

Availing of Anti-Tuberculosis Drugs

ABOUT THE SERVICES

The City Health Office (CHO) manages an anti-tuberculosis program. The purpose is to identify and treat patients with tuberculosis (TB). Drugs and medicine are provided free-of charge.

WHO MAY AVAIL OF THE SERVICE

Any person, who displays the following symptoms may have tuberculosis:

- persistent coughing for 2 weeks or more
- afternoon and night fever
- progressive weight loss
- chest or back pains
- · hemoptysis or recurrent blood streak sputum
- loss of appetite
- tiredness/night sweating

Department / Office: Classification: Type of Transaction: Who may avail CHECKLIST OF REQUIREMENTS None		CITY HEALTH OFFICE Simple G2C - Government to Citizens						
					Any Resident			
					WHERE TO SECURE			
		CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
		1. Inquiry.				MIDWIFE ON		
Inquire about the TB Drug dispensary and the requirements.			2 minutes	DUTY or MIDWIFE at BARANGAY HEALTH CENTER				
2. Receive Instructions				MIDWIFE ON DUTY				
Client receives instructions for proper sputum collection.			3 minutes	LYDEL MAE D. PASUMBAL, RMT Medten I				
3. Pay corresponding Sputum Examination Fee.		P 100.00	10 minutes	Local Revenue Collection Office CITY TREASURER'S OFFICE				
	3. Collection and Submission of Specimen. Midwife collects sputum specimen and submits it to the Medical Technologist for examination. Client receives information as to the		10 minutes	LYDEL MAE D. PASUMBAL, RMT Medten I				



result. 4. If positive, Enrolment of Patient to TB Program TB Coordinator or Midwife on Duty: a. Assesses the patient, if eligible as National Tuberculosis Program (NTP) Beneficiary b. If eligible, enrolls patient and issues NTP identification card c. Gives patient info- education about TB Disease and Control and the importance of the Directly Observed Treatment for Short Course Chemotherapy with his/her treatment partner. d. Issues initial TB Drug. Supply to treatment partner and instruct patient where to report for his daily intake of				
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schedule of follow- up sputum re-	schedule of follow-			
exam.				
TOTAL P100.00 55 minutes	TOTAL	P100.00	55 minutes	

CITY HEALTH OFFICE

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