

Referral Care

Outpatient care	Non-severe TB <ul style="list-style-type: none">For patients with deranged clinical parameters, but who do not require in-patient care will be managed by qualified practitioners at outpatient basisCare includes largely comorbidity managementTelemedicine can be used for outpatient consultationDocument additional care provided at the referral centre
	Severe TB <ul style="list-style-type: none">The referral facility should have the essential and desirable therapeutic package of services to manage in-patients care (as per NTEP guidelines)Arrange mobility of patients to referral facilitiesIdentify list of referral facilities, along with details of therapeutic services, nodal person and map them with all AAMsIssue advisory to district authority to make indoor facilities available for TB patientsDocument all treatment provided at referral centre

Follow up

- Every TB patient must be followed up every month until the treatment outcome is assigned and post treatment every 6 months.
- Community health workers, supported by resources such as Ayushman Aarogya Mandir, play a critical role in follow-ups
- What should be done during follow-up?**

Parameters

Monthly weight monitoring to track nutritional recovery

Adherence counselling to ensure completion of treatment

Periodic investigations to detect early signs of complications or clinical deterioration

- DRTB Patients**
 - If a patient is diagnosed as DR-TB, follow-up remains the same as per PMDT guidelines
- Mechanism of follow up**
 - Treatment supporter, TB champion, Health System mobile vans for referral, Ni-kshay Sampark, Telemedicine

TB Social Autopsy and Verbal Autopsy

- TB Social Autopsy (TBSA), which investigates TB-related deaths to identify and address systemic, social, and medical barriers
- By integrating TBSA findings, the approach remains dynamic, continually adapting to improve outcomes and reduce mortality.
- Verbal autopsy involves gathering information about the circumstances and symptoms leading up to the patient's death through interviews with family members or caregivers.

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राष्ट्रीय स्वास्थ्य मिशन



Ministry of Health and Family Welfare
Government of India



National Guidance on Differentiated TB Care



Overview For medical officers



Scan this QR Code for Differentiated TB Care Guidelines

Differentiated TB Care for reducing Mortality

Goal

Identify TB patients who are at risk of mortality, provide timely care to prevent death



Comprehensive Assessment of TB Patients



Pre-treatment evaluation of DR-TB should be followed as per the PMDT guidelines

AI based PATO (Prediction of Adverse Treatment Outcome) tool :

- First level of segregation of patients more likely for adverse outcomes based on Ni-kshay data
- To be prioritized for triaging based on Red Flag Criteria More frequent and additional investigations as applicable
- More intensive monitoring required for such patients
- To be used for all the patient diagnosed and notified in Ni-kshay

Key highlights of differentiated TB care

Evaluation & Triaging at Family / Community Level

ASSESS RED FLAG CRITERIA OF SEVERE TB DISEASE

1. Patient confined to bed
2. Breathlessness - at rest, speaks with difficulty-unable to complete a sentence without a pause, unable to take feed, on 10-15 feet walk or on attending nature's call
3. Severe pain: chest pain/abdominal pain
4. Altered consciousness or convulsions or limb weakness
5. Coughing out blood
6. Recurrent Vomiting/ diarrhoea
7. Symptoms of Adverse Drug Reactions

Evaluation & Triaging at Ayushman Arogya Mandir (AAM)/ TB Unit

ASSESS FOR SIGNS & INVESTIGATIONS

- Impaired mobility: patient unable to stand without support during examination
- SpO2 < 94%
- Breathlessness: Respiratory rate 24 breaths/ minute in >5 years age; >40 breaths/ minute in 1-5 years age; > 50 breaths/ minute in 2 months - 1 year of age; > 60 breaths/ minute in 0-2 months of age
- Systolic BP <90 mmHg or ≥140 mmHg; Diastolic BP <60 mmHg or ≥90 mmHg
- Pulse rate >120 or < 60 beats/ min
- BMI < 14 kg/m2 or BMI <16 kg/m2 with pedal/ dependent area edema
- Jaundice and ascites
- Tests at the discretion of treating medical officer/ specialist

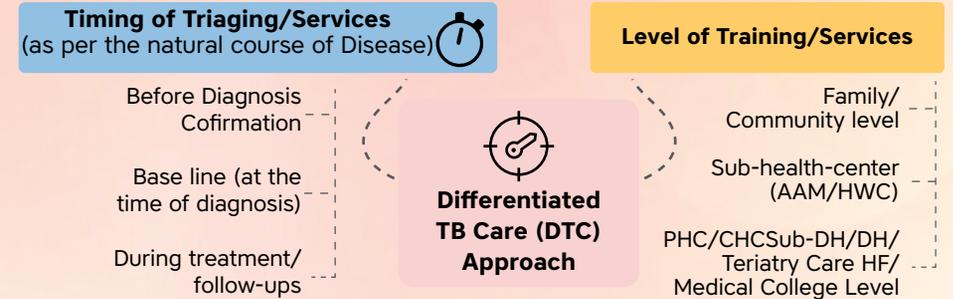
Evaluation, Triaging & Management at PHC/CHC/SDH/DH/tertiary care HF/ Medical College level

- Advanced screening and management
- Comprehensive care

Differentiated TB Care (DTC) – Severe & Non-Severe TB (operational definitions)

NON-SEVERE TB	SEVERE TB
Managed through outpatient care with regular follow-ups.	May require in-door patient care (hospital admission) with enhanced monitoring and interventions with specialized treatments, including nutritional support, oxygen therapy, and management of comorbidities such as HIV, diabetes etc.

Approach to Differentiated TB Care



Differential TB Care approach-key features

Level of Triaging	Timing of Triaging	Triaging Actions	Action after Triaging
Family/Community Level	<ul style="list-style-type: none"> ✓ Before Diagnosis Confirmation ✓ During treatment and follow up 	<ul style="list-style-type: none"> ✓ Assess for Red Flag Criteria and or sig/symptoms of ADR 	<ul style="list-style-type: none"> ✓ Refer to Nearest health Facility with Doctor
AAM	<ul style="list-style-type: none"> ✓ Before Diagnosis Confirmation ✓ Base line at the time of diagnosis ✓ During treatment and follow up 	<ul style="list-style-type: none"> ✓ Assess for Red Flag Criteria and or Sign/symptoms of ADR 	<ul style="list-style-type: none"> ✓ Refer to Nearest health Facility with Doctor
PHC/CHC Sub-DH/DH/Teriatry Care HF/ Medical College Level	<ul style="list-style-type: none"> ✓ Before Diagnosis Confirmation ✓ Base line at the time of diagnosis ✓ During treatment and follow up 	<ul style="list-style-type: none"> ✓ Assess for Red Flag Criteria and or Sign/symptoms of ADR ✓ Detailed work-up of TB patient 	<ul style="list-style-type: none"> ✓ Assess & Stabilize ✓ Admit, if needed. ✓ Refer to high facility if needed ✓ Discharge/Refer only after proper counselling & assurance.

Comprehensive Assessment for Triage-Negative Patients

- At Health Facilities with Doctors/ Medical Officers, additional clinical and laboratory evaluations for patients to be done
- Outcome:
 - Patients with normal parameters are categorized as **"non-severe TB"** and followed up as per program guidelines.
 - Triage-negative patients **with deteriorating conditions** may still be referred for higher-level care.