

Oregon Tuberculosis Directly Observed Therapy (DOT) Log

Month: <u>08</u>	Year: <u>2016</u>	Case Manager: <u>HELDI BEHM</u>	Drug	Strength x # Pills	Dose	Frequency	Start Date	Stop Date
Patient Name: <u>J. J.</u>			INH	<u>300 x 3</u>	<u>900</u>	<u>3X WEEK</u>	<u>8/15/16</u>	<u>CONTINUE</u>
Patient Phone: (H): <u>123-4567</u> (W): _____ (C): _____			RIF	<u>300 x 2</u>	<u>600</u>	<u>3X WEEK</u>	<u>8/15/16</u>	<u>CONTINUE</u>
DOT Site: <u>HOME (SEE CHART)</u>			PZA	<u>x</u>				
Mask needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>OFF ISOLATION 06/25/16</u>			EMB	<u>x</u>				
Date	Name of DOT worker	DOT Worker Initials	B6	<u>25MG SAT DAILY</u>				
<u>8/1/16</u>	<u>HELDI BEHM</u>	<u>HB</u>						
<u>8/3/16</u>	<u>GAYLE WAINWRIGHT</u>	<u>GW</u>						

Day of Month	Dose #	Initial appropriate column. If no DOT explain in comments.			Side Effects		Case Manager Notified	Comments
		DOT given	Self Adm	Missed/Held	Yes	No		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15	<u>1</u>	<u>HB</u>						<u>PZA STOPPED. NOW 3X WEEK CONTINUATION.</u>
16	<u>/</u>							
17	<u>2</u>	<u>HB</u>						
18	<u>/</u>							
19	<u>3</u>	<u>GW</u>						<u>STOMACH PAIN. RN INFORMED.</u>
20	<u>weekend</u>							
21	<u>weekend</u>							
22	<u>4</u>	<u>HB</u>						
23	<u>/</u>							
24	<u>5</u>	<u>HB</u>						
25	<u>/</u>							
26	<u>6</u>	<u>GW</u>						
27	<u>WEEKEND</u>							
28	<u>WEEKEND</u>							
29	<u>7</u>	<u>HB</u>						
30	<u>/</u>							
31	<u>8</u>	<u>HB</u>						
TOTAL		<u>8</u>						

Directions

1. DOT is recommended for all patients with suspected or confirmed TB disease.
2. Use one sheet per month for either initial or continuation phase. Start a new sheet for the continuation phase.
3. Patients should be given packets for weekend and holidays. Do not "count" these doses.
4. In "Date", write the date the DOT worker starts providing DOT.
5. In "Dose #", write which DOT dose was given. At the end of the month, continue this count on the new form. When the patient reaches 40 doses and ends the initiation phase, start a new count for the continuation phase.
6. After DOT is given, DOT worker should write their initials in the "DOT given" box. If DOT was not given, mark either "Self Admin" or "Missed/Held". Explain in comments if needed.
7. DOT worker should ask patient about side effects prior to giving each dose.
8. If patient reports side effects medications should be held, RN called and outcome documented in "comments".
9. If patient misses DOT appointment, notify RN and document in "comments".
10. At the end of each month, look at what dose number you are now on and the "DOT Given," "Self Admin" and Missed/Held" total. If the patient self administered because of a government holiday, vacation or other reason, these doses should be added to the treatment. If the patient did not take any medication because it was held or the appointment missed, these doses should also be added to the treatment.

Required doses for most common regimen	
Initiation (8 weeks)	40 doses not counting weekend
Continuation (18 weeks)	
Three times weekly	54 doses not counting weekend
daily	90 doses not counting weekend
Continuation (31 weeks) - cavity and no culture conversion or other criteria	
Three times weekly	93 doses not counting weekend
daily	155 doses not counting weekend