

Latent Tuberculosis (LTBI) Treatment Flowsheet: Dose, Symptom Monitoring, Completion

Reporting Provider: Please utilize this *optional flowsheet* to assist in treatment and communication with the local health department. Please fill out as completely as applicable and return the completed form via fax to your local health department.

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|---|--|---|--|--|---|--|
| Patient Last name: | Patient First name: | Patient DOB: | | | | |
| LTBI Initial Treatment: <i>Please <input checked="" type="checkbox"/> appropriate boxes</i> | <input type="checkbox"/> 12 wk. Isoniazid/ Rifapentine (3HP) | <input type="checkbox"/> 3 mo. Isoniazid/ Rifampin (3 INH/RIF) | <input type="checkbox"/> 4 mo. Rifampin (4 RIF) | <input type="checkbox"/> 9 mo. Isoniazid (INH) | | |
| Baseline laboratories* ordered: <input type="checkbox"/> No <input type="checkbox"/> Yes, reason: | | | | | | |
| Date LTBI medication(s) ordered: _____ | | Baseline Weight & Height Weight: kgs Height: ft/in | | | | |
| LTBI REGIMENS** Monitoring throughout therapy for adherence and adverse effects is highly recommended. | | | | | | |
| 3HP† Isoniazid & Rifapentine (12 doses total, 1x weekly) | Isoniazid (H or INH): 15 mg/kg ≥ 12 years (25 mg/kg for ages 2-11 years); <i>max dose 900 mg; ≥50 kg =900mg</i> (available:100 mg and 300 mg tabs) <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;">Medications must be taken together</div> | Initial Rx: 4 doses, 1 month Monitoring Month 1 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Yes, adverse effects reported <input type="checkbox"/> Yes, Labs ordered <input type="checkbox"/> Rx for next month (4 doses) | Month 2 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Yes, adverse effects reported <input type="checkbox"/> Yes, Labs ordered <input type="checkbox"/> Rx for next month (4 doses) | Month 3 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Yes, adverse effects reported <input type="checkbox"/> Yes, Labs ordered <input type="checkbox"/> Rx for next month (4 doses) | <input type="checkbox"/> LTBI Completed <input type="checkbox"/> LTBI Completion Card to patient <input type="checkbox"/> Not completed/ reason: ___ Moved ___ Lost ___ Adverse event ___ Other | |
| | Rifapentine/Priftin (P or RPT): all ages, dose dependent on <i>weight</i> : 10-14 kg = 300 mg; 14.1-25 kg = 450 mg; 25.1-32 kg = 600 mg; 32.1-49.9 kg = 750 mg; ≥ 50 kg= 900 mg; <i>max dose 900 mg</i> (available: 150 mg tabs) | Monitoring Month 1 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Rx for next month (30 days) | Month 2 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Rx for next month (30 days) | Month 3 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Rx for next month (30 days) | | Month 4 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Rx for next month (30 days) |
| 4 RIF Rifampin (120 doses total, DAILY) | Rifampin (RIF or R): 10 mg/kg adults; 15-20 mg/kg children; <i>max dose 600 mg</i> (available:150 mg & 300 mg tabs) | Monitoring Month 1 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Rx for next month (30 days) | Month 2 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Rx for next month (30 days) | Month 3 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Rx for next month (30 days) | Month 4 <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Rx for next month (30 days) | <input type="checkbox"/> Not completed/ reason: ___ Moved ___ Lost ___ Adverse event ___ Other |
| INH + RIF 3 months (90 doses total, DAILY) | Isoniazid (INH or H) and Rifampin (R) 5 mg/kg adults; 10-20 mg/kg children; <i>max dose 300 mg</i> (available:100 mg and 300 mg tabs) | Monitoring: Months | | | Confirmed 30 daily doses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Assess for adverse effects <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Assess for Labs orders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rx for next month (30 days) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

REGIMENS CONTINUED NEXT PAGE

*Baseline laboratory testing can be found at the Centers for Disease Control and Prevention's *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*, updated March 2019, available at <https://www.cdc.gov/tb/publications/ltbi/treatment.htm> .

** LTBI medication regimens adapted from the Centers for Disease Control and Prevention's *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*, updated March 2019, retrieved from <https://www.cdc.gov/tb/publications/ltbi/treatment.htm> .

†Short course 3HP Isoniazid/rifapentine regimen is highly recommended and the updated 2018 recommendations can be found in *Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent Mycobacterium tuberculosis Infection*, available at https://www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm?s_cid=mm6725a5_w

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 Clark County (702) 759-1454 Rest of State (775) 684-5999

REGIMENS CONTINUED FROM PREVIOUS PAGE

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|---|---|---|--|
| <p>INH[‡] 9 months (270 doses total, daily)</p> | <p>Isoniazid (INH or H): 5 mg/kg adults; 10-20 mg/kg children; <i>max dose 300 mg</i> (available: 100 mg and 300 mg tabs)</p> | <p>Monitoring: Months 1 – 9, for each month</p> <p><input type="checkbox"/> Confirmed 30 daily doses _____</p> <p><input type="checkbox"/> Assess for adverse effects _____</p> <p><input type="checkbox"/> Assess for Labs orders _____</p> <p><input type="checkbox"/> Rx for next month (30 days) _____</p> | |
| <p>Vit B6[~] Pyridoxine</p> | <p>Pyridoxine (B6): Supplementation with B6 10-50mg/day during treatment is a consideration for certain individuals taking INH or 3HP.</p> | | |

[‡]Alternative INH regimen available, see referenced CDC guide, <https://www.cdc.gov/tb/publications/tbi/treatment.htm>.

[~]Please see CDC recommendations <https://www.cdc.gov/tb/publications/tbi/treatment.htm>

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