Directly Observed Therapy Log (DOT): 12-Dose Isoniazid-Rifapentine LTBI Treatment

Name _____ Vision #/Pt. ID _____ DOB _____

Sex: M/F **Ethnicity**: Hispanic/Non-Hispanic **Race**: _____ **Weight**: _____lbs **Height**: _____ft./inches

Treatment reason: ____Contact ____Corrections ____Homeless ____Refugee ____Foreign-born ____Convertor ____Substance abuse

Dose: INH_____mg. Tab strength_____ INH #tabs_____ **Dose:** RPT (rifapentine) _____ Tab strength 150mg. RPT #tabs_____

***For events listed below, check ☑ if event/symptom occurs, otherwise leave blank. (The event may have occurred in the past, after a previous dose)**

Date: Dose:	__/__/__ 1	__/__/__ 2	__/__/__ 3	__/__/__ 4	__/__/__ 5	__/__/__ 6	__/__/__ 7	__/__/__ 8	__/__/__ 9	__/__/__ 10	__/__/__ 11	__/__/__ 12
Directly Observed Therapy (DOT) received	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LMP/FP Method												
Side Effect/Toxicity – Check in box if present												
NO adverse reaction	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Loss of appetite	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nausea or vomiting		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Yellow eyes or skin	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Rash/hives	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fever or chills	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sore muscles or joints	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Numbness or tingling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dizziness/fainting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Abdominal pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other **(describe in progress note)**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tests – blood work (prn)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Next Appointment												
Staff Initials												
Patient Signature/Initials												
Rx stop or held **(FAX completed adverse event report to DDP-tb)**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Staff Signature	**Initials**	**Interpreter**	**Date**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Final Disposition:

☐Completed treatment

☐Stopped treatment Date___/___/_____

☐ Lost to follow-up

☐ Moved

☐Other

☐Adverse event (Complete and Fax form)

☐Pending Completion of Alternate Regimen