MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

TUBERCULOSIS DRUG MONITORING SHEET

PATIENT NAME		LOCAL PUBLIC HEALTH AGENCY
DATE OF BIRTH	COUNTY OF ORIGIN	IS PATIENT PREGNANT OR TRYING TO BECOME PREGNANT? ☐ YES ☐ NO
MED START DATE	☐ SUSPECT ☐ TB CASE ☐ MOTT	MED STOP DATE ☐ COMPLETED TREATMENT ☐ MOVED ☐ DIED ☐ NOT TB ☐ LOST
HIV STATUS ☐ POSITIVE ☐ NEGATIVE ☐ REFUSED ☐ NOT DONE		HIV TEST DATE / HIV MEDS ☐ YES ☐ NO
PI/NRTI (NAME)		

USE NEW FORM WHEN MEDICATIONS ARE CHANGED

DATE AND TIME OF VISIT									
DATE OF NEXT VISIT									
INH _____ mg	☐ DAILY ☐ 2 X WEEK ☐ 3 X WEEK								
Rifampin _____ mg	☐ DAILY ☐ 2 X WEEK ☐ 3 X WEEK								
Ethambutol _____ mg	☐ DAILY ☐ 2 X WEEK ☐ 3 X WEEK								
PZA _____ mg	☐ DAILY ☐ 2 X WEEK ☐ 3 X WEEK								
Rifapentine _____ mg	☐ 1 X WEEK FOR 12 WEEKS								
Vitamin B6 _____ mg	☐ DAILY ☐ 2 X WEEK ☐ 3 X WEEK								
Other _____ mg	☐ DAILY ☐ 2 X WEEK ☐ 3 X WEEK								
MEDICATION DOT ☐ YES ☐ NO									
RECEIVED TRAINING ON DOT AND GIVEN BY									
DOT INSTRUCTOR NAME									
SELF ADMINISTERED MEDS ☐ YES ☐ NO	SPUTUM COLLECTED ☐ YES ☐ NO	DATE	BASELINE						
PATIENTS WEIGHT									
LFT COLLECTED ☐ YES ☐ NO	DATE								
CHEST X-RAY DONE ☐ YES ☐ NO	DATE								
ADVERSE EFFECTS ALL DRUGS	Fatigue, Weakness*								
	Fever*, Chills*								
	Loss of Appetite*								
	Nausea, Vomiting*								
	Jaundice								
	Dark Brown Urine								
	Rash, Itching*								
	Joint Pain								
INH	Peripheral Neuritis								
ETHAMBUTOL	Blurred Vision: ☐ YES ☐ NO								
	Decreased Red/Green Vision: ☐ YES ☐ NO								
	Screen Vision LT								
	RT								
RIFAMPIN	Birth Control Pills Taken?								
RIFAPENTINE	Blood in Urine								
	Pale Skin								
	Easy Bruising or Bleeding								
ANY DRUG	Other Symptoms								
NURSE SIGNATURE									

The possible side effects of this medication prescribed by the doctor, has been explained to me and I understand. I will stop taking TB medication immediately if adverse effects develop and notify my physician and health department immediately.

NAME	DATE	WITNESS