

Centre de Santé et Services Sociaux Inuulitsivik Inuulitsivik Health & Social Services Centre Puvirnituq, Québec JON 1970 1819 988-2957 / F 819 988-2796

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CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

TUBERCULOSIS

ADDITIONAL CLINICAL AND RADIOLOGICAL FOLLOW-UP

CLINICAL EVALUATION

EMBOSSER ICI LA CARTE DU CSI OU CSTU, SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM, DATE DE NAISSANCE ET NUMÉRO DOSSIER EMBOSS HERE THE CARD OF IHC OR UTHC, IF NOT AVAILABLE, WRITE THE NAME, SURNAME, DATE OF BIRTH AND FILE NUMBER

<u>NOTE:</u> This tool is designed to be used for additional clinical and radiological follow-up requested by the physician during the course of a standard Clinical and radiological follow-up (CRF).

CLINICAL EVALUATION1	Scheduled date ²	yy/mm/dd						
	Actual date	yy/mm/dd						
	New or unusual cough ≥ 3 weeks							
	Hemoptysis							
	Night sweats							
	Persistent fever							
	Weight	kg						
	Reminder of need for self-vigilance ³							
	Nurse's signature							
MEDICAL ACTION	Date of the CXR	yy/mm/dd						
	Normal CXR Continue CRF ibid							
	Abnormal lung x-ray Continue CRF ibid							
	Abnormal CXR Refer to the medical note							
	Physician's signature							

¹ To be completed by the nurse <u>prior to the CXR.</u> Indicate whether or not (Yes or No) the symptom is present. Notify the physician of the presence of active TB symptoms and indicate this fact on the radiology requisition, in the "Comments" section.

² Depending on the medical note.

³ Promote consulting healthcare professionals early on should symptoms present that are suggestive of active TB disease.