

ECHO ID#: _____ Date Presented: _____

TB TREATMENT

Currently on Meds: Yes No Meds held: _____ date

Completed Treatment: No Yes _____ date Meds restarted: _____ date

Date Order	Med	Dosage	Frequency	Route	Cumulative Dosage*	Missed Doses Previous Month**	Date DC'd
	INH						
	Rifampin						
	PZA						
	Emb						
	Moxifloxacin						
	Levoquin						

* count doses - ending with last day of previous month

** number of missed doses - ending with last day of previous month

MONITORING

Visual Acuity - Initial Eye Exam: Date _____ Right Eye _____ Left Eye _____

Follow-up Eye Exam: Date _____ Right Eye _____ Left Eye _____

Color Vision: Date _____ Plates Identified _____ / _____

Audiogram: Yes No; Baseline & monthly when on injectable med

CONTACT INVESTIGATION

Contact Investigation Initiated (For sputum smear positive/culture positive and for smear negative/culture positive) Yes No

Infectious Period begin _____ end _____

TB 13 initiated & sent to TB Nurse Consultant Yes No

Contacts Identified: _____

Contacts Evaluated: _____ # positive _____ # negative _____

TB Infection _____

Started Rx _____

Completed Rx _____

TB Disease _____

Started Treatment _____ Completed treatment _____

If case <5yrs of age source case identified? Yes No

NURSE CASE MANAGEMENT SUCCESSES AND CHALLENGES

- 1.
- 2.
- 3.
- 4.