



# Iowa Department of Public Health Tuberculosis Control Program

## LTBI Treatment Monitoring Flow Sheet

Patient Name:	Date of Birth:
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Mark the LTBI Regime being used			
<input type="radio"/> Rifampin x 4 mo.	<input type="radio"/> Isoniazid & Rifampin x 3 mo.	<input type="radio"/> Isoniazid x 6 mo.	<input type="radio"/> Isoniazid x 9 mo.

**Monthly:** Face-to-face evaluation. Education about possible adverse effects of TB medications. If serious adverse events occur, advise patients to stop treatment, notify you, & seek medical care.

Ordering Clinician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date:									
Does the patient have any active TB symptoms? (weight loss, night sweats, prolonged cough, bloody sputum)									
SIDE EFFECTS	Poor appetite (INH/RIF)								
	Nausea/vomiting (INH/RIF)								
	RUQ abdominal tenderness (INH/RIF)								
	Tea/coffee colored urine (INH/RIF)								
	Unusual fatigue (INH/RIF)								
	Rash/itching (INH/RIF)								
	Yellow skin/eyes (INH/RIF)								
	Numbness/tingling in arms/legs (INH)								
	Fever for 3 days or more (INH/RIF)								
TEACHING	Need to notify MD/nurse if side effects								
	Signs/symptoms of active TB disease								
	Avoiding ETOH use								
	Orange urine/tears normal (RIF)								
	Effect on hormonal contraceptives (RIF)								
	Importance completing regimen								
DOSES	Importance of notifying provider if moving								
	Adherence: # missed doses this month								
	Medications dispensed/DOT								
	Total # doses taken this month								
Is patient taking Vitamin B6?									
Nurse Initials									
<i>Drug Key: INH= Isoniazid, RIF=Rifampin, Documentation Key: Y= Yes, N= No, NA= Not Applicable, P= See Progress Notes on Back</i>									

Medication start date:	Anticipated completion date:	Actual completion date:
Complete this section when closing case: Total # doses ingested: _____ Total # months on therapy: _____ Completed?* Yes No		

\* To allow for minor interruptions in therapy; treatment for a 9-month regimen is complete if 270 daily doses are ingested within 12 months; for 6-month regimen, 180 doses must be ingested within 9 months; for 4-month regimen, 120 doses must be completed in 6 months; for the 3 month regime, 90 doses must be completed in 4 months. If there is a break in medication of more than 2 consecutive months, the patient must be reevaluated, including a chest x-ray. If more than 3 months consecutive break, the medications should be restarted (unless 6 months of INH has been completed, then there is no need to restart and the patient is considered to have completed therapy).