INSTRUCTIONS: INH/RPT Forms

DEMOGRAPHICS:

Please complete the demographics data fields at the top of the page and indicate the reason for implementation of treatment. See key below for appropriate race categories:

Abbreviations for race:
Asian = A
American Indian or Alaskan Native = AI
Black/African-American or Black = B
Native Hawaiian or Pacific Islander = PI
White = W

DOSING & SYMPTOM REVIEW:

For each time that a dose is provided, please record the date pertaining to that dose and indicate that the dose was done by Directly Observed Therapy.

Review all potential symptoms listed with the patient/contact. If the client experience symptoms other than those listed, check "other" and fully describe in a progress note.

If the client/contact did not experience any symptoms, check "**No** adverse reaction".

If treatment was stopped or held, check the bottom box in the symptom review indicating treatment was stopped or held, and complete an adverse event report describing the situation. Fax this report immediately to TB Control at 804-371-0248.

FINAL DISPOSITION:

Indicate whether treatment was completed or stopped.

If treatment was stopped for reasons other than completion, record the date the treatment was stopped and indicate the reason for stopping: Client Lost to follow-up, Moved, Other (please write-in reason), etc.

If treatment was stopped due to an adverse event, complete the adverse event report.

ADVERSE EVENT FORM:

Indicate the Dose #, record whether Rx was stopped or held, complete the date the symptom began, indicate when the symptom occurred in relation to the last INH-RPT dose (symptom onset), the duration the symptom(s) lasted, and whether the client was hospitalized.

Indicate if medication re-challenge was carried out. If yes, check whether the client was re-challenged with INH or RPT, or select both drugs if client was re-challenged with both. Record the outcome. Please check Unknown, if a question cannot be answered.

COMMENTS:

Briefly describe the adverse event, including symptoms, time of onset in relation to last INH-RPT dose, duration and resolution of the event, results of the re-challenge, and/or any other factors (other medical conditions, medications) that may be relevant.

LABORATORY VALUES:

Provide any laboratory test results done to assess adverse reactions to INH-RPT treatment.