

Drug-sensitive (DS) TB: routine care

Assess the patient with DS-TB at diagnosis, at 2 weeks and then once a month throughout DS-TB treatment.

Assess	When to assess	Note
Symptoms	Each visit	<ol style="list-style-type: none"> If respiratory rate > 30, breathless at rest or while talking or confused/agitated, give urgent attention ↗55. • Expect gradual improvement on TB treatment. Refer to doctor if symptoms worsen or do not improve.
Contacts	<ol style="list-style-type: none"> At diagnosis and if symptomatic 	<ul style="list-style-type: none"> Screen symptomatic household and work contacts for TB. Exclude TB. If asymptomatic contact is < 5 years, give 6 months IPT. If HIV positive ↗62.
Family planning	At diagnosis and each visit	Assess contraceptive needs to avoid pregnancy during treatment ↗91. Avoid oral contraceptive and use subdermal implant ¹ with caution while on TB treatment.
Adherence	<ol style="list-style-type: none"> Each visit 	<ol style="list-style-type: none"> Check adherence on the TB card. Manage the patient who interrupts TB treatment ↗59.
Side effects	Each visit	Ask about side effects on treatment ↗58.
<ol style="list-style-type: none"> Risky alcohol/drug use 	At diagnosis; if adherence poor	If ≥ 1 of: drinks alcohol every day, > 14 drinks ² /week, ≥ 5 drinks ² /session, loses control when drinking, uses illegal or misuses prescription drugs ↗83.
<ol style="list-style-type: none"> Weight 	At diagnosis and each visit	<ul style="list-style-type: none"> Expect weight gain on treatment and adjust TB treatment dose ↗58. Refer same week to doctor if losing weight. BMI is weight (kg) ÷ height (m) ÷ height (m). If < 18.5, refer for nutritional support.
<ol style="list-style-type: none"> Chest x-ray 	Not routinely, only if needed	Repeat chest x-ray at 2 months if Xpert negative and diagnosed on x-ray, patient deteriorates or coughs blood.
Culture and DST ³	If sent during diagnostic workup	<ul style="list-style-type: none"> If culture confirms MTB (Mycobacterium tuberculosis) check DST: <ul style="list-style-type: none"> If drug sensitive, continue treatment. If drug resistant, diagnose DR-TB and refer for DR-TB treatment. If culture does not confirm MTB, discuss with doctor.
<ol style="list-style-type: none"> Send 1 early morning sputum specimen for smear 	Week 8, end of month 5 and month 6	<ul style="list-style-type: none"> If smear negative at 8 weeks, change to continuation phase. If smear positive at 8 weeks, manage as on 8 week smear positive algorithm ↗59.
Treatment outcome	6 months	<ol style="list-style-type: none"> If month 5 and month 6 sputa were smear negative, stop TB treatment and register as cured. If month 5 or month 6 sputum was smear positive, repeat sputum smear. <ul style="list-style-type: none"> If repeat smear positive, register as treatment failure and refer for doctor review. If repeat smear negative, discuss with TB doctor. If unable to produce sputum, register as treatment completed.
HIV status	If status unknown	<ol style="list-style-type: none"> Test for HIV ↗60. If HIV positive, give routine HIV care and start ART once tolerating TB treatment and ready for ART ↗61: If CD4 ≤ 50 cells/mm³ or stage 4 (other than TB meningitis), start ART at 2 weeks of TB treatment. If TB meningitis, start ART between 2-8 weeks of TB treatment. If CD4 > 50 cells/mm³ and not stage 4, start ART between 2-8 weeks of TB treatment.
<ol style="list-style-type: none"> Glucose 	At diagnosis	If able, check fasting glucose after an 8-hour overnight fast. If not, check random glucose. Interpret result ↗70.

Advise and treat the patient with TB ↗58.

¹If patient already has subdermal implant, advise to use condoms consistently and offer switch to IUD. ²One drink is 1 tot of spirits, or 1 small glass (125mL) of wine or 1 can/bottle (330mL) of beer. ³Drug susceptibility testing.