

TB Meds and Weights

The Nurse's Responsibility

November 2014

FYI. When managing a TB program you need to keep on top of clients' weights and make sure the medication dosage they are on is correct. TB medication dosages are all weight dependent (even in adults). The calculation used is listed on the prescription (for those on LTBI treatment). At 60kg an adult is at the max dose so a weight increase does not impact the medication dose. Anyone who weighs less than 60 kgs and has a weight change of more than 2-3 kgs may need a dose adjustment.

Month end when tallying the doses taken on the DOT record is a good time to double check dosage and weight. If the TB assistant sends this info to RCDC the nurse is still required to review the DOT records – medication administration and correct dosing is ultimately the nurse's responsibility. The nurse is responsible/required to inform RCDC/RTBC if anyone misses more than 2 doses in a row or is on track to miss more than 10% of possible doses over all – this discussion should be documented in the TB notes. Drug resistance is a huge concern in TB care, the fact it is not significant issue in Nunavut yet, is due in part to ultra-vigilance.

Significant weight loss in a client on latent TB treatment can indicate a progression to active TB or other health problems that require further investigation.

As the nurse in charge of a TB program it is your responsibility to ensure:

1. Weights are done monthly and are accurate.
2. Clients are receiving the correct dosage of medication (compare weight to dosage using calculation on Rx).
3. Adherence is optimal – sometimes this means delivering meds to clients who are physically able to come to the HC but for non-understood reasons don't.
4. All monitoring tests have been done as required, results are within normal values. When any LFT results are abnormal the first response should be to contact the client and ask whether they are experiencing any symptoms of abdominal pain or cramping, nausea, vomiting, itchy skin, yellow sclera, or darker urine. Once this information has been collected inform RCDC, - this should be done within 24- 48 hours of receiving the abnormal result. Document follow up and plan in TB notes.
5. Concerns are conveyed to RCDC in a timely manner.

If there is concern about any of these you must report it to RCDC/RTBC to bring to the TB Doctor's attention. If there are medical concerns outside of direct TB treatment these must be referred to a CHN for appropriate consultation with the community MD or hospitalist. Managing a TB program is big responsibility; you are the only person with a front line view of the client and their care.

Managing a TB program allows the development of an ongoing relationship with many members of the community; it can be both challenging and satisfying. Please contact Regional staff for support when needed. Asking questions when unsure is better than taking incorrect action.