

**REPUBLIC OF KENYA**



**MINISTRY OF HEALTH**

# Isoniazid Preventive Therapy (IPT) Register

## Health Facility Register

**Service Delivery Point:**

**SDP Number:**

**Facility Name:**

**MFL Code:**

**Sub-County:**

**County:**

**Start Date: Month/Year** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **End Date: Month/Year** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**August 2017**



## INSTRUCTIONS

Column Label	Column ID	Description
Serial No.	(a)	This is a sequential counter from 1 to n where n is the last client in that month. This number should be reset to 1 for each month. It assists in quickly counting the number of clients enrolled into the Programme from each month
Sub County Registration No.	(b)	This a unique number issued by the SCTLG when registering <5 years smear positive contacts on IPT
Date of Registration	(c)	Enter the date when the client was issued with a sub county registration number
OPD/IPD Number	(d)	In the upper cell, enter the Out patient or In-patient number of the client if applicable
CCC Number		In the lower Enter cell, enter the client's CCC number if applicable
Name	(e)	Enter the client's full names in the order: first name, middle and last
Sex	(f)	Enter gender of the client as either <b>M</b> for Male or <b>F</b> for Female in the upper cell
Age	Years	(g)
	Months	
Nationality	(h)	Enter the number of complete months since the last birthday
Physical Address/Unit	(i)	This is the current citizenship of the patient
Cell phone patient or treatment	(j)	Record the unit where the client resides or the landmark nearest to where the patient resides if civilian
Weight at start of treatment (Kgs)	(k)	Capture the patient's cell phone number and that of the treatment supporter
Height/Length (cm)	(l)	Indicate the weight of the client, expressed in kilograms
Children BMI for Age/ Z score	(m)	Record height in centimeters for patients above 2 years and length in centimeters for children under 2 years, fo adults record the height in meters
Adults MUAC or BMI		<b>Indicate the patient's nutrition status as follows upper cell for children and lower for adults:</b>  <b>BMI for age:</b> Indicate value for patients aged 5-18 years using a reference chart that uses weight, height and age <b>Z-score:</b> Indicate score for children aged 0-59 months and is a 50th percentile with a reference chart  <b>BMI:</b> Indicate value for patients aged above 18 years
Indication for IPT	(n)	This refers to the reason why client was eligible and initiated on IPT. Enter the following code in this column: <b>1-</b> PLHIV Newly enrolled <b>2-</b> PLHIV on care <b>3-</b> Child <5 years exposed to SM+ TB <b>4-</b> Prisoner <b>5-</b> Health Care Worker
INH Dose (mg)	(o)	Enter INH dose dispensed in mg e.g. 300mg
VTB6 (Pyridoxine) Dose	(p)	Enter the VTB6 (Pyridoxine) dose dispensed
Date Treatment Started	(q)	Record the date in which the client was initiated on IPT in the format DD/MM/YYYY
6X monthly drug collection (Write Dates)	(r)	It is expected that the client will collect drugs for up to six months. Indicate the date in which the client came to the facility to collect drug refill in the format DD/MM/YYYY
HIV Status	(s)	For those tested indicate the test results (P=Positive, N=Negative) For those who weren't tested, enter ND=Not Done For those with (KP) known positive test results, there must be documentary evidence
Date Done		In the lower cell enter the actual date the test was done
Cotrimoxazole preventive Therapy/Dapsone	(t)	For HIV positive patients, indicate Y if the patient has been initiated on either CTX/Dapsone, else enter N. In the lower cell the date the patient was started
ART(Y/N) / Date	(u)	For HIV positive patients, indicate Y if the patient has been initiated on ART, else enter N. In the lower cell enter the date the patient was started on therapy
IPT Outcome	(v)	Indicate the outcome of treatment as either: <b>TC:</b> Treatment Complete <b>TNC:</b> Discontinued <b>LTF:</b> Lost to Follow Up <b>D:</b> Died <b>TO:</b> Transferred Out
Date of Outcome		Enter the date when the outcome was observed
Reasons for discontinuation of IPT	(w)	If the client discontinues treatment enter the following: <b>PA:</b> Poor adherence <b>ADR:</b> Adverse Drug reaction <b>ATB:</b> Active TB disease <b>OTR:</b> Other Reasons
Month 6, 12, 18 & 24 Follow-up (TB Status/Date)	(x)	Record the TB status 6, 12, 18 & 24 months from the time the client completed treatment using the codes: <b>0:</b> No TB <b>1:</b> Presumptive TB <b>2:</b> TB Case <b>3:</b> Lost to Follow up <b>4:</b> Died <b>Note:</b> If TB case indicate date of diagnosis
Remarks	(y)	Any other comments that will be beneficial to the client and service





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