

TUBERCULOSIS FLOW SHEET

<b>Name:</b>		<b>Date of Birth:</b>		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	
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:					
<b>KEY: YES = √ NO = ∅ NORMAL = N ABNORMAL = ABN (Make note) NOT ASSESSED = NA POSITIVE = POS NEGATIVE = NEG</b>							
<b>Date</b>							
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?							
<b>Review of Systems (Questions on back of flow sheet)</b>							
CONSTITUTIONAL							
HEENT							
SKIN							
CARDIOVASCULAR							
RESPIRATORY							
GASTROINTESTINAL/GENITOURINARY							
NEUROLOGICAL							
MUSCULOSKELETAL							
<b>Physical Evaluation</b>							
VITAL SIGNS: Temperature/Pulse/Respirations							
Blood Pressure							
Current weight (Initial weight at diagnosis )							
<b>HEENT</b>							
Vision acuity test/Vision color discrimination							
<b>SKIN</b>							
Rash (trunk = t, back = b, extremities = e)							
Bruises (trunk = t, back = b, extremities = e)							
<b>RESPIRATORY</b>							
Shortness of Breath							
Cough (note characteristics)							
<b>GASTROINTESTINAL</b>							
Abdominal tenderness							
<b>NEUROLOGICAL</b>							
Memory loss/poor cognition/dizziness							
<b>MUSCULOSKELETAL</b>							
Pain, swelling of joints/abnormal gait							
<b>Laboratory Tests Ordered</b>							
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)							
<b>Medications Ordered and Dispensed</b>							
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 _____)							
<b>Next appointment date</b>							
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?