



## **Guidelines for how to complete and submit the mandatory TB Treatment Plan**

*As of June 16, 2010, article 11 of the New York City Health Code requires all health care providers to submit a written TB Treatment Plan to the New York City Department of Health & Mental Hygiene (DOHMH) within one month of starting treatment for newly diagnosed TB patients.*

### **General information and guidelines regarding TB treatment**

Treating a patient with tuberculosis is an important public health responsibility. To ensure treatment adherence and completion, each TB patient is assigned to a DOHMH case manager who follows up on the patient's progress throughout the treatment duration. Directly Observed Therapy (DOT) is the standard care for TB and should be proposed to the patient at the time of TB treatment initiation. DOHMH TB case management also includes offering HIV counseling to all patients regardless of apparent risk factors. Additional information and guidelines about TB treatment and control are available at the DOHMH website: [www.nyc.gov/html/doh/html/tb/tb-hcp.shtml](http://www.nyc.gov/html/doh/html/tb/tb-hcp.shtml)

### **Instructions for completing the Tuberculosis Treatment Plan Form**

**Section A Patient information and Section B Provider contact information:** These sections are completed by a DOHMH staff. Providers complete Section C and D.

**Section C Clinical information:** Check drug susceptibility results for all drugs. If drug susceptibility results are pending or specimen has not been submitted for testing, check the box that says "No Results". Write the name and susceptibility results for drugs not specified. Indicate whether HIV testing was performed. If HIV testing was not done, state the reason. Write all medications (other than TB medications) that the patient is currently taking.

**Section D Treatment regimen:** Provide the date treatment was started, the estimated date of completion and length of treatment. Provide the name, dosage and duration in months for each of the prescribed drugs. Add drugs not specified if needed. State how often the medications are taken (frequency of treatment). State if the patient is receiving DOT. If yes, provide the name and telephone number of the patient's DOT provider. If the patient is not on DOT, state the reason.

The provider must sign the form, and submit it to the case manager or fax it to the number listed on the top of the form.

If you have questions about completing this form please contact 311 and ask to speak to a physician at the Bureau of Tuberculosis Control.