

## A. Service Description

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Service Provided:</b>                    | <b>Consultation and Management of TB</b>                               |
| <b>Simple, Complex, or Highly Technical</b> | <b>Complex</b>                                                         |
| <b>Internal or External</b>                 | <b>External</b>                                                        |
| <b>Who may avail of Service</b>             | <b>All Taguig Residents with signs / symptoms / lab findings of TB</b> |

# Final Citizen`s Charter

| Checklist of Requirements                     | Where to Secure             |
|-----------------------------------------------|-----------------------------|
| Chest x-ray and/or Xpert MTB/Rif Test results | Previous consultation / LAB |

| Client Steps<br>(List Of Transactions to<br>Get Service)        | LGU's Actions For The<br>Client's Step                                                                                                                                                 | Fees To Be<br>Paid | Maximum<br>Processing<br>Time | Requirements                       | Legal Basis | Person<br>Responsible                               |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|------------------------------------|-------------|-----------------------------------------------------|
| 1. Proceed to Health Center for admission                       | Vital signs and encoding in EMR                                                                                                                                                        | NONE               | 3min                          | -                                  | -           | BHW and DM                                          |
| 2. Proceed to Consultation/<br>Health Teaching                  | Evaluation if active or not active TB and counselling TB flip chart or TB video; do HIV and RBS screening; do baseline labs; HIV and DM Screening ; baseline laboratories              | NONE               | 9min (to 5 days if DRTB)      | -                                  | -           | MD, NURSES AND LAB AIDE                             |
| 3. Receive Directly Observed Treatment                          | 3.1 Give medication ( Rule out TB disease with CXR and PPD test)<br>3.2 Give TB Preventive Therapy if Index case is DSTB only, otherwise observe for development of signs and symptoms | NONE               | 4min to 3 days                | CXR Voucher<br>PPD                 | -           | Lab Aide<br>Nurse<br>Assigned per<br>Health Centers |
| 4. Request medical certificate (post treatment, insurance, SSS) | Issue certificate after treatment                                                                                                                                                      | NONE               | 5mins                         | Treatment cards,<br>sputum results | -           | PHYSICIAN                                           |