

Daily DOT Log: Treatment for Active TB Disease - INITIAL PHASE

Name: _____ DOB: _____ Wt. _____

Daily: INH _____ mg, RIF _____ mg, PZA _____ mg, EMB _____ mg (Total = 40 doses M-F)

Enter, into the corresponding weekday box, the **date, time, and your initials**, for each dose observed. If a day is missed, enter the reason (e.g./ no show, left early, held due to side effects). Indicate "packet" for holidays & weekend (NOTE: packet days do not count towards DOT doses). Routine screening for side effects should be done monthly by a nurse, who initials the Doses S/E box or if there are problems puts a "P" in the box & indicates on the back of this page the date, problem, and action taken – also include wt. changes. Tally the doses at the end of every week & have patient initial. TB Nurse must be notified if ≥ 2 consecutive doses are missed.

Treatment Failure = ≥ 14 days interruption (within 3-months) & treatment must be re-started from beginning.

Monday	Tuesday	Wednesday	Thursday	Friday	Sat. & Sun.	Doses DOT	Patient Initials
						S/E	
						S/E	

Patient can move to Continuation Phase after ALL 40 Observed Initial Phase Doses & if the organism is susceptible to both INH and RIF (EMB can be discontinued when organism is fully susceptible). The Continuation Phase can be daily or biweekly DOT with INH and RIF *NOTE:* (INH & RIF doses need to be increased if done biweekly). The treating physician must order the regimen change. If drug resistance is noted, a different regimen will be selected.

DOT Worker Signature: _____

Initials: _____

TB Nurse Signature: _____

Initials: _____