

Helicobacter Pylori Program

IP Number	Name	Age	Gender	VDC	Ward No.
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Date: ___/___/___

SYMPTOMS	Symptom	Duration	Immediate Post-Therapy	6-8 weeks Post-Therapy
	Pain or discomfort in upper abdomen		<input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> Worse	<input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> Worse
	GERD symptoms (rising sensation of burning, regurge)		<input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> Worse	<input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> Worse

Date: ___/___/___

LABORATORY	Test	Result	Result
	H. pylori serology	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> IND	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> IND
	Hgb		
	MCV		
	Other		

MEDICATIONS	Medicine	Guideline	Dose Given	#Pills Dispensed	#Pills Taken
	Omeprazole	20 mg PO BID			
	Clarithromycin	500 mg PO BID			
	Amoxicillin	1 g PO BID			
	Tetracycline	500 mg PO BID if penicillin allergy			

Date: ___/___/___

COUNSELING	Question	Guideline	Intake	Immediate Post-Therapy	6-8 weeks Post-Therapy
	How often do you use tobacco products in a week?	Never			
	How many NSAID pills do you take a week?	Avoid NSAID use			
	How many cups of tea or coffee do you drink in a day?	0-1			
	If GERD symptoms: how soon after eating do you lie down?	At least 2-3 hours			

FOLLOW-UP	Item	Result
	CHW Name:	<input type="checkbox"/> Check if No CHW
	Number of home visits reported by CHW	