

QUARTERLY REPORT TB & NON-TB WARDS (DISTRICT LEVEL)

District:.....Wards at:..... Year:..... Quarter:.....	Name of DTCO:..... Signature:..... Date of completion of report:.....
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1) No. of beds

Sex \ Type	TB	Non-TB
Male		
Female		
Total		

2) Admissions & Discharges

	TB			Non TB		
	M	F	Total	M	F	Total
No. of patients at the beginning of the quarter						
Total No. of Admissions for the quarter						
Total No. of patients treated during the quarter						
No. of deaths						
No. of In-patients at the end of the quarter						

3) Laboratory Services

a) Sputum Direct smear Examination

	For diagnosis	For follow up	Total
No. of persons investigated			
No. of smears examined			
No. of smear-positive patients			
No. of smear-negative patients			

b) Culture Examinations

	No. sent in the reporting quarter	No. sent in the previous quarter	Results of cultures of the previous quarter		
			Positive	Negative	Contaminated
Sputum					
Other specimens					

c) No. of Sputum slides sent for Quality Control

	No.
Positive slides	
Negative slides	

4) X-ray / E.C.G. Examination

	No.
X-ray(plain)- Large films Micro films	
Special Radiological Examinations	
E.C.G	

CLASSIFICATION OF DISCHARGES BY DIAGNOSIS

ICD Code No.	Disease	No. of patients	
		Discharged alive	Deaths
A 15.7 , A 16.7	PRIMARY TUBERCULOSIS INFECTION		
A 15.0	PULMONARY TUBERCULOSIS		
A 15.8	OTHER RESPIRATORY TB		
A 17.0	TB OF MENINGES & CNS		
A 18.3	TB OF INTESTINES PERITONEUM MESENTERIC GLANDS		
A 18.0	TB OF BONES & JOINTS		
A 18.1	TB OF GENITO URINARY SYSTEM		
A18.8	TB OF OTHER ORGANS (eg. Lymph,glands,Eye,Ear)		
A 19.9	MILIARY TUBERCULOSIS		
J 18.0 , J 18.1	PNEUMONIA(any kind)		
J 40 , J 42	BRONCHITIS & CHRONIC BRONCHITIS		
J 43.9	EMPHYSEMA		
J 45.9	ASTHMA		
J 47	BRONCHIECTASIS		
J 86	EMPHYEMA		
J 93	PNEUMOTHORAX		
J 85	ABCESS OF LUNG & MEDIASTINUM		
J 98	OTHER DISEASES OF RESPIRATORY SYSTEM		
	OTHER DISEASES (exclude TB & Respiratory Diseases)		
	TOTAL		

Date:.....

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DTCO/MOIC