

Tuberculosis Medication Start Checklist

When the TB doctor has determined that the client could benefit from prophylaxis a **Recommendation for Treatment of latent TB Infection form** is sent by **TB Services to community health**. Both the family Doctor or Nurse Practitioner and the Community Health Nurse need to sign and return copies of the form to TB Services before medications will be forwarded to the health centre for the client.

It is the Community Health Nurse's role to

- Facilitate obtaining the signature from the family Doctor/Nurse Practitioner and ensure it is forwarded to TB Services. (Some Doctors may sign and fax directly to TB Services.)

The Doctor or Nurse Practitioner signs to indicate that:

- he/she agrees with the recommendation
- the client is medically able to take the medication
- he/she agrees to assist with client management while on medication – regular blood work, assessment regarding side effects if they occur.
 - Often the most straight forward way to obtain the Doctor's signature is to fax a copy of the recommendation to the doctor's office along with a clear request of what is required. (A 'letter to physician' template is available on the Onehealth website for this process, <https://www2.onehealth.ca/ab/CommunityHealth/HealthProtection/CommunicableDiseasesControlProgram/CDCManualForms.aspx> at bottom of page.)
- Sign the recommendation on behalf of community health. The R.N. signature indicates that:
 - the nurse has discussed the medication risks and benefits with the client (explained Direct Observed Therapy [DOT], reviewed potential side effects). DOT is a supportive measure to help the client complete the full course of treatment, provides opportunity to assess clients for side effects and to decrease potential for drug resistance from occurring. and
 - the client agrees to take the medications, and understands that most people experience *no or very few side effects*.
- Fax both signatures to TB services or ensure the Doctor/NP has faxed it directly to TB Services.
- Gather information about other medications the client is taking, including over the counter medication, herbal treatments or supplements. Check with the client's pharmacist regarding potential interactions with the TB medications. If the client's pharmacist is unable to help with drug interaction information, you may call PADIS (Poison and Drug Information Service) and consult *Medication and Herbal Preparation Advice*.

PADIS: 1-800-332-1414

- Fax a list of the client's medications to TB Services.
- Inform family Doctor/Nurse Practitioner about any potential drug/drug interactions

When medications arrive at health center, it is the Community Health Nurse's responsibility to

- meet with the client to discuss:
 - Medications (provide medication information sheet from Onehealth website or ordered from resource room) the prescription and the DOT procedures
 - Carefully review potential side effects from medications with the client
 - Plan out a mutually agreed time and place to meet with the client to administer medications
 - Review need for regular blood work – TB updates will indicate how often this is required
 - Discuss precautions
 - Allergies
 - Limit use of alcohol and acetaminophen while taking TB medication
 - potential drug interactions (refer to family doctor if interactions are possible)
- Carry out the first two DOT visits with the client before assigning a CHR or DOT worker to do the work
- As the supervising Community Health Nurse, assess the client on DOT monthly or prn.

For greater detail regarding teaching about treatment of latent TB infection (LTBI) and Directly Observed Therapy (DOT), please refer to the Directly Observed Therapy Manual (2012).