

Direct Observed Therapy



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D.O.T. as a Case Management Tool

- Assists in building trust and developing supportive relationship with the client
- Allows for rapid identification of problems and early intervention
- Increases ability to assess the patient environment
- Better access to contact identification

The Code of Virginia and DOT

- Dispensing – Only pharmacists and some PH physicians
- Administering – Physicians and nurses
- ***Assisting** – All of the above, plus non-licensed health care personnel
- ***Observing** – All of the above, plus anyone!

Just what is DOT?

- Observation of medication ingestion
– they swallow, you watch!
- Assisting and observing
- Used to insure adequate and appropriate treatment of TB cases and suspects.
- 2003 CDC/ATS/ISDA guidelines – standard of care



Just what is DOT?

- **DOT**
 - **every** dose is observed by a health care worker
- **Self**
 - All doses are self-administered, or less than ½ are observed by a health care worker
- **DOT/Self**
 - More than ½ are observed by a health care worker with the remaining self-administered.

Just what is not DOT?

- DOD – Dropped at door
- FOT – family observed treatment unless witness
- Split doses
- Later
- Self administration

What About Non-HD Observers?

- Trusted individual or system
- Potential types
 - Health department arranged
 - Employer
 - Drug treatment center
 - School Nurse
 - Plant Nurse
 - Circumstance arranged
 - Corrections
 - Hospitals, nursing homes
- Signed medication sheets required to accept as DOT

MMWR 2003 Treatment Guidelines

- Completion of therapy is defined as number of doses ingested, not months or weeks of treatment
- M-F DOT – 5 days per week
- If client on 7 day a week therapy and you do DOT five days a week and the client self administers on weekends only count five times a week for DOT

Completion of Treatment

- Defined as number of doses ingested within a specified timeframe
 - Standard time frame
 - Allowances for deviation
 - Standard number of doses that must be completed for each treatment regimen
 - Daily, twice weekly, thrice weekly

Completion of Treatment

➤ Initial phase

- 8 weeks in duration
- 5 day/week daily = 40 doses
- Misses/holidays added to end until 40 doses completed
- Must be completed in 3 months
- Alternative dose counts for different treatment regimens - handout

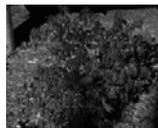
Completion of Treatment

➤ Continuation Phase

- 18 weeks in duration 5 times/week = 90 doses
- 3 times/week = 54 doses
- 2 times/week = 36 doses
 - 2 times/week should not be used for HIV-infected persons
- Must be completed within 6 months
- Treatment may be extended extra 3 months for certain patients – allotted time for completion of 7 month continuation is 9 months
 - Dose counts change!

D.O.T. – Did it Really Go Down?

- The swallow
- The liquid check
- The cough
- The hand/pocket check
- The bush check



DOT & Non-pill Takers

- Common phenomena
- Often ashamed to admit
- Offer administration options as part of standard orientation to DOT
- Frequent players
 - Children, elderly, HIV(thrush), debilitated

DOT & Non-Pill Takers - 2

- Only commercially prepared liquid TB medication is INH
- Other liquids available through a compounding pharmacy
 - Difficult to obtain
 - Costly
 - Very unstable
 - Don't use, if possible



DOT & Non-Pill Takers - 3

- Medications can be crushed
- Mix in food or drink immediately before ingestion
 - Mixing in advance can reduce effectiveness of medication
- Trick to find something the person likes
- Each situation is individual



Monitoring and Reporting

- Monitor daily for adverse effects of drugs
- Monitor daily for clinical improvement- if none noted report immediately to case manager
 - Blood serum tests

Drug Resistance

- MDR (Multiple Drug Resistance)
INH AND Rifampin
- XDR (Extreme Drug Resistance)
INH and Rifampin plus any fluoroquinolone
and at least one injectable second-line drug

WHAT CAUSES MDR AND XDR??

➤ **TREATMENT
FAILURE**

Documentation

- Documentation of treatment by ORWs is critical for completion of treatment success
- DOT should be recorded daily
- Essential to determining completion of treatment
- Not written=not done=doesn't count!
- DOT form



What do you do if drugs/ dosages are different than what is on RX bottles?

What do you do if drugs or dosages listed on DOT sheet is not what you think client is on?

DOCUMENTATION

- IF YOU DOCUMENT THAT YOU HAVE OBSERVED SOMEONE TAKING THEIR MEDICINES WHEN IN FACT YOU DID NOT, THIS IS FALSIFYING MEDICAL RECORDS WHICH IS A GROUP III OFFENSE AND WILL RESULT IN YOUR TERMINATION

Can you figure it out from this record?

- Date of Initial phase completion 
- Number of continuation phase weeks
- Did the patient complete an adequate regimen consistent with CDC/ATS/ISDA guidelines?