

Monitoring Tool 2: Care Plan

Baseline	Initiation of Treatment	Month 1	Month 2	Month 3	Month 4	Month 6	Month 9	Month 12	Month 18	Month 24
CXR – PA & lateral; Compare to old films	Consider CT and alternate views	CXR		CXR		CXR		CXR, Consider CT	CXR	CXR, Consider CT
TST Report case to LHD										
Request/review old records	Physician assessment	Physician assessment q 1-2 weeks	Physician assessment q 1-2 weeks	Physician assessment monthly						
Create drug-o-gram	Update drug-o-gram	Update drug-o-gram								
CBC, metabolic panel, 24 ^h creatinine clearance*; review prior abnormal labs		CBC, LFTs, K+, Ca++, Mg++, Creat Clearance serially as indicated (see chapters 6&7)								
HIV serology with pre/post test counseling		If HIV+: CD4, viral load	Evaluate for treatment							
Baseline TSH (cycloserine / ethionamide)				TSH q 3 mo - Synthroid if elevated TSH						
Review prior sputum results. Repeat sputum	Sputum q a.m. x3 days	Sputum x3 q 2 weeks until smear-negative	Sputum x2-3 q 1 mo until culture-negative	Sputum x2-3 q 1 mo until culture-negative	Sputum x1-2 q 1 mo					
Review susceptibilities; request extended susceptibility tests	Follow-up pending susceptibilities			Repeat susceptibility if sputum culture-positive	Repeat serially for persistently positive cultures					
Infection control/isolation	Continue until culture negative x3 (see chapter 8)									
Consider insertion of indwelling catheter	Aminoglycoside and/or Capreomycin IV (IM) 5-7 days/wk	Consider peak/trough drug levels**	Consider peak/trough drug levels**		Consider peak/trough drug levels**	Δ to 3x/wk after 2-6 months	Discontinue after culture-negative 6-12 months			
	4-6 oral drugs	Consider peak drug levels**		Consider peak drug levels**				Consider peak drug levels**		
	DOT initiated/pt educated	Educate as needed								
	Pyridoxine 100-150 mg (or more)	As long as ethionamide or cycloserine given								
	Baseline weight	Weigh 2x/week	Weigh monthly							
	Nutritional assessment	Nutritional supplement as needed (Not within 2 hours of fluoroquinolone)								
Audiogram/vestibular screen. Continue monthly as long as aminoglycoside/capreomycin given										
Vision and color discrimination screens monthly while EMB, clofazimine, or rifabutin used										
Assess & Address	Substance abuse/psychosocial factors influencing compliance									
	Education needs									
	Complete contact eval (LHD)									

* 24 hr. creatinine clearance if any elevation of creatinine or any question of renal compromise. Repeat if change in renal function.

** Some experts document drug levels for all patients. Adjust dose or interval and repeat as needed.

Adapted from Tuberculosis Resource and Education Center
www.tdh.state.tx.us/tcid/TB-Education-Ctr.htm