**TB 17**

# DEATH NOTIFICATION OF TUBERCULOSIS PATIENTS

| | | | | | |
|---|---|---|---|---|---|
| RDHS Area | | MOH Area | | | |
| Name of the patient | | Age | | Sex | |
| Home address | | Date of Death | | | |

Place where death occurred ☐ Home ☐ Hospital ☐ Other .....

| | | | | |
|---|---|---|---|---|
| **Section A Cause of Death** | Immediate Cause of Death | | | |
| | Underlying Cause of Death | | | |
| | Associated Cause of Death | | | |

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|---|---|---|---|---|
| **Section B Only for Hospital Deaths** | Name of the Hospital | | Date of Admission | |
| | | | BHT Number | |
| | Reason for Admission | | | |
| | Diagnosis of Current Admission (As in BHT) | | | |
| | Post Mortem Findings (If any) | | | |

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| **Section C Tuberculosis History** | District TB No. | | Date of Registration | |
| | National TB No | | Date Treatment Commenced | |
| | Type of TB | ☐ Smear + pulmonary ☐ Smear - pulmonary | ☐ EPTB \| Site ..... | |
| | Tr.Category | ☐ Category I | ☐ Category II | ☐ MDR |
| | Patient Type | ☐ New ☐ Tr. After Default | ☐ Relapse ☐ Transfer In | ☐ Tr.After Failure ☐ Other |
| | Extent of Chest X-ray Involvement | | | |
| | Culture | ☐ Sputum ☐ Other ..... | | ☐ Not Done |
| | Culture Results | | | |

| Death Occurred in (Month) | Intensive Phase | | | | | | Continuation Phase | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Other |
| | | | | | | | | | | | | | | | | |

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|---|---|---|---|---|
| Section D<br>Co-morbidity | Smoking | ☐ Never | ☐ Currently | ☐ Previously |
| | Alcohol Use | ☐ Never | ☐ Currently | ☐ Previously |
| | Substance Abuse | ☐ Never | ☐ Currently | ☐ Previously |
| | Past Medical History | ☐ Diabetes | ☐ Bronchial Asthma | ☐ COPD |
| | | ☐ Chronic Liver Disease | ☐ IHD | ☐ CA Lung |
| | | ☐ Chronic Renal Disease | ☐ Other ..... | |
| | Anti-TB Drug Related Adverse Effects During Treatment | 1. | | |
| | | 2. | | |
| | | 3. | | |
| | | 4. | | |

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| Comments | |

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| Conclusion ( Whether Death is due to TB According to your opinion) | ☐ Death due to TB ☐ Death not due to TB ☐ Indeterminate |
| Name of the Medical Officer | |
| Designation | |
| Signature | |
| Date | |