

Is It Enough? Dose Counting

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Basis for Guidance

- June 2003 ATS/CDC/ISDA statement
Treatment of Tuberculosis
- Defines completion of treatment based on
number of doses ingested within a
specified timeframe
- Treatment not solely based on months
and weeks of treatment

Definitions

- D.O.T. – Every dose observed by HCW
- Self administered – all doses self-
administered or less than ½ DOT
- DOT & Self – More than ½ observed by
HCW with remainder self administered

DOT

- Generally only DOT doses count towards completion of treatment (COT)
 - Count only M-F doses unless DOT on weekend
- Assess DOT in facilities to determine inclusion for COT
 - MARs required for record
- Assess SA doses and determination of inclusion for COT

Timeframes



- All 6-month regimens should be completed within 9 months
 - Initial 2-month phase within 3 months
 - 4-month continuation phase completed within final 6 months
- All 9-month regimens should be completed within 12 months
 - Initial 2-month phase within 3 months
 - 7-month continuation phase within remaining 9 months

Regimens

- Total number of doses dependent on regimen selected
 - See MMWR, Vol. 52, No. RR-11, June 20,2003 - page 5



Tips

- Count initial and continuation phases separately, i.e. begin again at dose #1
- Need to consider weeks as well as doses
 - Initial phase = 8 weeks
 - Dose count needed varies based on regimen
 - Continuation phase = 18 weeks (standard)
 - If 3 month extension = 31 weeks total
 - Dose count needed varies based on regimen

About weeks.....

- 1 year = 52 weeks
- 6 months = 26 weeks
- 3 months = 13 weeks
- 1 month = 4.33 weeks
- These numbers are extremely important for understanding CDCs requirements for completion of treatment!

About weeks.....

- Initial phase = 8 weeks
 - Doses vary depending on treatment regimen
 - 5 times a week = 40 doses
 - 3 times a week = 24 doses
 - 5 times a week for 2 weeks and 2 times a week for 6 weeks = 22 doses

About weeks.....

- Continuation phase
 - 6-month treatment course – 18 weeks
 - 5 times a week = 90 doses
 - 3 times a week = 54 doses
 - 2 times a week = 36 doses

About weeks.....

- Extended continuation phase
 - Additional 3 months of treatment for 9 month regimen= 13 additional weeks
 - 5 times a week = 65 doses
 - 3 times a week = 39 doses
 - 2 times a week = 26 doses
- 9-month treatment regimen
 - 31 week total continuation phase
 - 5 times a week = 155 doses
 - 3 times a week = 93 doses
 - 2 times a week = 62 doses

About weeks.....

- In CDC terms – 4 months = 18 weeks
- Relevant for treatment of culture negative pulmonary TB
 - Standard regimen is 4 months
 - 4 months = 18 weeks, **not** 16!



Summary

- Completion of treatment is based on the number of **doses** ingested within a specified timeframe
 - Weeks and months matter too
- Confused?



Take home points

- For standard 4-drug therapy, an 8 week course of PZA is required to qualify for the 6 month treatment protocol
 - Once you have met the required # of doses per the schedule, any extra can be applied to the continuation phase.

Let's do the analysis

Dates	Schedule	# Doses	# Weeks
9/4-9/20	5 x wk.	13	2.6
9/23-10/4	7 x wk.	12	1.71
10/7-10/18	5 x wk.	9	1.8
10/21-10/31	7 x wk.	11	1.57
Total			7.68

Take home points

- Check that correct drugs/dosages given
- If doses are not given according to the same schedule, i.e. # times per week
 - Convert doses to weeks of treatment
 - $\frac{\text{\# doses given}}{\text{\# doses scheduled}} = \text{\# weeks of treatment}$
 - Add weeks together to get total # of weeks of treatment
 - Apply to initial and continuation phases

Take home points

- Treatment interruptions during the initial phase are critical
 - Generally require restart
 - Remember initial 2 months must be completed in 3 months
- If PZA not included in treatment plan (or required # not administered – 9 months total treatment required.

Take home points

- Looks and sounds simple, but not always
- We are always happy to help
 - Faxed DOT sheets required – 804-371-0248
 - We count and call you back to discuss



now and at the breaks!
