

**PANHANDLE HEALTH DISTRICT
TB DRUG INTERVIEW SHEET**

Client Name: _____

	Date								
Nurse's Initials:	_____	_____	_____	_____	_____	_____	_____	_____	_____
HEPATOTOXICITY(ALL)									
Icterus (Jaundice)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nausea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abd Pain (RUQ)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fever x 3 days or more	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Light Stools	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Dark urine	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
HYPERSENSITIVITY(ALL)									
Rash	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Arthralgia (Joint Pains)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
NON-SPECIFIC (ALL)									
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Malaise	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fatigue	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Anorexia (Loss of Appetite)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
NEUROTOXICITY(INH,EMB)									
Paresthesia (Numbness, Tingling)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Hearing-decrease	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Balance-decrease	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Dizziness	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Visual-decrease/change	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
• Acuity	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
• Color	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
HEME (RIF)									
Bruising-increase	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Bleeding gums	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Hematuria (Blood in urine)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Hematochezia (Blood in stool)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

**CIRCLE "Y" FOR YES AND DESCRIBE IN PATIENT PROGRESS NOTES
CIRCLE "N" FOR NO**

Adverse Reactions & Side Effects to TB Medications

(Use with DOT Treatment Record Form)

Patient's Name: _____

							Comments
Date							
PHN Initials							
Hepatotoxicity INH,RIF,EMB,PZA							
Jaundice							
Nausea							
Vomiting							
Abd Pain							
Fever > 3 days							
Light stools							
Dark urine							
Hypersensitivity INH,RIF,EMB,PZA							
Rash							
Joint Pains							
Non-specific INH,RIF,EMB,PZA							
Headache							
Malaise							
Fatigue							
Loss of Appetite							
Neurotoxicity INH, EMB							
Numbness/tingling							
Hearing decrease							
Balance decrease							
Dizziness							
Vision changes							
Color							
Hemolytic RIF							
Bruising – increase							
Bleeding gums							
Blood in urine							
Blood in stool							

If any of these are present, describe in Monthly TB Patient Assessment and call treating MD ASAP.

VISUAL ACUITY AND ISHIHARA'S TESTS FOR COLOR BLINDNESS - Test Results

Client Name _____
Last Name First Name

D.O.B _____ / _____ / _____

MR #: _____

Legend from Ishihara's Tests for Colour Deficiency

Of Unlettered Persons

Number of Plate	Person with Normal Color Vision	Person with Red-Green Deficiencies
1	○	○
2	□	□
3	○	□
4	□	○
5		
6	Red curve	Blue curve
7	Upper Green curve	Lower Red curve
8	X to X & back up to the starting X via the other line	Unable to trace, or Only traces one line X to X

Ishihara should be used for any person on EMB, including persons 4-6 years of age or persons who cannot read.

Nurse's Signature

**Interpretation / Comments (Action)

BASELINE		Client's Visual Acuity and Ishihara Test Results											
Date	Tool*	Date	Tool*	Date	Tool*	Tool*	Tool*	Date	Tool*	Tool*	Date	Tool*	
Od _(right eye)		od		od		od		od		od		od	
Os _(left eye)		os		os		os		os		os		os	
Ou _(both eyes)		ou		ou		ou		ou		ou		ou	
glasses	Yes/No	glasses	Yes/No	glasses	Yes/No	glasses	Yes/No	glasses	Yes/No	glasses	Yes/No	glasses	Yes/No
1. Plates 1,2 and 5 are demonstration plates for the examiner to explain and show the patient what forms they will be asking the patient to identify and to verify patient's understanding. 2. For Plates 3,4,5,6,7, and 8: check (4) the appropriate column: "Norm" if patient result indicates normal; "Def" if the patient result indicates a deficiency. Mark (X) in the "Def" box if the patient can not read the plate.													
		Norm	Def	Norm	Def	Norm	Def	Norm	Def	Norm	Def	Norm	Def

**Interpretation of Acuity & Ishihara results

- Stable - for the patient: if no change from baseline
- Abnormal:
 - Visual acuity changes more than one line from baseline.
 - Ishihara: can't recognize any curve in Plate #8.
 - : **Questionable**- if misjudges more than 3 plates among # 3,4,6,and 7.
 - : **Re-test**- if misjudges on 1 or 2 plates among # 3,4,6, and 7.

**follow instructions provided by the tool's manufacturer

***Tool** A = 10 foot acuity chart- Brand: Snellen, Sloan, other _____
 B = 20 foot acuity chart- Brand: Snellen, Sloan, other _____
 C = other: _____

Action: Follow-up recommendations for *changes* from baseline-

Baseline Test: no follow-up needed if Ishihara deficiency noted *before* EMB was started.
 Susequent Test: - No change from baseline, or only 1 line change: No follow-up needed.
 - Change from baseline: **Stop EMB** if decrease of acuity by 2 or more lines or any change is noted on Ishihara *from baseline* and refer to PMD for further evaluation.

Instructions for filling out the Visual Acuity and Ishihara Test Result form:

12/12/02

1. Fill in the patient's name, DOB, medical record #.
2. Fill in page number (eg/ for patients on EMB for extended periods of time).
3. For both the Visual Acuity and Ishihara tests, follow the manufacturer's instructions for administering the test.
4. Circle the type of visual acuity tool used or enter the name of the tool used, if it's not listed. The same tool should be used from test to test.
5. Visual Acuity Section:
 - fill in the date of the test, and the tool used (per code at bottom of the page)
 - enter the visual acuity score for the right eye, left eye, both eyes, and indicate if corrective lenses were used by circling "glasses" Yes or No.
6. Ishihara Section:
 - a. Demonstrate what you are looking for, O or □, in plates 1 and 2. Have patient do a return demonstration to assure they understand the instructions.
 - b. For plates 3-8, check (4) the column which indicates the color detection ability of the patient: check (4) the "Norm" column if they scored normal, check (4) the "Def" column if the patient result indicates a deficiency in color vision. Mark (X) if the patient does not recognize any design in the plate. (For each plate, there is a column in the legend that reminds you what a normal and what a deficient person sees)
7. Compare the baseline to the current test result.
 - a. On baseline test (done *before* the patient starts EMB)
 - 1) If visual acuity is abnormal, refer to MD for further evaluation and corrective lens as indicated.
 - If patient obtains corrective lenses (contacts or glasses), repeat the test to establish a new baseline with corrective lenses.
 - 2) If red-green deficiencies identified, no follow-up is indicated. If unable to recognize any of the shapes, refer to PMD for follow-up.
 - b. On subsequent tests:
 - 1) No follow-up is needed if there is no change in visual acuity /Ishihara; or, only 1 line change in visual acuity.
 - 2) **Stop EMB if** there is a decrease of acuity by 2 or more lines, or any change is noted on Ishihara. Refer to PMD for further evaluation and recommendation regarding continued use of EMB.
8. Sign in the Nurse's signature box.
9. Indicate "interpretation" by using the "Interpretation of Acuity & Ishihara results legend in the lower left corner of the form.
 - Note, if patient misjudges 1 or 2 plates (among plates 3,4,6,&7), and that is different from the baseline, repeat the test. If it is still a change from baseline, stop the EMB and call the PMD to report the findings and refer patient for further evaluation.
 - a. If there is no change in visual acuity /Ishihara; or, only 1 line change in visual acuity, write in "stable".
 - b. If there is a decrease of acuity by 2 or more lines, or any change is noted on Ishihara, write in "abnormal" and where to look for notes explaining your intervention.

Treatment of LTBI (Latent Tuberculosis Infection) Education Form

Public Health Nurse: _____

Agency: _____

Phone: _____

This is to inform you about the treatment, side effects and risks of taking medication for latent TB infection.

Treatment of latent TB infection, as prescribed, will prevent active TB disease from developing in most individuals. The medication needs to be taken from 6 to 9 months according to your physician's prescription and instructions. Rifampin is occasionally used if one is unable to take INH.

Medication	Side Effects	Comments
Isoniazid (INH)	Dark Urine, Light-colored Stools, Fatigue, Loss of Appetite, Nausea, Vomiting, Abdominal Pain, Yellow Eyes or Skin, Rash, Tingling or Muscle Twitching in hands or feet	<p>Call your doctor or public health nurse if you have any of these side effects.</p> <p>Do not use alcohol because of risk of liver damage.</p> <p>Do not take Tylenol (acetaminophen) or any medication with Tylenol while on INH. You can take Ibuprofen, Aleve or Advil.</p> <p>Avoid antacids (Maalox, Tums, Mylanta) within 2 hours of taking INH</p> <p>Tell your doctor or public health nurse if you become pregnant while on INH.</p> <p>Call your doctor or public health nurse if you miss a pill.</p>
Rifampin (RIF)	Orange colored body fluids, Flu-like Symptoms, Nausea, Vomiting, Abdominal Pain, Bleeding Problems, Fever, Light-colored Stools, Rash, Yellow Eyes or Skin, Fatigue, Blood in Urine, Bruise Easily	<p>Do not use alcohol because of risk of liver damage.</p> <p>Significant interactions with methadone, birth control meds, digitalis, coumarin derivatives, anticonvulsants, PIs, NNRTIs, and many other drugs.</p> <p>Colors body fluids orange (i.e. sweat, urine, tears). May permanently discolor soft contact lenses.</p> <p>Tell your doctor or public health nurse if you become pregnant while on INH.</p>

CALL: If you have any of the side effects listed above or
If you have any questions: _____

I have read the statements on this form about the treatment of latent TB infection. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of taking the medication INH (Isoniazid)/ Rifampin (RIF).

Client name, please print

Date of Birth

Today's Date

Client or authorized person signature

Public Health Nurse Signature

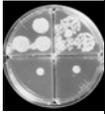
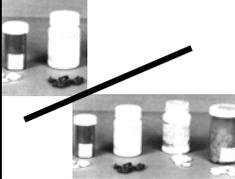
List educational material given to client: _____

Gave client a copy of form: _____ (PHN Initials)

MT DPHHS 2/2007

Usual Length of TB Treatment Plan

(teaching tool for TB nurses to explain to patients why they need to take medicine for so long)

When Diagnosed	1 st Month	2 nd Month	3 rd Month	4 th Month	5 th Month	6 th Month	... or longer
Sick  	Better  	Better  	Feel well  	 	 	 	
Lab Tests  Smear	+++ (or -)	+ (or -)	(-)	(-)	(-)	(-)	Sometimes people need to take medicine longer: <i>* Cavitory TB</i> <i>* Culture + after 2months meds</i>
Culture 	++ (or -)	+ (or -)	(-) (or +)	(-)	(-)	(-)	
TB Medicine							



tpchd.org

3629 S. D Street MS 421
Tacoma, WA 98408

Tuberculosis Treatment Agreement

Name:

DOB:

Address:

Your doctor is requesting that you take tuberculosis medications. The Health Department will provide the tuberculosis medications Monday through Friday by “directly observed therapy” (DOT). This means you must swallow all of the pills while the outreach worker watches. The pills cannot be left with you, or anyone else, to take later in the day. *There are no medications on weekends and holidays.* Your doctor will decide how many doses of medication you need for treatment and only doses you take by DOT are counted.

Together, we will agree on a time and place to meet for you to take your medications. If you cannot meet us, please call your outreach worker to arrange another meeting. If we are going to be late, or need to change the time of meeting, we will call you. It is important to take all of your medication doses in order to cure the TB.

Please do not plan any long vacations during your treatment course. If you must be out of town and need medicines to take with you, the Health Department requires one week’s notice. You will receive one-half credit for each dose that is not supervised. Vacation will cause your treatment course to take longer. If you are gone longer than 2 weeks, the Health Department may have to transfer you records to your new residence.

Your tuberculosis might be contagious, so the Health Department will do TB skin testing. We will ask you about work, school and recreational activities to decide who needs testing.

Dr. Larry Schwartz or Dr. Marina Arbuick are in charge of your tuberculosis treatment, which includes prescribing your medications, ordering labwork and chest x-rays. If you have any problems with your TB medicines, please call the doctor at Infections Ltd., 428-8700.

Mary M. “**Peggy**” Cooley, MSN, RN
DOT Program Coordinator
253-798-2861

Sharon Reinsvold, BSN
Nurse Epidemiologist
253-798-7689

Patient or Representative

Date

Health Department Representative

Date

Interpreter
TBRXagreement

Date

Tacoma- Pierce County Health Department
3629 South D Street
Tacoma, WA 98418
253-798-6410

ACUERDO PARA EL TRATAMIENTO DE TUBERCULOSIS

Nombre: _____ Fecha de Cumpleanos: _____
Direccion: _____

Su doctor requiere que usted tome medicina para la tuberculosis. El Departamento de Salud le suministrara (le dara) las medicinas para la tuberculosis de lunes a viernes a traves de "Terapia Directa Observada" (DOT). Esto significa que usted debe de tomarse (tragarse) todas las pildoras que se le den mientras un trabajador del servicio especial de asistencia publica lo observa. Las pildoras no pueden ser dadas ese dia ni a usted ni a ninguna otra persona para que sean tomadas mas tarde. No se entregan medicinas los fines de semana, ni los dias feriados. Su doctor decidira cual es la dosis que debe tomar para su tratamiento y unicamente las dosis que usted tome con el DOT son las que son contadas.

Juntos decidiremos a que hora y en que lugar nos encontraremos para que usted tome su medicina. Si usted no puede asistir a su cita por favor llame al trabajador de servicios especial de asistencia publica para arreglar otra cita. Si nosotros vamos ha llegar tarde o necesitamos cambiar la hora de la cita nosotros lo llamaremos a usted. Es importante que tome todas las dosis de la medicina para poder curarse de TB. Por favor no haga planes para salir de vacaciones largas durante el curso de su tratamiento. Si usted tiene que salir de la ciudad por fuerza mayor y necesita la medicina para llevarsela con usted, el Departamento de Salud requiere que se le avise con una semana de anticipacion . Usted unicamente recibira medio credito por cada dosis que no sea supervisada. Las vacaciones causaran que el curso del tratamiento tome mas tiempo. Si usted estuviera fuera por mas de 2 semana el Departamento de Salud podria tener que transferir su historia medica a su nuevo lugar de residencia (lugar de vacaciones).

Su tuberculosis puede ser contagiosa asi que el Departamento de Salud le hara un examen en la piel de TB. Le preguntaremos acerca de su trabajo, escuela y actividades de diversion para decidir quien o quienes necesitan hacerse el examen.

El doctor Marina Arbuck y el doctor Larry Schwartz en Infections Limited estan encargados de su tratamiento para la tuberculosis el cual incluye la prescripcion de la medicina, ordenar sus exámenes de laboratorio y las radiografias de su pecho. Si usted tiene alguna reaccion o problema con su medicina para la TB por favor llame a Infections Limited al 627-4123 y reported al Dr. Arbuck o al Dr. Schwartz .

Firma Fecha

Departamento del Salud Fecha

Translator Fecha