



Department of Public Health Tuberculosis Control Program

LTBI 12-Dose Treatment Monitoring Flow Sheet

Patient Name (Last, First):				DOB:				Medication:			
Drug Key: INH= Isoniazid, RPT= Rifapentine				Ordering Clinician:				INH _____ mg		RPT _____ mg	
								# Tabs _____		# Tabs _____	
Date:											
TB symptoms?: (i.e., weight loss, night sweats, prolonged cough, bloody sputum)											
SIDE EFFECTS	Poor appetite (INH/RPT)										
	Nausea/vomiting (INH/RPT)										
	RUQ abdominal tenderness (INH/RPT)										
	Tea/coffee colored urine (INH/RPT)										
	Unusual fatigue (INH/RPT)										
	Rash/itching (INH/RPT)										
	Yellow skin/eyes (INH/RPT)										
	Numbness/tingling in arms/legs (INH)										
	Fever for 3 days or more (INH/RPT)										
	Dizziness (RPT)										
TEACHING	Need to notify MD/nurse if side effects										
	Signs/symptoms of active TB disease										
	Avoiding pregnancy (RPT)										
	Effect on hormonal contraceptives (RPT)										
	Orange urine/tears is normal (RPT)										
	Avoiding ETOH use										
	Importance completing regimen										
	Importance of notifying provider if moving										
Adherence: Any missed doses (If Yes, Document) Must complete 12 doses in 16 wks.											
Vitamin B6 Taken?											
Nurse Initials											
Complete when closing case: Total # doses ingested: _____ Total # weeks on therapy: _____ Completion of INH-RPT defined as 11 or 12 doses within 16 weeks; doses had to be separated by >72 hours to be counted.								Nurse Signature and Initials: _____			
Therapy Completed? Yes No								Nurse Signature and Initials: _____			

Documentation Key: Y= Yes, N= No, NA= Not Applicable, P= See Progress Notes on Back