

This procedure explains the instructions for how to use the IPT MasterCard and IPT Register. The register is designed to be used to keep track of all patients in the facility currently taking IPT. The register should be updated regularly with data from the **IPT MasterCard**. The MasterCard is designed to be used by CHWs to keep track of individual patient clinic visits and their overall IPT outcome. Information from the IPT MasterCards can be updated by the CHW, and then transferred to the **IPT Register** for reporting purposes. The organization of the register allows for easy reporting on IPT activities and an overview of patient care and follow up.

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SECTION 1: USING THE IPT MASTERCARD

1. Open an IPT MasterCard for all patients that are eligible to begin IPT. During the first interaction:
 - a. Fill Part 0-Heading and Part I- Patient Details
 - b. Ensure that the patient has a **Locator Form** filled. Note: If patient was identified during contact tracing, use the index patient's Locator Form. It is not necessary to fill a separate one.
2. For the following six months of the patient's IPT course, use the MasterCard as a guide and checklist to ensure that at every scheduled health facility appointment the patient's adherence is assessed and any other sicknesses are identified.
 - a. Home visits are not necessary for IPT patients, except for in the following cases:
 - i. If the patient was identified through contact tracing, take the opportunity to check on the IPT patient while conducting home visits for the TB treatment patient.
 - ii. If the patient defaults from care, trace the patient to encourage him/her to return to care
 - b. Also be aware of a patient's eligibility to start ART (if pre-ART) or begin TB treatment (if active TB diagnosis). If this occurs, the patient should stop IPT and begin the other treatment immediately.
3. Fill the patient's final outcome when one of the following outcomes is reached:
 - a. Completed: patient completed the full course of IPT
 - b. Defaulted: patient has stopped coming to scheduled appointments for 2 or more consecutive months and cannot be traced.
 - c. Died: patient died before IPT course completed
 - d. Transferred Out: patient has received an official transfer letter to continue IPT at another health facility
 - e. Stopped- began TB treatment: patient has been diagnosed with active TB and started TB treatment. Indicate the MOH TB number in the space provided.
 - f. Stopped-began ART: patient has become eligible to start ART. Indicate the MOH ART number in the space provided.
 - g. Stopped- had side effects: the patient's IPT was stopped after instructions given by a nurse/clinician due to the patient's side effects
 - h. Other: any other reason not described above. Specify the reason in the space provided.

SECTION 2: IPT MASTERCARD

Part 0: Heading

This section should be filled upon opening the MasterCard during the patient's initiation onto IPT.

Heading	Description and Instructions	Response Options
Patient name	Name of the patient	First name Last name
Tingathe TB#	Unique ID number (found on the top of the TB Screening Tool) assigned by Tingathe to all patients during TB screening	
CHW assigned	The CHW responsible for following up the patient and ensuring s/he receives all needed services	First name Last name
IPT initiation date	The date that the patient began IPT	DD/MM/YY
Index MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment. If patient was identified through contact tracing, write the MOH TB# of the patient they were found through (i.e. index)	

Part I: Patient Details

This section should be filled upon opening the MasterCard during the patient's initiation onto IPT.

Heading	Description and Instructions	Response Options
Reason for IPT	The reason the patient is eligible for IPT initiation	Under-5 contact= the patient is under five years old, identified through contact tracing; pre-ART= the patient is enrolled in HCC
Date of last HIV test	The date of the patient's last HIV test	DD/MM/YY
Result	The result of the patient's last HIV test. Tick one.	Pos= positive; Neg=negative; Inc= inconclusive; ND= not done (this should only be marked if patient is <5yo and refused HIV testing)
Number of IPT tablets per day	The number of tablets the patient has to take per day for IPT	
Was the patient also given any:	Indication that the patient was given any other medication at the same time that s/he was given IPT. Tick all that apply.	

Part II: Patient Follow Up

This section will be filled as the patient progresses through their preventative course. All follow ups will be done at the health facility. It is not necessary to follow the patient at their home unless the patient has defaulted from care.

Heading	Description and Instructions	Response Options
Date	Date of patient's monthly scheduled visit to the health facility for refills	DD/MM/YY
Pt sick?	Was the patient sick at the time of visit	Y= yes; N= no
Adherence checked?	Check adherence to the IPT medication by doing a pill count and/or using the adherence questionnaire. For patients <16 years old, ask the patient's caregiver to demonstrate how/when the medications are given.	Y= yes; N= no
Notes	Any related notes or comments about the patient's medication regimen	

Part III: Outcome

Fill this section once the patient has reached one of the following outcomes. See descriptions of possible outcomes above.

Heading	Description and Instructions	Response Options
IPT outcome	The outcome of the patient's IPT. Mark only one.	Completed; defaulted; died; transferred out; stopped (began TB treatment); Stopped (began ART); Stopped (had side effects); other (specify reason in space provided)
Date of outcome	Date that the outcome occurred	DD/MM/YY
MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment. Fill this only if patient stopped IPT to be initiated onto TB treatment	
ART #	Unique identification number assigned by the MOH to all patients initiating ART. Fill this only if patient stopped IPT to be initiated onto ART	

SECTION 3: USING THE IPT REGISTER

It is the responsibility of the SS to maintain and ensure registers are completely filled as data from the register will be used to fill the monthly report. Patient entries should be regularly updated using data from the CHW's IPT MasterCards.

SECTION 4: IPT REGISTER

Part I: Patient Details

This section should be filled upon opening the MasterCard during the patient's initiation onto IPT.

Heading	Description and Instructions	Response Options
Tingathe TB#	Unique ID number (found on the top of the TB Screening Tool) assigned by Tingathe to all patients during TB screening	

Patient name	Name of the patient	First name Last name
Age	Patient's age in years when s/he started IPT	
IPT initiation date	The date that the patient began IPT	DD/MM/YY
Pt type	The type of patient in terms of the location of initial identification. Either the patient was identified through contact tracing/screening by a CHW or a CHW began following him/her after their IPT initiation	S= screened by CHW (or contact tracing); F= follow after IPT started
Reason IPT	The reason the patient was initiated on IPT	<5= the patient was less than five years old; pr= the patient was enrolled in pre-ART
Index MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment. If patient was identified through contact tracing, write the MOH TB# of the patient they were found through (i.e. index)	
CHW assigned	The CHW responsible for following up the patient and ensuring s/he receives all needed services	First name Last name

Part II: Patient Follow Up

This section will be filled as the patient progresses through their preventative course. All follow ups will be done at the health facility. It is not necessary to follow the patient at their home unless the patient has defaulted from care.

Heading	Description and Instructions	Response Options
1-6 month	Date of patient's monthly scheduled visit to the health facility for refills	DD/MM/YY

Part III: Outcome

Fill this section once the patient has reached one of the following outcomes. See descriptions of possible outcomes above.

Heading	Description and Instructions	Response Options
IPT outcome	The outcome of the patient's IPT course. Mark only one.	Completed; defaulted; died; transferred out; stopped (began TB treatment); Stopped (began ART); Stopped (had side effects); other (specify reason in space provided)
Date of outcome	Date that the outcome occurred	DD/MM/YY
Comments	Space for additional notes or comments. If patient starts TB treatment, write the MOH TB number. If the patient starts ART, write the MOH ART number.	

Appendix: IPT MasterCard, IPT Register

IPT REGISTER

SITE: _____

Part I—Patient Details (complete at enrollment)

Tingathe TB#	Name	Age	IPT Initiation Date	Pt type		Reason Start		Index MoH TB# <i>(if applicable)</i>	CHW assigned
				Screened by CHW	Follow after IPT started	<5 contact	Pre-ART		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
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			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	P	<5	Pr		

