TEACH THE CAREGIVER **TO GIVE ORAL MEDICINES AT HOME**

- Follow the general instructions for all oral medicines to be given at home
- Also follow the instructions listed with the dosage table of each medicine
- Do not change the regimen of children referred from hospital or a TB clinic without discussing this with an exvpert
- Treatment should be given as Directly Observed Treatment (DOT) 7 days a week
- Follow-up children each month (p. 51) to check adherence and progress

GIVE REGIMEN 3A FOR UNCOMPLICATED TB

- Uncomplicated TB includes low bacilliary load TB disease such as pulmonary TB with minimal lung parenchymal involvement (with or without involvement of hilar nodes), TB lymphadenitis and TB pleural effusion
- All children should receive Rifampicin/INH (RH) together with pyrazinamide (PZA) for two months followed by RH for a further four months
- For small infants dissolve one dispersible PZA tablet (150 mg) in 3 ml of water
- Add Pyridoxine 12.5mg daily for 6 months if the child is HIV positive or malnourished

REGIMEN 3A	INTENSIVE PHASE TWO MONTHS Once daily				CONTINUATION PHASE FOUR MONTHS Once daily
WEIGHT	RH (60mg/60)mg	PZA (500mg)	OR	PZA** 150 mg/3 ml	RH (60mg/60mg)
2 - < 3 kg	½ tab	EXPERT ADVICE ON DOSE		1.5 ml	½ tab
3 - < 4 kg	¾ tab	¼ tab		2.5 ml	¾ tab
4 - < 6 kg	1 tab	¼ tab		3 ml	1 tab
6 - < 8 kg	1½ tab	½ tab			1½ tabs
8 - < 12 kg	2 tabs	½ tab			2 tabs
12 - < 15 kg	3 tabs	1 tab			3 tabs
15 - < 20 kg	3½ tabs	1 tab			3½ tabs
20 - < 25 kg	4½ tabs	1½ tabs			4½ tabs
25- < 30 kg	5 tabs	2 tabs			5 tabs

GIVE REGIMEN 3B FOR COMPLICATED TB

- Use this regimen in children with all forms of severe TB (extensive pulmonary TB, spinal or osteo-articular TB or abdominal TB) or retreatment cases
- All children should receive four medicines during the intensive phase (Rifampicin/INH (RH), pyrazinamide (PZA) and ethambutol) for two months. This is followed by RH for a further four months (continuation phase)
- For small infants dissolve one dispersible PZA tablet (150 mg) in 3 ml of water
- To make ethambutol solution, crush one tablet (400 mg) to a fine powder and dissolve in 8 ml of water. Discard unused solution
- Add Pyridoxine 12.5 mg daily for 6 months if the child is HIV positive or malnourished

REGIMEN 3B	INTENSIVE PHASE TWO MONTHS Once daily					CONTINUATION PHASE FOUR MONTHS Once daily
WEIGHT	RH (60mg/60)mg	PZA (500mg)	OR	PZA** 150 mg/3 ml	ETHAMBUTOL 400mg/8ml solution OR 400 mg tablet	RH (60mg/60mg)
2 - < 3 kg	½ tab	EXPERT ADVICE ON DOSE		1.5 ml	1ml	½ tab
3 - < 4 kg	¾ tab	¼ tab		2.5 ml	1.5ml	¾ tab
4 - < 6 kg	1 tab	¼ tab		3 ml	2ml	1 tab
6 - < 8 kg	1½ tab	½ tab			3ml	1½ tabs
8 - < 12 kg	2 tabs	½ tab			½ tab	2 tabs
12 - < 15 kg	3 tabs	1 tab			¾ tab	3 tabs
15 - < 20 kg	3½ tabs	1 tab			1 tab	3½ tabs
20 - < 25 kg	4½ tabs	1½ tabs			1 tab	4½ tabs
25- < 30 kg	5 tabs	2 tabs			1½ tabs	5 tabs