

Monitoring Flow Sheet for 4R, 3HR, 6H, or 9H Latent Tuberculosis Infection (LTBI) Treatment

Medication orders:		Physician:
Medication start date:	Anticipated stop date:	Other MD orders (labs, etc.):

All patients should have the following:

- Face-to-face follow-up evaluation at least monthly. Routine laboratory testing generally is not indicated.
- Education about possible adverse effects. Advise patient to stop treatment and seek evaluation if serious adverse effects occur.

		Date:							
TB symptoms?: (i.e., 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 (INH/RIF)								
TEACHING	Notify MD/nurse if side effects								
	Review signs/symptoms of active TB disease								
	Avoid alcohol use.								
	Take meds without food (better absorption)								
	Effect on hormonal contraceptives (RIF)								
	Orange urine/tears are normal (RIF)								
	Importance of notifying providers if moving								
	Importance to complete full regimen								
DOSES	Number of missed doses this week								
	Total number of doses taken this week								
	Doses dispensed								
Date of LAST MD visit									
Date of NEXT MD visit									
Nurse initials									

Y = Yes N = No N/A = Not Applicable P = See Progress Notes (on back) INH = Isoniazid RIF = Rifampin

Complete when closing case: Total # doses ingested: _____ Total # months/weeks on therapy: _____ Treatment completed: Yes/No
 Nurse signature(s) _____

Progress Notes
