

The ABCs of Being an Outreach Worker

TB Outreach Worker Training
May 21-23, 2012
Debbie Staley, RN, MPH
TB Nurse Consultant
VDH TB Program

A B C

Directly Observed Therapy and Documentation

Directly Observed Therapy – Done Right!!

- Who? • TB Cases/Suspects & LTBI Clients
- What? • Watch Medication Ingested
- Why? • To Treat Active TB or TB Infection
- When? • According to Regimen Ordered
- Where? • Anywhere

A B C

What DOT IS and IS NOT

- IS watching the client ingest the pills
 - Read bottle
 - Compare to written regimen
 - Observe correct pills poured
 - Watch pills taken
 - Look again!
 - Document
- IS NOT
 - DOD
 - FOT

A B C

 **TB Regimens**

- RIPE=rifampin, isoniazid, pyrazinamide, & ethambutol
- “Short Course” TB therapy = 26 weeks with 8 weeks of observed doses that include pyrazinamide (PZA)
- Initiation Phase:
 - 7 days a week = 56 doses with PZA, or
 - 5 days a week = 40 doses with PZA, or
 - Daily for 2 weeks =
 - 14 doses if 7 days a week or 10 doses if 5 days a week, then
 - twice weekly for 12 doses (6 wks)



 **More Options For TB Treatment**

- Three times a week for 24 doses (8 weeks) with RIPE
- IF pyrazinamide can not be used (IRE only)
 - *****39 WEEKS TOTAL THERAPY*****
 - 7 days a week = 56 doses, or
 - 5 days a week = 40 doses,
 - Then, continuation phase:
 - 7 days a week for 31 weeks (17 doses), or
 - 5 days a week for 31 weeks (155 doses), or
 - Twice weekly for 31 weeks (62 doses)



 **Continuation Phase**

- IF
 - PZA for full 8 weeks in initiation phase AND
 - Sensitive to all primary drugs
- Then, options include IR for
 - 7 days a week for 18 weeks, 126 doses, or
 - 5 days a week for 18 weeks, 90 doses, or
 - 2 days a week for 18 weeks, 36 doses, OR
 - 1 day a week with rifapentine for 18 weeks, 18 doses



 Rifapentine (Priftin)
150 mg tablet

- Must test HIV negative
- Non-cavitary disease
- Drug-susceptible
- Negative sputum smears at completion of the initial phase of treatment
- 150 mg tablet / usually a 600 mg dose, i.e. daily dose may be 4 tablets!



 Others Needing a 39 week Regimen

- Cavitary pulmonary TB at diagnosis
AND
- Sputum cultures positive after initiation phase



 39 Week Therapy a Clinician Decision

- Cavitary pulmonary TB at diagnosis
OR
- Sputum cultures positive after initiation phase



 Frequency – How often and What Spacing? - 1

- Daily
 - Given either 5 or 7 days per week
 - Only observed doses “count”



 Frequency – How often and What Spacing? - 2

- Twice weekly
 - A minimum of 2 days without medication between doses, with rare exceptions
 - If closer dosing, a minimum of 36-48 hrs between doses
 - Schedule on M/TH or T/F
 - **Plan ahead** for weeks with holidays, so that all doses are observed
 - Intermittent therapy should ALWAYS be DOT



 Frequency – How often and What Spacing? - 3

- Thrice weekly (3 X a wk)
 - A minimum of 1 day without medication between doses, with rare exceptions
 - If closer dosing, a minimum of 24 hrs between doses
 - Schedule on a M/W/F
 - **Plan ahead** for weeks with holidays, so that all doses are observed
 - Intermittent therapy should ALWAYS be DOT

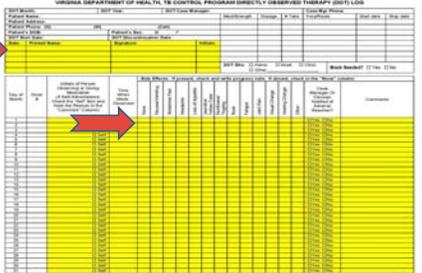


Frequency – How often and What Spacing? - 4

- Once weekly
 - Ideally, given on the same day each week
 - If adjustment is needed, a minimum of 72 hrs between doses
 - Intermittent therapy should ALWAYS be DOT



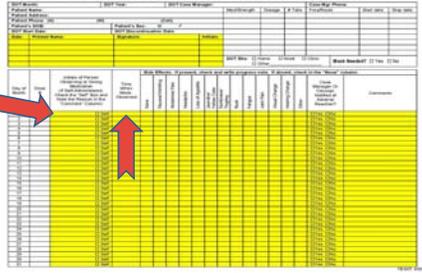
DOT Log Responsibilities



The DOT Provider



DOT Log Responsibilities




 DOT as a Case Management Tool

- Verifies adherence to TB therapy
- Assists in building trust with the client
- Aids in timely identification of adverse reactions and other case management issues
- Contributes to contact identification
- Assists in monitoring isolation if infectious
- Reinforces TB education



 DOT...the TB Program Standard



Outreach Workers Make it Happen!



 Questions?

