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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Tuberculosis (real / hypothetical)

Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Tuberculosis (real / hypothetical)

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 49 - 53

Theory :

1.Tuberculosis

i) Case I

a. Subjective:

- **Name:** XYZ **Age:** 30 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 22/04/2014
- **Reason for Admission:** Patient had 1 week of cough, profuse nocturnal sweating, loss of appetite and hyposomnia. Emergency room physician also noted signs of depression
- **Past Medical History:** Intravenous drug abuse and hepatitis B
- **Past Medication History:** Nil
- **Family History:** Nil
- **Allergies and Social History**: Nil

b. Objective:

- **Height:** 5'3"
- **Weight:** 72 kg
- **PR:** 110 bpm
- **Temperature:** 38.0°C
- **BP:** 130/76 mmHg **RS:** 20/min
- **Oxygen Saturation:** 98%

c. Assessment:

- **Laboratory Findings:**
  - **Na:** 133
  - **Creatinine:** 1.8
  - **K:** 4.1
  - **WBC:** 9.48 x 109/L **Cl:** 96
  - **Hgb**: 11.4 g/dL (114 g/L) **Platelets:** 149 109/L
  - **HIV test:** Negative
- **Physical Examinations:**
  - **General:** Young male, looks older then stated age
  - **HEENT:** Depressed, pupils equally round and reactive to light and accommodation
  - **Neck:** Supple
  - **Resp:** Unilateral (left side) crepitation
  - **Card:** Regular rate and rhythm, no murmurs, rubs, or gallops
  - **Abd:** Slightly distended
  - **Ext:** No edema
  - **Skin:** Excoriated, otherwise normal
  - **Neuro:** Slightly altered, but baseline
- **Radiology:** Chest X-ray showed infiltrate in the middle of left lung with diameter of 1.7 cm with signs of cavitation.

- **Micro:**
  - Blood Culture: No growth at 5 days
  - Sputum Smear: 4+ squamous epithelial cells
  - Gram Stain: 1+ segmented neutrophils, no organisms]
  - AFS (Acid Fast Stain): No organisms
  - Sputum Culture: No growth at 48 hrs
  - MGIT (Mycobacteria Growth Indicator Tube): Negative

d. Plan :

- **Diagnosis:** Infiltrative TB of left lung with cavitation without MTB shedding.
- **Treatment Regimen:** Patient was administered isoniazid, rifampin, pyrazinamide, and ethambutol for 7 days per week for 8 weeks, followed by isoniazid and rifampin 7 days per week for 24 weeks.
- **Progressive Bilateral Fibronodular Disease with a "Miliary" Pattern:** The patient was given a 20-month regimen of levofloxacin, kanamycin, cycloserine, pyrazinamide and prothionamide Following completion of therapy, closure of the destruction cavity was found with local pneumofibrosis.
- **Treatment of MDR-TB:** Treatment is extended to 20 months and an individualized treatment regimen often is required. The principles of management include use of aggressive regimens with at least five drugs that are likely to be effective. Fluoroquinolones play a key role in resistant TB, and the later generation fluoroquinolones (c.g levofloxacin or moxifloxacin) are considered to be the most effective ones. Use of an injectable agent, such as capreomycin or an aminoglycoside (e g.kanamycin), have been shown to predict culture conversion and survival.

ii) Case II

a) Subjective:

- **Name:** XYZ
- **Age:** 63 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 22/04/2014
- **Reason for Admission:** Patient complaints of cough/shortness of breath which he attributes to a "nagging cold."
- **Past Medical History:** Appendectomy at age 18
- **Past Medication History:** Albuterol metered-dose-inhaler 2 puffs q4h PRN shortness of breath, Aspirin 81 mg PO daily, Atorvastatin 40 mg PO daily. Budesonide/formoterol 160 mcg/4.5 mcg 2 inhalations BID, Clonazepam 0.5 mg PO three times daily PRN anxiety, Lisinopril 20 mg PO daily, Metoprolol succinate 100 mg PO daily. Tiotropium 2 inhalations once daily, Venlafaxine 150 mg PO daily
- **Family History:** Father passed away from a myocardial infarction 4 years ago, mother had type 2 DM and passed away from a ruptured abdominal aortic aneurysm
- **Allergies and Social History:** Sulfa (hives), penicillin (nausea/vomiting), shellfish (itching).

b) Objective:

- **Height:** 5'10"
- **Weight:** 56.4 kg
- **BP:** 150/84 mmHg
- **PR:** 96 bpm
- **RS**: 24/min
- **Temperature:** 100.8 °F

- **Oxygen Saturation:** 92%

c) Assessment - Physical Examination:

- **General:** Slightly disheveled male in mild-to-moderate distress
- **HEENT:** Normocephalic, atraumatic, PERRLA, EOMI, pale/dry mucous membranes and conjunctiva, poor dentition
- **Pulmonary:** Bronchial breath sounds in RUL
- Cardiovascular: NSR, no m/r/g
- **Abdomen:** Soft, non-distended, non-tender, (+) bowel sounds

d) Plan-Treatment Regimen:

- Patient was administered isoniazid, rifampin, pyrazinamide, and ethambutol for 7 days per week for 8 weeks, followed by isoniazid and rifampin 7 days per week for 24 weeks.
- In case of further infection, the patient was given a 20-month regimen of levofloxacin, kanamycin, cycloserine, pyrazinamide and prothionamide.

Result :

Notes on subjective, objective, assessment and plan for Tuberculosis (real/ hypothetical) disease conditions was prepared and discussed.