Tuberculosis Monthly Monitoring

Legends: + = nurses note was generated
√ = assess and no problem found
DC = Discontinued

	Date									
	Initials									
	# Missed doses									
	Weight									
Medications	INH									
	RIF									
	EMB									
	PZA									
Labs	LFT									
	Sputum									
Medication Adverse Effects	Jaundice									
	Fatigue									
	Numbness									
	Anorexia									
	Dark urine									
	Light Stool									
	Visual Acuity									
	Color Vision									
Disease signs/symptoms	Cough									
	Hemoptysis									
	Night sweats									
	Fever/Chills									
Education										

Signature / Initials

_____ / _____ _____ / _____
_____ / _____ _____ / _____
_____ / _____ _____ / _____
_____ / _____ _____ / _____
_____ / _____ _____ / _____

Inmate Name
(Last, First)

DOC #

Tuberculosis Monthly Monitoring
Instructions

Part 1

	Date									
	Initials									
	# Missed doses									
	Weight									
Medications	INH									
	RIF									
	EMB									
	PZA									
Labs	LFT									
	Sputum									
Medication Adverse Effects	Jaundice									
	Fatigue									
	Numbness									
	Anorexia									
	Dark urine									
	Light Stool									
	Visual Acuity									
	Color Vision									
Disease signs/symptoms	Cough									
	Hemoptysis									
	Night sweats									
	Fever/Chills									

Part 2

Signature / Initials

_____ / _____ _____ / _____
_____ / _____ _____ / _____
_____ / _____ _____ / _____
_____ / _____ _____ / _____
_____ / _____ _____ / _____

Part 3

Inmate Name _____ DOC # _____

Abbreviations and symbols

1. + Indicates a nursing note has been generated for explanation.
2. √ Indicates the assessment was made and no problems were found, or can indicate this item is being evaluated.
3. DC Discontinued

Column 3 represents the first month evaluation. Nine months of evaluations can be documented on one form.

Part 1

1. Date: The date of the evaluation.

2. Initials: Initials of the person performing the evaluation. Must be accompanied by a signature and initials in Part 2.

3. # Missed Doses: Number of doses missed since the last monthly evaluation. Missed doses must be made up at the end of treatment.

4. Weight: For active cases only. Obtain actual monthly weight on all active cases of TB.

5. Medications: The most frequently used medications are provided in Column 2. The blank spaces at the end of this section are for writing in other TB medications the inmate has ordered.

   In Column 3, the first month's evaluation, a check (√) indicates that medication is being used. A check in any subsequent months indicates the medication continues without change from the previous month and no problems are found. If a medication is not being used leave the corresponding spaces blank.

   If a treatment change has been made place a plus (+) in that medication's corresponding space. A plus indicates a nursing note explains the change. If a medication is discontinued place "DC" in that month's evaluation space.

6. Labs: The most frequently monitored labs are provided. The blank spaces at the end of this section are for writing in other labs being monitored. A check (√) in the initial evaluation space (Column 3) indicates that lab is being routinely monitored. If a lab is not being monitored leave the corresponding spaces blank.

   Sputum will be ordered for the course of treatment for TB disease. Beside the word "sputum" write in how many specimens a month are being collected, such as 3/mo, indicating 3 specimens every month should be collected. If the number of specimens changes indicate in the space how many are now being collected, such as 1/mo, indicating one specimen a month will be collected from that point on.

   A "+" in subsequent months indicates a nursing note explains the issue.

   If the lab has been discontinued since the last monthly evaluation write "DC" in the space.

7. Medication Adverse Effects: The most common adverse effects are provided. A (√) in Column 3 indicates an adverse effect is being monitored, otherwise leave the corresponding spaces blank. The blank spaces are for adding adverse effects being monitored.

   A "+" indicates a nursing note explains the issue.

   If monitoring of the adverse effect has been discontinued since the last month's evaluation write "DC" in the space.

8. Disease signs/symptoms: This section is for active TB cases only. The most common signs and symptoms are provided. The blank spaces are for adding signs and symptoms to be monitored. Inmates with extrapulmonary TB disease should have other signs and/or symptoms added that are to be monitored.

   A "+" indicates a nursing note explains the issue.

   A "√" indicates the sign or symptom was evaluated and no problem was found. When a sign or symptom is initially identified continue to monitor until treatment is completed.

Part 2

Signature / Initials

Each staff performing a monthly evaluation shall sign their name and title and provide the initials being used to indicate they performed a specific evaluation.

Part 3

Before any evaluation information is added to the form print the inmate's name on the line provided. Legibly write the inmate's DOC number on the line provided.