the opportunity to familiarize themselves with the NTP forms for case finding and use them correctly.

Task and Output

Trainees must correctly accomplish Forms 1, 2a, and 3 as applicable in the cases below. The same Presumptive TB Masterlist (Form 1) can be used for the two cases. Trainees must submit both their “draft” and “final” outputs on or before the set deadlines.

Specific Guidelines

1. Download Forms 1, 2a, and 3. You will need one digital copy of each for this exercise.
2. “Insert” your full name in the upper left corner of each form. Be sure not to alter the format of the form.
3. Read the cases carefully.
4. Based on the given data on each case, accomplish the specified forms. “Insert” or type your answers directly into the forms.
5. Surnames should be written using all capital letters.
6. Once finished, save each form using a filename with this format: YOURSURNAME_FIRSTNAME_EX3.3_FormNo (Ex: Santos_MariaTeresa_EX3.3_Form2a)
7. To submit your accomplished forms, click “Add submission,” then upload the forms as “draft” no later than 12:00 noon of Thursday of the week this module is scheduled. *(These will be downloaded by the Course Facilitator for checking and documentation before the answer key is uploaded in the discussion forum.)* Alternatively, if you encounter serious difficulties in uploading them to the course site, you may email your outputs directly to the Course Facilitator.
8. The answers will be discussed in the forum. You may also go back to the NTP MOP, 5th ed. to review your answers. If you disagree with the answer key or if you have questions, post them in the discussion forum or raise them during the chat session.
9. Correct your draft and upload again as “Final for marking” using the same filename on or before the set deadline for submission of the corrected or final version. (Your final submission will be checked for completeness and correctness.) Again, you may email them directly to the Course Facilitator if you encounter difficulties in uploading to the course site.
10. If errors are still noted in your corrected form/s, the forms will be reverted to draft for you to correct and re-submit again as “Final for marking” until you give the correct answers. You may contact the Course Facilitator anytime for clarifications.

The case of Melinda Tanun

Melinda Tanun, 45-year old female, was referred by a private physician, Dr. Bert Santos, to the Victoria RHU because of chest X-ray findings of PTB (Jan. 7, 2014: streaky infiltrates in left upper lobe). At the RHU, the following information was obtained when she consulted on January 14, 2014:

- She had cough of 3 weeks duration, with weight loss and fever.

- She was treated for PTB in 2012 by another private physician. She could not recall the name of the medicines but said she took 3 tablets of the same kind everyday but only for 2 months.
- There is no other member of the household with a history of TB.
- Melinda lives in Purok 7, Bgy. Maalon, Victoria Municipality, Province B, in Region 1.

She was able to submit 2 specimens for DSSM on the same day.

(ACCOMPLISH Form 1 and the upper portion of Form 2a BEFORE PROCEEDING.)

The specimens of Melinda Tanun were processed and read on the same day, January 14. Results were as follows:

Specimen #1:	0	(salivary)
Specimen #2:	0	(salivary)

(ACCOMPLISH Form 3 and the lower portion of Form 2a BEFORE PROCEEDING.)

(UPDATE Form 1.)

The patient returned to the DOTS physician the following day. Results were explained to her and she was referred to the accessible Xpert site, which was District Hospital B.

The case of Justine David

Justine David, a 4-year old boy, was brought to the Batasan DOTS facility on February 7, 2014 by her mother for evaluation. Her mother, Christa, was started on Category 1 treatment at Batasan 2 weeks ago. The family resides in #43 General St., Bgy. Batasan, City 123, in Region 2.

On evaluation, it was found that Justine has had cough for the past 4 weeks. His weight was below normal for his age and the mother reported he had a very poor appetite. He had been given Cotrimoxazole 3 weeks ago but still without resolution of cough after 7 days of intake. Justine also underwent a chest X-ray (self-requested by the mother) and it read: hilar adenopathy, right consistent with PTB (January 24, 2014).

Justine has not been treated previously for TB. He could not produce sputum. A TST was done and read on February 9 as 12 mm.

(ACCOMPLISH Form 1.)

Your activity in the course site is tracked and documented automatically by the system.