

BASIC TB MANAGEMENT TRAINING

Post-Test

1. What is the DOTS Strategy? (1)

2. List the elements of the DOTS Strategy (5)

3. Sibulele was treated for pleural effusion 3 years ago; she is now coming back to your clinic with positive sputum. What regimen will you prescribe for Sibulele and why? (1)

4. What important aspects will you consider when diagnosing TB in children? (3)

5. How does a health care worker identify a TB Suspect among patients attending the clinic? (1)

6. Suzan is 3 months pregnant and had TB 2 years ago, She is now diagnosed with positive sputum. Which TB drugs will she get in the intensive phase and why (1)

7. Name three reasons for re – activation of a Dormant TB bacillus (1)

8. How is TB diagnosed? (1)

9. Name four principles of TB treatment (2)

10. Indicate two criteria for starting a client on Regimen 1 (1)

11. Indicate two criteria for starting a client on Regimen 2 (1)

12. Nomandla is still smear positive after 2 months of intensive phase treatment. Name 3 possible reasons for non-conversion. (2)

13. What action is taken if a client has not converted at 2 months of treatment? (1)

14. A client on TB Rx is complaining of blurred vision, which drug will you suspect to be the cause? (1)

15. List the TB Recording and Reporting tools and the purpose of each (5)

16. The drug coding below describes a Regimen 2 treatment? Please specify what the code means:

2(RHZES)/1(RHZE)/5(RH) (E) (1)

17. When is a patient classified as being cured? Select from the list below. (1)

- a. Cured patient is a patient who has a negative sputum at the end of treatment
- b. Patient who was smear positive pre-treatment and has had 2 negative sputum smear results on 2 occasions (end of 2/3months and end of treatment)
- c. Patient who has taken treatment regularly and becomes sputum smear negative at end of treatment

18. Define MDR-TB and XDR-TB (1)

TOTAL SCORE: 30