

FROM: WV DIVISION OF TB ELIMINATION
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RE: STANDING ORDERS FOR MONITORING HEPATOTOXICITY OF ANTITUBERCULAR THERAPY FOR TUBERCULOSIS PATIENTS

TO: All WV Local Health Departments

ORDERS:

1. Obtain baseline liver function test (LFT) before beginning therapy. HIV status should also be determined at this time.
2. Provide extensive education to the patient, along with printed material, regarding symptoms to report (anorexia, nausea, vomiting, darkened urine, jaundice, malaise, elevated temperature and abdominal tenderness) and to the danger of alcohol and acetaminophen intake. Make sure all consents are signed prior to initiation of treatment.
3. Dispense medication as ordered, DOT/DOPT is to be done per WV DTBE Treatment Protocol. Never give more than a 30-day supply of medication at a time.
4. Provide at a minimum a monthly “eyes on” nursing assessment for symptoms of toxicity and compliance with treatment, notify WV DTBE of any abnormal findings.
5. Obtain a monthly LFT and more frequently if nurse thinks it is appropriate, notify WV DTBE of any abnormal findings for further orders.
6. Assessment of liver blood profiles should trigger the following responses:
 - Elevation of LDH alone, without any other liver function test abnormalities, does not warrant cessation of medication.
 - Any elevation of bilirubin and/or alkaline phosphatase requires cessation of medication and consultation with WV DTBE.
 - Minor elevation in ALT, AST and GGT, up to three times the upper limits of normal does not warrant cessation of medication UNLESS the patient is symptomatic. If the patient is symptomatic contact WV DTBE immediately. If the patient is NOT symptomatic medication should be continued unless there are other clinical indications to do otherwise, a consultation with WV DTBE still needs to be done to review the findings.
 - Elevations in ALT, AST and GGT of three times the upper limit of normal and above, medication should be held, contact WV DTBE immediately.
7. Provide proper documentation of all LFT reports, nursing assessments and follow-up in patient chart.
8. Follow above criteria unless otherwise instructed by clinician.

Sandra G. Elliott M.D.
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