

### Monitoring Flow Sheet for INH+RPT (3HP) 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.
- A plan between patient and provider prior to starting treatment if prescribed direct observed therapy (DOT) or enhanced self-administration (SAT).
- Education about possible adverse effects. Advise patient to stop treatment and seek evaluation if serious adverse effects occur.
- If patient becomes pregnant while receiving INH-RPT, discontinue regimen and seek medical evaluation.

		Date:																			
<b>TB symptoms?:</b> (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)																				
	Dizziness (RPT)																				
	Rash/itching (INH/RPT)																				
	Yellow skin/eyes (INH/RPT)																				
	Numbness/tingling in arms/legs (INH)																				
	Fever for 3 days (INH/RPT)																				
TEACHING	Notify MD/nurse if side effects																				
	Review signs/symptoms of active TB disease																				
	Avoiding alcohol use. Drink plenty of water.																				
	Take meds with food (better absorption)																				
	Importance to avoid pregnancy and negative effect on hormonal contraceptives (RPT)																				
	Orange urine/tears are normal (RPT)																				
	Importance of notifying providers if moving																				
	Importance to complete full regimen																				
DOSES	Number of missed doses week																				
	Total number of doses taken this week																				
	Doses dispensed																				
Date of <b>LAST</b> MD visit																					
Date of <b>NEXT</b> MD visit																					
Nurse initials																					

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

**Complete when closing case:** Total # doses ingested: \_\_\_\_\_ Total # months/weeks on therapy: \_\_\_\_\_ Treatment completed: Yes/No

**Nurse signature(s)** \_\_\_\_\_

