

**Bi-weekly DOT Log for Active TB Disease: CONTINUATION PHASE**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt \_\_\_\_\_

Twice Weekly: Dose = INH: \_\_\_\_\_ mg & RIF: \_\_\_\_\_ mg (Total = 36 doses)

Enter, into the corresponding weekday box, the **date, time, and your initials**, for each daily dose observed. If a day is missed, enter the reason (e.g. / no show, left early, held due to side effects). If patient complains of side effects, withhold the medication to evaluate the problem and determine if the dose should be given. Routine screening for side effects should be done at least monthly by the nurse, who initials that there are no problems in the Doses S/E box or puts a "P" in the box and indicates on the back of this page the date, problem, and action taken. (NOTE: there should always be at least 1 day between doses). Tally the does at the end of every two-week period & have patient initial monthly. TB Nurse must be notified if 1 bi-weekly dose is missed.

**Treatment Failure = < 80% complete (within 6-months) & ≥ 3 months interruption (Treatment must be re-started from the beginning of the initial 4-drug therapy regimen).**

2 doses / week		Doses DOT	2 doses / week		Doses DOT	Total doses DOT	Patient Initials
						S/E	
						S/E	
						S/E	
						S/E	

Patient is Complete after ALL 36 Observed doses are taken, sputum cultures are negative & there are no significant interruptions in therapy (use second continuation log sheet if necessary).

DOT Worker Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

TB Nurse Signature: \_\_\_\_\_ Initials: \_\_\_\_\_