

# Latent Tuberculosis (LTBI) Treatment Flowsheet: Dose, Symptom Monitoring, Completion

**Reporting Provider:** Please utilize this *optional flowsheet* to assist in treatment and communication with the local health department. Please fill out as completely as applicable and return the completed form via fax to your local health department.

Patient Last name:	Patient First name:	Patient DOB:					
<b>LTBI Initial Treatment:</b> <i>Please <input checked="" type="checkbox"/> appropriate boxes</i>	<input type="checkbox"/> 12 wk. Isoniazid/ Rifapentine ( <b>3HP</b> )	<input type="checkbox"/> 3 mo. Isoniazid/ Rifampin ( <b>3 INH/RIF</b> )	<input type="checkbox"/> 4 mo. Rifampin ( <b>4 RIF</b> )	<input type="checkbox"/> 9 mo. Isoniazid ( <b>INH</b> )			
Baseline laboratories* ordered: <input type="checkbox"/> No <input type="checkbox"/> Yes, reason:							
Date LTBI medication(s) ordered: _____			Baseline Weight & Height				
			<b>Weight:</b> kgs	<b>Height:</b> ft/in			
<b>LTBI REGIMENS**</b> Monitoring throughout therapy for adherence and adverse effects is highly recommended.							
<b>3HP†</b> Isoniazid & Rifapentine  (12 doses total, 1x weekly)	<b>Isoniazid (H or INH):</b> 15 mg/kg ≥ 12 years (25 mg/kg for ages 2-11 years); <i>max dose 900 mg; ≥50 kg =900mg</i> (available:100 mg and 300 mg tabs)		Initial Rx: 4 doses, 1 month  <b>Monitoring Month 1</b> <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence  <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Yes, adverse effects reported <input type="checkbox"/> Yes, Labs ordered <input type="checkbox"/> Rx for next month (4 doses)	<b>Month 2</b> <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence  <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Yes, adverse effects reported <input type="checkbox"/> Yes, Labs ordered <input type="checkbox"/> Rx for next month (4 doses)	<b>Month 3</b> <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence  <input type="checkbox"/> No adverse effects reported <input type="checkbox"/> Yes, adverse effects reported <input type="checkbox"/> Yes, Labs ordered <input type="checkbox"/> Rx for next month (4 doses)	<input type="checkbox"/> <b>LTBI Completed</b>  <input type="checkbox"/> <b>LTBI Completion Card to patient</b>  <input type="checkbox"/> <b>Not completed/ reason:</b> <input type="checkbox"/> Moved <input type="checkbox"/> Lost <input type="checkbox"/> Adverse event <input type="checkbox"/> Other	
	<b>Rifapentine/Priftin (P or RPT):</b> all ages, dose dependent on <i>weight</i> : 10-14 kg = 300 mg; 14.1-25 kg = 450 mg; 25.1-32 kg = 600 mg; 32.1-49.9 kg = 750 mg; ≥ 50 kg= 900 mg; <i>max dose 900 mg</i> (available: 150 mg tabs)		Medications must be taken together				
<b>4 RIF</b> Rifampin  (120 doses total, DAILY)	<b>Rifampin (RIF or R):</b> 10 mg/kg adults; 15-20 mg/kg children; <i>max dose 600 mg</i> (available:150 mg & 300 mg tabs)		<b>Monitoring Month 1</b> <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence  <input type="checkbox"/> No adverse effects reported  <input type="checkbox"/> Rx for next month (30 days)	<b>Month 2</b> <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence  <input type="checkbox"/> No adverse effects reported  <input type="checkbox"/> Rx for next month (30 days)	<b>Month 3</b> <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence  <input type="checkbox"/> No adverse effects reported  <input type="checkbox"/> Rx for next month (30 days)	<b>Month 4</b> <input type="checkbox"/> Confirmed weeks 1,2,3,4 adherence  <input type="checkbox"/> No adverse effects reported  <input type="checkbox"/> Rx for next month (30 days)	
	<b>INH + RIF 3 months</b> (90 doses total, DAILY)		<b>Isoniazid (INH or H) and Rifampin (R)</b> 5 mg/kg adults; 10-20 mg/kg children; <i>max dose 300 mg</i> (available:100 mg and 300 mg tabs)		<b>Monitoring: Months</b>		
				Confirmed 30 daily doses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Assess for adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Assess for Labs orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Rx for next month (30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### REGIMENS CONTINUED NEXT PAGE

\*Baseline laboratory testing can be found at the Centers for Disease Control and Prevention's *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*, updated March 2019, available at <https://www.cdc.gov/tb/publications/ltbi/treatment.htm>.

\*\* LTBI medication regimens adapted from the Centers for Disease Control and Prevention's *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*, updated March 2019, retrieved from <https://www.cdc.gov/tb/publications/ltbi/treatment.htm>.

†Short course 3HP Isoniazid/rifapentine regimen is highly recommended and the updated 2018 recommendations can be found in *Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent Mycobacterium tuberculosis Infection*, available at [https://www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm?s\\_cid=mm6725a5\\_w](https://www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm?s_cid=mm6725a5_w)

**FAX TO:** Carson City (775) 887-2138  
Clark County (702) 759-1454

Washoe County (775) 328-3764  
Rest of State (775) 684-5999

**REGIMENS CONTINUED FROM PREVIOUS PAGE**

<p><b>INH<sup>‡</sup></b> <b>9</b> <b>months</b> (270 doses total, daily)</p>	<p><b>Isoniazid (INH or H):</b> 5 mg/kg adults; 10-20 mg/kg children; <i>max dose 300 mg</i> (available: 100 mg and 300 mg tabs)</p>	<p><b>Monitoring: Months 1 – 9, for each month</b></p> <p><input type="checkbox"/> Confirmed 30 daily doses _____</p> <p><input type="checkbox"/> Assess for adverse effects _____</p> <p><input type="checkbox"/> Assess for Labs orders _____</p> <p><input type="checkbox"/> Rx for next month (30 days) _____</p>	
<p><b>Vit B6<sup>~</sup></b> Pyridoxine</p>	<p><b>Pyridoxine (B6):</b> Supplementation with B6 10-50mg/day during treatment is a consideration for certain individuals taking INH or 3HP.</p>		

<sup>‡</sup>Alternative INH regimen available, see referenced CDC guide, <https://www.cdc.gov/tb/publications/tbi/treatment.htm>.

<sup>~</sup>Please see CDC recommendations <https://www.cdc.gov/tb/publications/tbi/treatment.htm>

**FAX completed form to:** Carson City (775) 887-2138  
Clark County (702) 759-1454

Washoe County (775) 328-3764  
Rest of State (775) 684-5999