**DOCUMENTATION FOR DEVELOPMENT OF I-DECIDE APPLICATION (Mobile)**

|  |  |
| --- | --- |
| http://vertassets.blob.core.windows.net/image/920a8871/920a8871-6dda-4a1c-b29e-a18101065642/mhealth_app_image.jpg  TB M-Health PROJECT DEVELPOMENT  [Document subtitle] |  |

PHOTOGRAPH

1. **MODULE – 1:PATIENT PROFILE**

TB No:

TB Unit:

Nikshay No:

**The Profile screen Interface in the Mobile Application which should able to display the following Profile variables to the Patient.**

Name:

Gender:

Age:

Disease classification:

Phase of treatment:

Dot Provider Contact Details:

Medical Officer Contact Details**:**

PHI details:

**II MODULE -2: DIAGNOSTIC RESULTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **DMC** | **LAB NO.** | **RESULT** | **WEIGHT** | **REMARKS** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

SPUTUM RESULTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **X-RAY** | **RESULT** | **REMARKS** | |
|  |  |  |  | |
|  |  | |  |  |
|  |  | |  |  |

X-RAY RESULTS

**Sputum and X-ray results can be viewed by the patient in the Application**

**III MODULE -3: SUBMIT REPORT**

**CATEGORY -1**

R

**Intensive Phase (2months)**

Z

Z

**SUBMIT**

R

**Prolongation Phase (1month)**

Z

Z

**SUBMIT**

R

R

R

**Continuation Phase (4months)**

**SUBMIT**

**CATEGORY-2**

R

S

Intensive Phase (2months)

Z

Z

**SUBMIT**

R

Intensive Phase (1month)

**SUBMIT**

Z

Z

**Continuation Phase :( 5months**)

R

R

R

SUBMIT

**IV MODULE-4: CONTACT PROVIDER**

Name: Dr. Rao

Phone Number: 98480123456

**DOCTOR**

CALL

MESSAGE

Name: ASHA

Phone number: 9480123456

**DOT PROVIDER**

MESSAGE

CALL

**SENIOR TREATMENT SUPERVISOR (STS)**

Name: USHA

Phone number: 9480123456



**V MODULE UPDATE-5: REPORT PROBLEM**

Vomiting’s

Stomach pain

Skin Rashes

Jaundice’s

Loss of Appetite

Fever

Blurred Vision

Change in Urine colour

Hearing loss

Itchiness

Nausea

Others specify

Bleeding from gums

Dizziness

Select

Sent

REPORT PROBLEM

The list common side effects faced during the treatment are listed in a drop box such that the patient can select and send to their concerned DOT provider.

LOGOUT

**SCREEN SHOTS - WEB**

1. **MODULE – 1: SUBSCIBER[[1]](#footnote-1) PROFILE**

1. Name

2. Nikshay Number

3. Patient TB Number

4. State

5. District

6. TB Unit

7. Gender

8. Age

9. Occupation

10. Education

11. Location

12. Category of Treatment

13. Phase of Treatment

14. Contact Address

15. Mobile Number

16. Type of Patient

17. Disease Classification

18. HIV

19. Blood Group

20. Name of Dot Provider

21. Phone Number

22. PHI

23. Medical Officer Name

24. Phone Number 25.Contact Person Name

26. Relationship

26. Phone Number

PHOTOGRAPH

UPLOAD

**DESCRIPTION**

The profile of the patient should include the following variables in web which the ADMIN (STS) enter the details

**DESCRIPTION FOR PROFILE OF PATIENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No | Field Name | Field Type | Capture Method | Values |
| 1 | Nikshay Number | Numeric | Text box |  |
| 2 | Tb Number | Numeric | Text Box |  |
| 3 | State | Text | Drop Box | Kerala |
| 4 | District | Text | Drop Box | Kollam Thrissur |
| 5 | Tb Unit | Text | Drop Box | Kollam Thrissur |
| 6 | Name | Text | Text Box |  |
| 7 | Gender | Text | Drop Box | Male ,Female |
| 8 | Age | Numeric | Drop box | 1-100 |
| 9 | Occupation | Text | Drop Box | Farmer  Fisherman  Auto driver  Daily wage Labour |
| 10 | Education | Text | Drop Box | Primary education  Secondary Education  Diploma  Professional degree |
| 11. | Location | Text | Drop box | Rural  Urban |
| 12. | Phase of Treatment | Text | Drop box | Intensive  Continuation Phase |
| 13. | Contact Address | Text | Text Box |  |
| 14. | Mobile Number | Numeric | Text box |  |
| 15. | Type of Patient | Text |  | New  Relapse  Treatment failure  Transfer In  Transfer out |
| 16. | Diseases Classification | Text | Drop Box | Pulmonary  Extra pulmonary |
| 17. | HIV status | Text | Drop box | Positive  Negative |
| 18. | Blood Group | Text | Drop Box | A+  B+  AB+  O+ |
| 19 | Name of Dot Provider | Text | Drop Box | List of dot Providers |
| 20 | Phone number | Numeric | Text Box |  |
| 21 | PHI | Text | Drop Box | List of PHI Details |
| 22 | Name of Medical Officer | Text | Drop Box | List of Medical officers in District |
| 23 | Phone Number | Numeric | Text Box |  |
| 24 | Name Of Contact Person | Text | Text Box |  |
| 25 | Relationship | Text | Text Box | Brother  Sister  Cousin |
| 26 | Phone Number | Numeric | Text Box |  |

**II MODULE -2: DIAGNOSTIC TEST**

TB NUMBER

NIKSHAYA NUMBER

PATIENT NAME

DATE OF TEST

LAB NO

DMC

RESULT

WEIGHT

**DIAGNOSTIC TESTS**

**SPUTUM TEST**

TB NUMBER

NIKSHAY NUMBER

PATIENT NAME

DATE OF TEST

LAB NO

X-RAY

RESULT

WEIGHT

**X-RAY**

**FUNCTIONALITY:**

**The Diagnostic test results were entered by the ADMIN (MICROSCOPIC TECHNICIAN) in Web**

**In the Application the Patient is able to view their results**

**III MODULE -3: TREATMENT DETAILS**

TB NO:

TB UNIT:

NIKSHAY NO:

NAME

TREATMENT STARTED ON

TYPE OF PATIENT

CATEGORY OF PATIENT

PHASE OF TREATMENT

**CATEGORY -1**

**(2 months**)

**INTENSIVE PHASE**

R

Z

Z

**SUBMIT**

R

**(1 month)**

**PROLONGATION PHASE**

Z

Z

**SUBMIT**

**(4 month)**

R

R

R

**CONTINUATION PHASE**

**SUBMIT**

**CATEGORY-2**

**INTENSIVE PHASE**

R

**(2 months)**



Z

Z

**SUBMIT**

**Intensive Phase**

**(1 month)**

R

Z

Z

**SUBMIT**

**(5 Month)**

**SUBMIT**

**CONTINUATION PHASE**

R

R

R

**DESCRIPTION FOR SCREEN -3**

The treatment schedule of for the patients is divided into two categories they are

CAT-1

CAT-2

They follow the follow schedule mentioned above

After the completion of Initial Phase treatment a regular sputum test is done and based on the result if it is positive again the treatment is prolonged or extended to one more month. If negative the patient is transferred to continuous phase.

CAT-2 Patients are referred as the Patients with previous history of treatment were categorised inti CAT-2.with which an extra dose of Streptomycin injection given during the Initial phase for alternative day for 2 months

The daily report of treatment is submitted by the patient through the mobile application by clicking the following tablets which they have consumed.

**IV MODULE-4: PROVIDER DETAILS**

DROP BOX OF DOCTORS IN TB UNIT AND PHI ARE PROVIDED WHICH PATIENT CAN SELECT TO MAKE CALL OR MESAGE

TB UNIT

PHI

NAME

DESIGNATION

DETAILS OF DOCTOR NAME PHONE NUMBER

DOCTOR

DROP BOX OF DOCTORS IN TB UNIT AND PHI ARE PROVIDED WHICH PATIENT CAN SELECT

DROP BOX OF DOCTORS IN TB UNIT AND PHI ARE PROVIDED WHICH PATIENT CAN SELECT

TB UNIT

PHI

NAME

DESIGNATION

DROP BOX OF DOT PROVIDER IN TB UNIT AND PHI ARE PROVIDED WHICH PATIENT CAN SELECT TO MAKE CALL OR MESSAGE

DOTS PROVIDER

DETAILS OF DOT PROVIDE NAME PHONE NUMBER

DROP BOX OF DOCTORS IN TB UNIT AND PHI ARE PROVIDED WHICH PATIENT CAN SELECT

DROP BOX OF STS IN TB UNIT ARE PROVIDED WHICH PATIENT CAN SELECT TO MAKE CALL OR MESSAGE

SENIOR TREATMENT SUPERVISOR (STS)

DETAILS OF STS NAME PHONE NUMBER

DROP BOX OF DOCTORS IN TB UNIT AND PHI ARE PROVIDED WHICH PATIENT CAN SELECT

TB UNIT

**FUNCTIONALITY**

The details of the provider such as Name and Phone number of Doctor ,Dots Provider, Senior Treatment supervisor should be displayed such that the Patient can able to call to their following providers in case of any emergency

**V MODULE UPDATE-5: ADVERSE EFFECTS**

Others …

If the patients specify the adverse drug reactions it is automatically updated in the list and send to the Dots Provider

SEND TO DOTS PROVIDER

DROP BOX OF LIST OF PROBLEMS FACED BY PATIENTS

1. Subscriber here is TB patients [↑](#footnote-ref-1)