



Federal Ministry of Health

# MDR TB REGISTER

**Instruction for MDR TB registration at the treatment initiating health facilities**

SN	Variable	Description
1	Facility information(region, facility type and code)	Write the region where the facility found in, The facility type: Hospital (08) or Health center (09) and the facility code on the upper part of each page of the registration.
2	Medical Register Number(MRN) MDR TB register Number	<u>Upper Space</u> : Enter the medical register number(MRN) of the patient given by the facility in the upper portion of the column <u>Lower Space</u> : Write a new unique patient identification number assigned by MDR TB treatment initiating center. The MDRTB unique number is assigned as: <b>Region/Type of facility/facility code/five digit serial number with DR prefix.</b> For instance, If a patient is started on SLD treatment at St peter hospital and is the 22nd patient to be put on SLD at the center. His/her unique MDR number will be: 14/08/020/DR00022 Please write only the five digit number with DR prefix on the space provided as the facility type and code are already written at the top of each page
3	Treatment started date	Enter treatment started date using Ethiopian Calendar(DD/MM/YY) Record the date when the clinical team decided that the patients deserve MDR TB treatment; in most case the date of registration and date of start will be the same if the patient started the treatment upon arrival and if no other investigation/s are important before the start of the MDR TB treatment.
4	Name in full	<u>Upper space</u> : write patient name(individual), <u>Lower space</u> : enter Father, Grandfather)
5	Sex	Enter M= Male and F= Female
6	Age	Enter age in year
7	Address	Write address of the patient(Region, Woreda, House No, Telephone)
8	Resistance type	Write "M" for MDR; "X" for XDR; "MR" for Mono-resistant; and "PR" for Poly-resistant
9	Site	Enter the site of TB: "Pul" for pulmonary and EP for extra-pulmonary NB: Patients with both pulmonary and extra pulmonary TB should be classified as a case of pulmonary TB.
10	Registration group	There are seven possible options to choose. Select or mark only one and enter the code as follow 1. New 2. Relapse 3. After default 4. Failure of new regimen 5. After failure of retreatment 6. Transfer in 7. Other
11	Result of drug susceptibility testing (DST)	Enter the (DST that resulted in the patient being registered as a MDR TB patient. If the DST is pending it should be filed in which the results are known. See treatment card for full history of DST data) R=resistant S=susceptible C=Contaminated
12	Date sample taken for DST	Enter the date (DD/MM/YY) of the sample collected not the date of the result collected
13	Previously treated with Second line drugs	Enter 'Y' for those patients who have taken second line drug for more than one month prior to registration and "N" for patient who has no history of drug use and those who has taken for less than one month.



14	MDR TB regimen & date treatment started: Intensive phase	<u>Upper space:</u> Record the MDR TB intensive phase regimens using the drug abbreviations. <u>Lower space:</u> Enter treatment started date using Ethiopian Calendar(DD/MM/YY)
15	MDR TB regimen & date treatment started: Continuation phase	<u>Upper space:</u> Record the MDR TB continuation phase regimens using the drug abbreviations. <u>Lower space:</u> Enter treatment started date using Ethiopian Calendar(DD/MM/YY)
16	Smear and culture monitoring results	Record all smear and culture results and the date; use the same date for both if they the test done within the same month. If more than one smear or culture done in a month, enter the most recent result. Enter "P" for positive result using red pen; "N" for negative results and "U" for not done/results not available
17	Reason for entering in MDR TB Register	Mark(✓) patient diagnostic status during the time of enrollment (confirmed/ suspect)
18	Diagnostic method	Enter the method used to diagnosed MDR TB :LPA, Xpert, DST & Culture
19	TB/HIV activities	Enter HIV Testing date and results, cotrimoxazole prophylactic therapy and ART treatment started date in the appropriate place.
20	Treatment outcome	<u>Upper space:</u> Enter the outcome of the patient as described (Cured; Completed; Failed; Died; Defaulted; Transferred out <u>Lower space:</u> Enter the DD/MM/YY of the outcome given
21	Comments	Write additional information of patient in the space provided



