

TUBERCULOSIS FLOW SHEET

Name:		Date of Birth:		Gender at birth: Male Female	
Person w TB/Evaluate for TB		Initial Treatment: 4 Drug Regimen - Option 1		4 Drug Regimen - Option 2 Other	
LTBI/Presumptive LTBI		Initial Treatment: Isoniazid 9 mo.		Rifampin 4 mo. Rifampin 6 mo. Isoniazid/Rifapentine 12 wk.	
Med Start Date:		<input type="checkbox"/> DOT <input type="checkbox"/> Non- DOT		Exposed person MDR Ryan White Child less 5 years age	
Isolation Ordered <input type="checkbox"/> YES <input type="checkbox"/> NO		Isolation Stop Date:		Last Date Worked: Date Returned to Work:	
Telephone Nurse Monitoring Program		Start Date:			
KEY: YES = √ NO = ∅ NORMAL = N ABNORMAL = ABN (Make note) NOT ASSESSED = NA POSITIVE = POS NEGATIVE = NEG					
Date					
Adheres to treatment plan /Number of doses completed to date					
# missed doses/# missed appointments (make note)					
Last menstrual period					
Alcohol Use/Substance Use (make note)					
Any travel since last visit? Plans to travel within the next month?					
Review of Systems (Questions on back of flow sheet)					
CONSTITUTIONAL					
HEENT					
SKIN					
CARDIOVASCULAR					
RESPIRATORY					
GASTROINTESTINAL/GENITOURINARY					
NEUROLOGICAL					
MUSCULOSKELETAL					
Physical Evaluation					
VITAL SIGNS: Temperature/Pulse/Respirations					
Blood Pressure					
Current weight (Initial weight at diagnosis)					
HEENT					
Vision acuity test/Vision color discrimination					
SKIN					
Rash (trunk = t, back = b, extremities = e)					
Bruises (trunk = t, back = b, extremities = e)					
RESPIRATORY					
Shortness of Breath					
Cough (note characteristics)					
GASTROINTESTINAL					
Abdominal tenderness					
NEUROLOGICAL					
Memory loss/poor cognition/dizziness					
MUSCULOSKELETAL					
Pain, swelling of joints/abnormal gait					
Laboratory Tests Ordered					
Baseline Hepatitis B/Hepatitis C/HIV					
Glucose/Hbg A1C					
Uric Acid/Serum Creatinine/Bilirubin					
AST/ALT/Liver Profile					
CBC with differential					
Pregnancy test (if applicable)					
Most recent date of sputum specimen					
Most recent sputum status (Positive, Negative, NA)					
Medications Ordered and Dispensed					
Isoniazid _____ mg _____ tab(s) PO _____ x wk X _____ mo # _____ (# doses _____)					
Rifampin _____ mg _____ cap(s) PO _____ x wk X _____ mo # _____ (# doses _____)					
Pyrazinamide _____ mg _____ tab(s) PO _____ x wk X _____ mo # _____ (# doses _____)					
Ethambutol _____ mg _____ tab(s) PO _____ x wk X _____ mo # _____ (# doses _____)					
Pyridoxine _____ mg _____ tab(s) PO _____ x wk X _____ mo # _____ (# doses _____)					
Rifapentine _____ mg _____ tab(s) PO _____ x wk X _____ mo # _____ (#doses _____)					
Next appointment date					
Nurse's Signature					

REFERENCE: Review of Systems questions:

CONSTITUTIONAL: Does the patient have any unexplained weight loss, fever, chills, weakness or fatigue, night sweats, and/or loss of appetite? How severe are they?

HEENT: Does the patient have any vision loss, blurred vision, double vision or trouble distinguishing colors? Does he/she wear glasses?

Does the patient have any hearing loss or ringing in the ears? Does he/she wear a hearing aid?

SKIN: What is the normal color of skin? Are there any rashes or itching? If so, what is the cause? Is there any bruising? Does the patient bruise easily?

CARDIOVASCULAR: Does the patient have any chest pain, chest pressure/chest discomfort, palpitations or edema?

RESPIRATORY: Is the patient experiencing any shortness of breath, cough or sputum? Is this something new or is this a chronic condition? Is the patient coughing up blood?

GASTROINTESTINAL/GENITOURINARY: Does the patient have anorexia, heartburn, nausea, vomiting or diarrhea or abdominal pain? Does anything relieve it? Does anything precipitate it? What color are his/her stools? Is there any blood in the stool? What color is the patient's normal urine? Does he/she have bladder or kidney infections? Have they ever had a problem with kidney function?

NEUROLOGICAL: Does the patient have headaches? What kind and what relieves them? Does he/she have dizziness, syncope, paralysis, ataxia, numbness or tingling in the extremities? Is there any problem with memory or cognition?

MUSCULOSKELETAL: Does the patient have muscle and/or back pain? Does he/she have any arthritis, joint pain or stiffness? Is there any weakness in his/her limbs or any problem with gait and movement? Have they ever had signs of gout?