STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

BASIC INFORMATION LOG: 12-Dose Isoniazid-Rifapentine (3HP)
Latent TB Infection Treatment Dose and Symptom Monitoring

Save | Print | Reset

CLIENT NAME	COUNTY

CLIENT CID/PID NUMBER	DATE OF BIRTH	AGE	SEX	RACE	WEIGHT	HEIGHT
			☐ M ☐ F		lbs	ft/inches

TREATMENT REASON
☐ Contact CID/PID #: _____ ☐ Corrections ☐ Homelessness ☐ Refugee ☐ Foreign-born ☐ Convertor

DOSE: INH mg | RPT mg

***Check symptoms or events reported on the listed date; otherwise, leave blank.**

DATE: DOSE:	__/__/__ 0 Baseline	__/__/__ 1	__/__/__ 2	__/__/__ 3	__/__/__ 4	__/__/__ 5	__/__/__ 6	__/__/__ 7	__/__/__ 8	__/__/__ 9	__/__/__ 10	__/__/__ 11	__/__/__ 12
DOT received	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
No adverse reaction	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Loss of appetite	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nausea or vomiting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Yellow eyes or skin	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Rash/hives	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fever or chills	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sore muscles or joints	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Numbness or tingling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dizziness/fainting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Abdominal pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(Other) _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Treatment stopped or held (complete AE report on next page)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

FINAL DISPOSITION

☐ Completed INH-RPT treatment

☐ Stopped INH-RPT treatment Date ___ / ___ / ___
- ☐ Lost to follow-up
- ☐ Moved
- ☐ Other
- ☐ Adverse event (AE) **(fill out page 2 if treatment stopped for AE)**

☐ Pending Completion of Alternate Regimen

CLIENT NAME	COUNTY

FILL OUT ONLY FOR ADVERSE EVENTS

SYMPTOM RELATED DOSE #	RX STOPPED OR HELD ☐ Yes ☐ No
DATE SYMPTOM BEGAN	SYMPTOM ONSET AFTER DOSE ☐ <2hrs ☐ 2-48 hrs ☐ > 48 hrs ☐ Unknown
SYMPTOM DURATION ☐ <1 day ____hrs ☐ >1 day ____days ☐ Unknown	HOSPITAL ADMISSION ☐ Yes ☐ No ☐ Unknown
MEDICATION RE-CHALLENGE ☐ Yes ☐ INH re-challenged ☐ RPT re-challenged ☐ No ☐ Unknown	
OUTCOME ☐ Continue INH/RPT ☐ Switch to INH for 6 or 9 months ☐ Switch to Rifampin for 4 months ☐ Stopped any LTBI Treatment ☐ Unknown	

SYMPTOM RELATED DOSE #	RX STOPPED OR HELD ☐ Yes ☐ No
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SYMPTOM DURATION ☐ <1 day ____hrs ☐ >1 day ____days ☐ Unknown	HOSPITAL ADMISSION ☐ Yes ☐ No ☐ Unknown
MEDICATION RE-CHALLENGE ☐ Yes ☐ INH re-challenged ☐ RPT re-challenged ☐ No ☐ Unknown	
OUTCOME ☐ Continue INH/RPT ☐ Switch to INH for 6 or 9 months ☐ Switch to Rifampin for 4 months ☐ Stopped any LTBI Treatment ☐ Unknown	

Comment: Please briefly describe the adverse event, including symptoms, time of onset in relation to last INH-RPT dose, duration and resolution and any other factors (other medical conditions, medications). Enter comments below:

LABORATORY VALUES (ONLY IF APPLICABLE)

Liver function tests	**Value**	**Complete Blood Count**	**Value**	**Chemistry Panel**	**Value**
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
AST (0-35 U/L)		Hemoglobin (men: 14-17 g/dL, Women: 12-16 g/dL)		Na (Sodium) (136 - 150 meq/L)	
ALT (0-35 U/L)		Hematocrit (men: 41%-51%, Women: 36%-47%)		K (Potassium) (3.5 - 5.0 meq/L)	
Alk Phos (36-92 U/L)		White Blood Cell Count (4.0-10 x 10^9/L)		BUN (urea nitrogen) (8 - 20 mg/dL)	
T. Bili (0.3-1.2 mg/dL)		Platelets (150-350 x 10^9/L)		Cr (Creatinine) (0.7 - 1.3 mg/dL)	
(Other)		(Other)		(Other)	

*Normal ranges may vary from site to site; these values are provided here for general reference