

West Virginia Department of Health – WV TB Elimination Program

DOT TREATMENT RECORD

Name:											
Dispensing date											Comments
DOT clinic (C) or field (F)											
Next dispensing date											
INH _____ mg											
RIF _____ mg											
EMB _____ mg											
PZA _____ mg											
RPT _____ mg											
B6 _____ mg											
_____ mg											
Sputum collected											
LFT drawn											
Patient's weight											
Other service											
Adverse Effects All Drugs	Fatigue/weakness										
	Fever/chills										
	Loss of appetite										
	Nausea/vomiting										
	Jaundice										
	Brown urine										
	Rash/itching										
	Joint pain										
	Other symptom										
INH	Peripheral neuritis										
EMB	Blurred vision										
	Decreased right vision										
	Decreased left vision										
RIF	Decreased red/green vision										
	Birth control										
RPT	Birth control										
	Dizziness										
Nurse initials											
Nurse signature:	Initials:	Nurse signature:	Initials:	Nurse signature:	Initials:						
Nurse signature:	Initials:	Nurse signature:	Initials:	Nurse signature:	Initials:						