**Treatment of Latent Tuberculosis Infection (LTBI): Monitoring Flow Sheet**

<table>
<thead>
<tr>
<th>Medication orders:</th>
<th>Physician:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication start date:</td>
<td>Anticipated stop date:</td>
</tr>
<tr>
<td>Risk status (circle one): Normal</td>
<td>High (i.e., close contact, documented recent converter, immunocompromised, stable fibrotic changes on CXR, age &lt; 5 yrs)</td>
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</tbody>
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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 medical evaluation if serious adverse effects occur.
- Patients receiving INH-RPT require a monthly physical exam for the presence of jaundice, liver tenderness, or rash.
- If patient becomes pregnant while receiving INH-RPT, discontinue regimen and seek medical evaluation.

<table>
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**SIDE EFFECTS**

- Poor appetite (INH/RIF/RPT)
- Nausea/vomiting (INH/RIF/RPT)
- RUQ abdominal tenderness (INH/RIF/RPT)
- Tea/coffee colored urine (INH/RIF/RPT)
- Unusual fatigue (INH/RIF/RPT)
- Dizziness (RPT)
- Rash/itching (INH/RIF/RPT)
- Yellow skin/eyes (INH/RIF/RPT)
- Numbness/tingling in arms/legs (INH)
- Fever for 3 days (INH/RIF/RPT)

**TEACHING**

- Need to notify MD/nurse if side effects
- Signs/symptoms of active TB disease
- Avoiding alcohol use
- Orange urine/tears normal (RIF/RPT)
- Effect on hormonal contraceptives (RIF/RPT)
- Avoiding pregnancy (RPT)
- Importance completing regimen
- Importance of notifying providers if moving

**DOSES**

- Adherence: # missed doses this month?
- Medications dispensed / DOT (INH-RPT)
- Total # doses taken this month/week (INH-RPT)

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<thead>
<tr>
<th>Date of next MD visit</th>
<th>Nurse initials</th>
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</thead>
</table>

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

Nurse signature(s) ____________________________________________________________
