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UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

TUBERCULOSIS

STANDARD CLINICAL AND RADIOLOGICAL FOLLOW-UP

CLINICAL EVALUATION
AND MEDICAL ACTION

EMBOSSER ICI LA CARTE DU CSI OU CSTU,
SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,
DATE DE NAISSANCE ET NUMÉRO DOSSIER

EMBOSS HERE THE CARD OF IHC OR UTHC,
IF NOT AVAILABLE, WRITE THE NAME, SURNAME,
DATE OF BIRTH AND FILE NUMBER

Date of significant TST: yyyy/mm/dd Result: ____mm Starting weight: _____ kg on (date): yyyy/mm/dd

REASON FOR FOLLOW-UP

☐ Latent TB infection (LTBI) left untreated/inadequately treated
☐ Prophylaxis deemed acceptable
☐ Close contact with a case of smear-positive active TB - Date of last contact: yyyy/mm/dd
☐ Follow-up after end of active TB treatment

CLINICAL EVALUATION [1]	**Scheduled date[2]**	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd
	Actual date[3]	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd
	New or unusual cough ≥ 3 weeks							
	Hemoptysis							
	Night sweats							
	Persistent fever							
	Weight	kg	kg	kg	kg	kg	kg	kg
	Reminder of need for self-vigilance[4]							
	Nurse's signature							
MEDICAL ACTION	**Date of the CXR**	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd
	Normal CXR Continue CRF ibid	☐	☐	☐	☐	☐	☐	☐
	Abnormal CXR Continue CRF ibid	☐	☐	☐	☐	☐	☐	☐
	Abnormal CXR Refer to the medical note	☐	☐	☐	☐	☐	☐	☐
	Additional follow-up requested[5]	☐	☐	☐	☐	☐	☐	☐
	Physician's signature							

[1] To be completed by the nurse prior to the CXR. Indicate whether or not (Yes or No) the symptom is present. Notify the physician of the presence of active TB symptoms and indicate this fact on the radiology requisition, in the "Comments" section.
[2] Based on the information provided by the physician in the *Clinical and radiological follow-up guide* of the patient.
[3] If clinical and radiological follow-up is delayed, make sure it is done as soon as possible. Then, if time until the next scheduled clinical and radiological follow-up is ≤ 3 months, cancel it and continue with the subsequent follow-up measures as planned.
[4] Promote consulting healthcare professionals early on should symptoms present that are suggestive of active TB disease.
[5] If additional follow-up is requested by the physician, refer to the tool *Additional clinical and radiological follow-up*.