

Treatment Note

(DOTS NOTE)



Compilation ; February 28, 2003

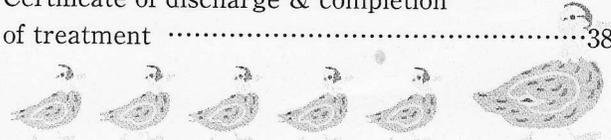
This "Treatment Note" is used for taking a record of your medicine which you have taken and is used until you have completed your treatment not to forget to take the medicine.

In hospital, you will be observed by nurses in your dosing. You should take a record of your dosage by yourself, and take note that your doctor will fill in the results of examination and process of the treatment.

After discharge of the hospital, you should visit the hospital once a month together with this Note. You can ask the doctor or nurses anything about you have noticed. Please take good care of this Note since this is your health note.

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Your Name _____

Your Birthday _____

ID Number _____

Address _____

Phone Number _____

Mobil Phone Number _____

Hospital Name · _____

Hospital Address · _____

Postal Number · _____

Phone Number · _____

The Doctor · _____

***Support by Public Health Center**

Public Health Centers support you in your treatment and health consultation for your family.

From the beginning of entering the hospital until 2 years of process observation after the completion of treatment, public health nurses in charge of your district will give you continuous support. You can consult with them if you have any anxieties or troubles.

Both being in and after leaving the hospital, public nurses visit or communicate with you.

You can show them this Note and tell them your process of your medical treatment.



Name of Public Health Center: _____

Address _____

Postal Number _____

Phone Number _____

Name of Public Health Nurse _____

Visiting or Informing Day of Public Health Nurse

(Public Health Nurse will fill in the followings.)

1. year month day
2. year month day
3. year month day
4. year month day

○	○	○	○	○	○	○	○
5	6	7	8	9	10	11	
			○	○	○	○	
			1	2	3	4	
SUN	MON	TUE	WED	THU	FRI	SAT	

Medicine: (INH) · (RFP) · (EB) · (PZA) · Others ()

Drug taking record first month 2003 year 1 month

Drug taking (sample)

samples of record.

After leaving the hospital, you should also check as above described at your home. Followings are

If you don't know how to fill in, you can ask nurses.

Being in hospital, you should check the day when you took the medicine after having it confirmed by filling in the date and circling your medicine.

You should make a monthly dosage calendar by

How to record your taking drugs

1. As a result of the development of effective medicine for tuberculosis and progress of study on its usage, most of the patients now can be cured by taking the medicine (chemical treatment). However, patients cannot expect the good effect unless they make sure to take the medicine everyday.
2. In around one or two months of the treatment, patients find the improvement of the symptom which gives you some illusion that you have been cured. Patients often stop the treatment in such case, which will worsen the symptom or reduce the effect of the medicine.
3. It is important that you should continue to take the medicine until the doctor tells you "Now, you are cured and can stop to take medicine. Congratulations."
4. In case of the retreatment your period of staying in hospital will be prolonged compared with the initial treatment due to the less effect of the treatment.

The importance of the medical treatment and necessity of its continuity

Process of Medical Treatment

Your doctor, public health nurse or hospital nurse will fill in the followings.

- * Entering the hospital ___year___month___day
- * starting the medical treatment ___year___month___day
- * Discharging the hospital ___year___month___day

	At diagnosis	1 month later	2 months later
year month day	, ,	, ,	, ,
Sputum smear	+ -	+ -	+ -
sputum culture			
chest X ray	I II III others	improved unchanged worsened	improved unchanged worsened
Doctor's comment			
Public health nurse's or hospital nurse's comment			
Next due date	__month__day	__month__day	__month__day

3 months later	4 months later	5 months later	6 months later
, ,	, ,	, ,	, ,
+ -	+ -	+ -	+ -
improved unchanged worsened	improved unchanged worsened	improved unchanged worsened	improved unchanged worsened
__month__day	__month__day	__month__day	__month__day

Process of Treatment

	7 months later	8 months later	9 months later
year month day	, ,	, ,	, ,
Sputum smear	+ -	+ -	+ -
Sputum culture			
chest X ray	I II III others	improved unchanged worsened	improved unchanged worsened
Doctor's comment			
Public health nurse's or hospital nurse's comment			
Next due date	__month__day	__month__day	__month__day

10 months later	months later	months later	months later
, ,	, ,	, ,	, ,
+ -	+ -	+ -	+ -
improved unchanged worsened	improved unchanged worsened	improved unchanged worsened	improved unchanged worsened
__month__day	__month__day	__month__day	__month__day

Process Record After The Completion of Treatment

* After the treatment, you should receive follow up examination for 2 years to investigate the possibility of the relapse.

1. During the first one year after the treatment

	the completion of the treatment	3 months later
year month day	, ,	, ,
Sputum smear	+ -	+ -
sputum culture		
chest X-ray	I II III others	improved unchanged worsened
Doctor's comment		
Public health nurse's or hospital nurse's comment		
Next due date	__month__day	__month__day

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During the first and second year, you should visit the hospital to receive the medical examination every 3 to 6 months.

	6 months later	9 months later	12 months later
year month day	, ,	, ,	, ,
Sputum smear	+ -	+ -	+ -
sputum culture			
chest X-ray	improved unchanged worsened	improved unchanged worsened	improved unchanged worsened
Doctor's comment			
Public health nurse's or hospital nurse's comment			
Next due date	__month__day	__month__day	__month__day

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Record After The Treatment

2. During the first 2 years after the treatment

	one year and 6 months later	2 years later
year month day	, ,	, ,
Sputum smear	+ -	+ -
Sputum culture		
chest X-ray	improved unchanged worsened	improved unchanged worsened
Doctor's comment		
Public health nurse's or hospital nurse's comment		
Next due date	__month__day	__month__day

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year month day	, ,	, ,
Sputum smear	+ -	+ -
Sputum culture		
chest X-ray	improved unchanged worsened	improved unchanged worsened
Doctor's comment		
Public health nurse's or hospital nurse's comment		
Next due date	__month__day	__month__day

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Congratulations on your discharge from the hospital

You are leaving the hospital on day month.

You'll have to take the medicine for a long period, and are requested to continue to do so until the treatment completion.

Next due date of your visiting the hospital is:

___ month ___ day

Time _____:

The doctor's name is:

Dr. _____

Please contact "Outpatient Reservation Center" if you have any questions concerning the reservation of your treatment.

Phone Number :

(MEMO)

(MEMO)

Certificate of the completion of your treatment

To Mr.

To Ms. _____

We hereby certify that you have completed treatment of tuberculosis after finishing a long period of drug taking.

Also from now on, you are requested to have a periodical medical examination for your health care.

___ year ___ month ___ day

Hospital: The Doctor

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