

DIRECTLY OBSERVED THERAPY (DOT) FOR TUBERCULOSIS



WHAT IS TUBERCULOSIS (TB)?

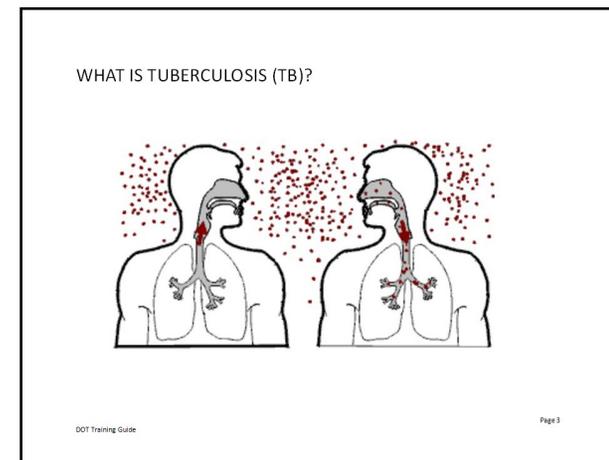
Tuberculosis is an airborne disease caused by germs spread from person to person through the air.

TB most commonly affects the lungs but can spread to other parts of the body.

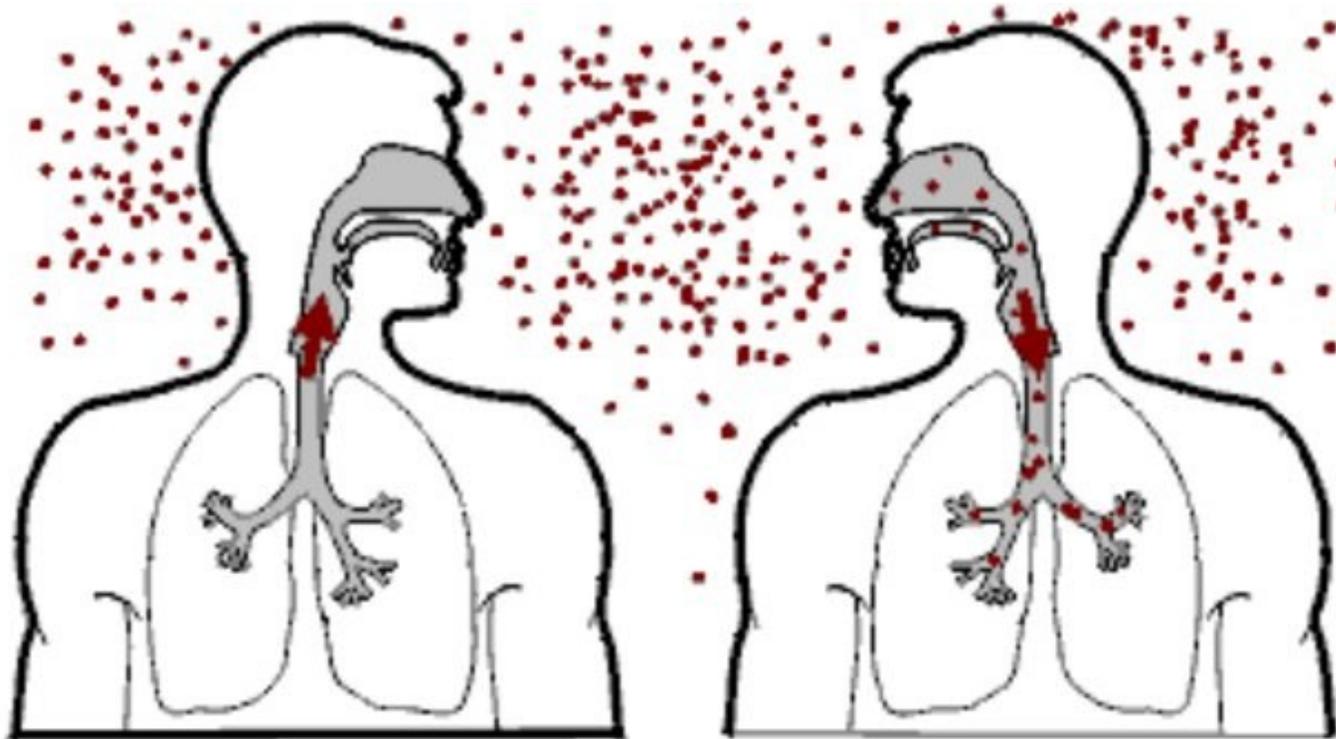
TB is a serious disease—a person can become very sick and it can lead to death if not treated.

You CANNOT get TB germs from:

- Sharing cups or eating utensils
- Saliva shared from kissing
- Shaking hands
- Toilet seats
- Sharing clothing



WHAT IS TUBERCULOSIS (TB)?



DIFFERENCE BETWEEN LTBI and ACTIVE TB

LTBI (Latent Infection)

You cannot spread the germs to others

Symptoms: You have no symptoms. You are healthy.

Diagnosis: TB skin test (PPD)/IGRA, Chest X-ray, sputum, labs

Treatment: Drugs to prevent developing Active TB

Active TB (Disease)

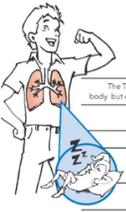
You can spread the TB germs to others

Symptoms: You may have symptoms, such as: cough, fever, weight loss, night sweats, fatigue

Diagnosis: TB skin test (PPD)/IGRA, Chest X-ray, sputum, labs

Treatment: Drugs, by DOT, to stop disease

DIFFERENCE BETWEEN LTBI and ACTIVE TB

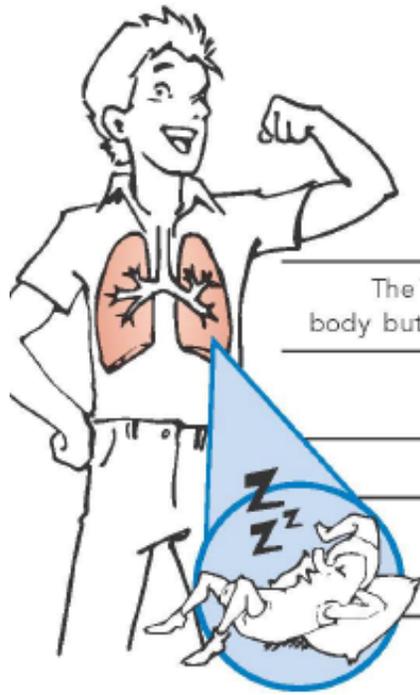
Latent TB Infection	Active TB Disease
 <p>I am healthy.</p> <p>The TB germs are "sleeping" in my body, but could "wake up" in the future.</p> <p>I have no symptoms.</p> <p>My chest x-ray is normal.</p> <p>I am not contagious.</p> <p>I have a positive result on a TB skin test or blood test.</p>	 <p>I have a serious illness that could kill me if left untreated.</p> <p>The TB germs have "woken up".</p> <p>I may have symptoms – cough, fever, weight loss, night sweats.</p> <p>My chest x-ray may be abnormal.</p> <p>I may be contagious and could infect other people when TB germs are spread through the air when I cough, laugh or speak.</p> <p>I may have a positive result on tests of my phlegm.</p>

HCRC Believe in
RTI School of Medicine
UNIVERSITY OF FLORIDA
Department of Health and Services

DOT Training Guide Page 5



DIFFERENCE BETWEEN LTBI and ACTIVE TB



Latent TB Infection

I am healthy.

The TB germs are "sleeping" in my body but could "wake up" in the future.

I have no symptoms.

My chest x-ray is normal.

I am not contagious.

I have a positive result on a TB skin test or blood test.

Active TB Disease

I have a serious illness that could kill me if left untreated.

The TB germs have "woken up".

I may have symptoms – cough, fever, weight loss, night sweats.

My chest x-ray may be abnormal.

I may be contagious and could infect other people when TB germs are spread through the air when I cough, laugh or speak.

I may have a positive result on tests of my phlegm.



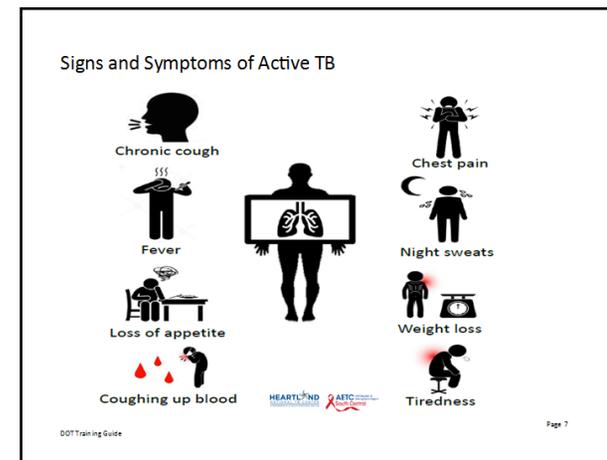
Signs and Symptoms of Active TB

These are symptoms related to Active TB:

- Cough—lasting more than 2 weeks
- Fever or chills
- Loss of appetite; Weight loss
- Coughing up blood
- Night sweats—waking up soaked several times a night
- Tiredness; Weakness or feeling very tired

It is important for early identification and treatment of Active TB:

- To prevent spread of TB
- To eliminate TB from communities



Signs and Symptoms of Active TB



Chronic cough



Chest pain



Fever



Night sweats



Loss of appetite



Weight loss



Coughing up blood



Tiredness

WHY DOT FOR TB?

DOT = Directly Observed Therapy.

The DOT Aide watches the client swallow each dose of anti-TB medication to make sure that the client takes all the medication correctly and to monitor side effects.

This is the Standard of Care for TB clients in Alaska so people do not become more sick and spread the disease to other people.

The client needs to take the medication by DOT.

If not, the client could become very sick and even die.

WHY DOT FOR TB?



WHY DOT FOR TB?

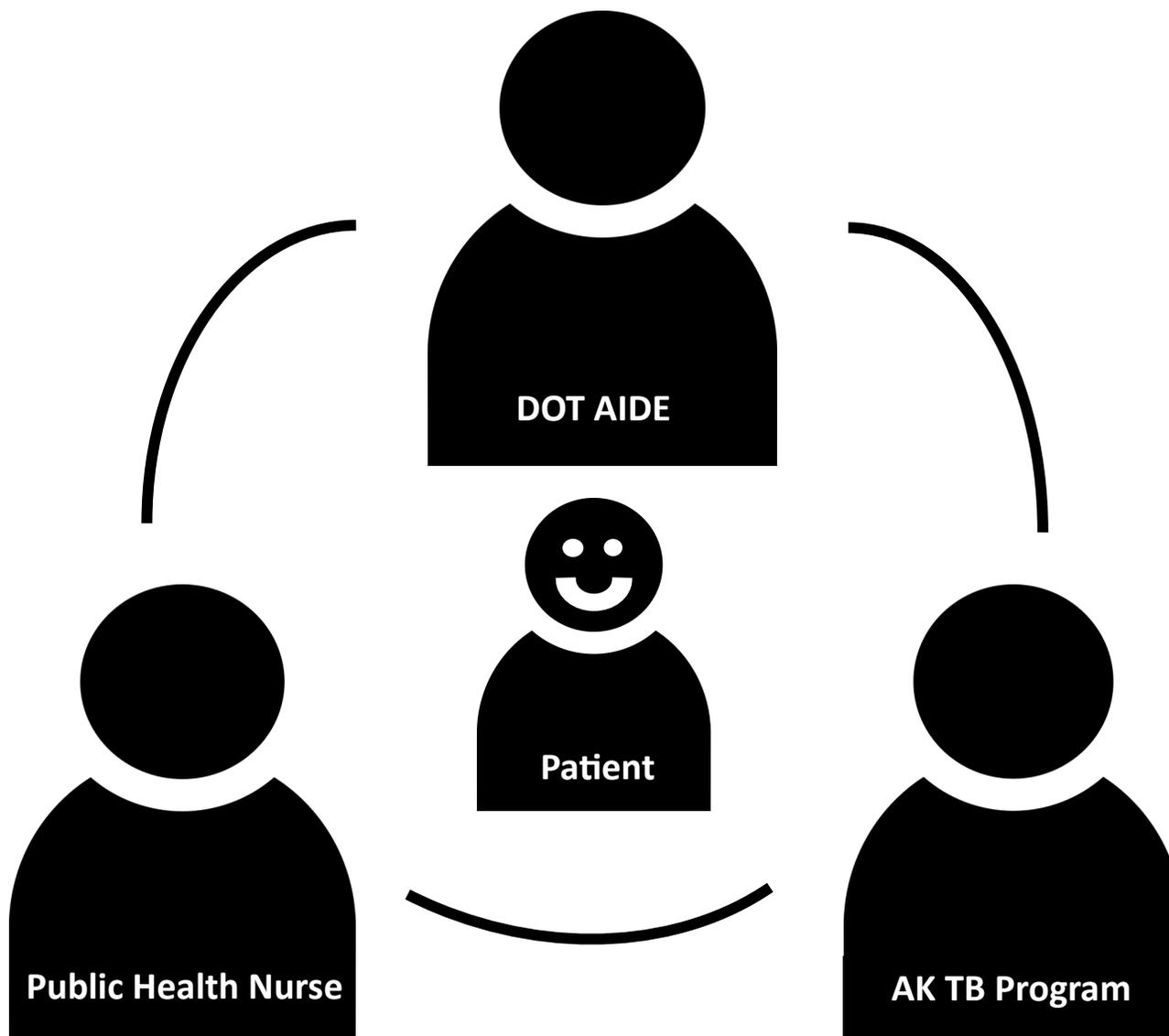


ROLES & RESPONSIBILITIES OF DOT AIDE

Public Health Nurse	DOT Aide	AK TB Program
<ol style="list-style-type: none"> 1. Identifies, hires and trains DOT Aide 2. Receives and checks TB medications against prescription 3. Ensures safe and proper storage of medications 4. Completes TB medication teaching for client 5. Ensures required testing is done and sent to AK TB program 6. Sends completed, signed monthly DOT calendar and DOT Invoice to AK TB program 7. Orders more medication as needed 8. Counts medication doses to ensure correct number of doses is taken 9. Supervises and monitors work of DOT Aide 10. Reviews client progress with medical provider as needed 11. Consults with AK TB Program about problems, medication side effects, and DOT Aide or client concerns monthly. 	<ol style="list-style-type: none"> 1. Completes DOT training, accepts assignment and signs contract 2. Checks TB medications 3. Meets with client, asks about side effects, then delivers medication for DOT 4. Always observes client swallowing medication, and NEVER leaves medication for client to take later 5. Reports all side effects, missed doses and concerns to PHN 6. Reviews client progress with PHN every month or as needed 7. Reminds client when lab or other tests are requested by PHN or medical provider. 8. Stores medication safely in a locked cabinet in a secure location 9. Documents all doses on DOT calendar daily, signs, completes invoice and faxes/mails to PHN 10. Maintains confidentiality with all client medications and information 11. Provides cultural and language support to PHN/client as needed 12. Reinforces TB teaching done by PHN 	<ol style="list-style-type: none"> 1. Provides support and clinical guidance for TB cases 2. Processes DOT invoices for payment 3. Coordinates TB medication delivery throughout AK 4. Provides incentives & enablers for PHN use 5. Assists with preventing treatment interruptions when clients move 6. Oversees and assists with PHN case management for all active TB cases/suspects.



ROLES & RESPONSIBILITIES OF DOT AIDE

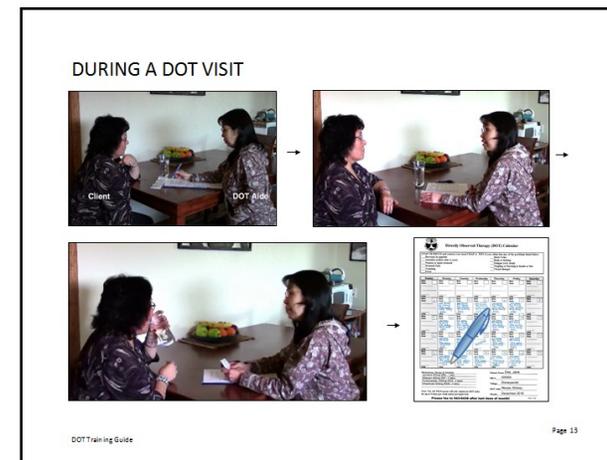


DURING A DOT VISIT

(THIS IS THE MOST IMPORTANT PART OF THE JOB)

What does a DOT visit look like?

- DELIVER each dose of medication to the client
- PREPARE whatever the client takes the medication with (fox example: water, apple sauce, etc.)
- CHECK the medication is the right one for the client
- ASK the client about medication side effects. If the client reports any medication side effect, STOP and call PHN
- WATCH the client swallow medications. Do not give the medication to client and leave without actually watching them take it. The client does not have to swallow all at once but make sure the client takes ALL of them!
- DOCUMENT the medication the client took on the DOT calendar



TB MEDICATION SIDE EFFECTS

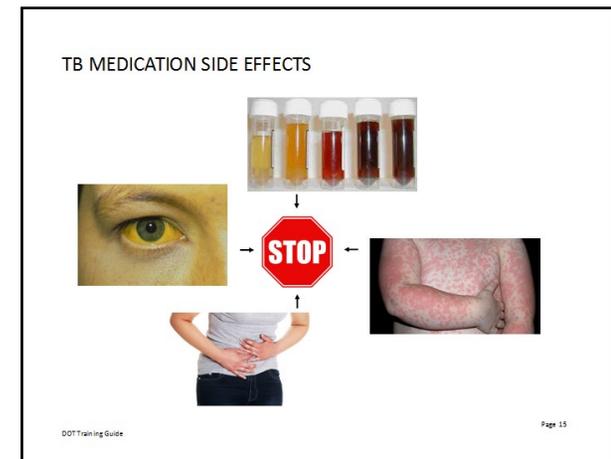
TB Medication Side Effects: Always ask about medication side effects **BEFORE** each dose of medication

- Loss of appetite
- Yellow eyes or skin (jaundice)
- Nausea or vomiting
- Abdominal pain
- Fever
- Dark urine (coffee or Coke colored)
- Rash or itching (itching all over body)
- Fatigue (very tired)
- Tingling or burning in hands or feet
- Vision changes

Report ANY medication side effect or changes to the PHN (Public Health Nurse).

If unable to reach the PHN, send the client to the health aide or medical provider. If the client has any side effect, **DO NOT** give medications until the PHN or medical provider says it's ok to give.

DO NOT give medication if unable to read med label, or if you have any questions.



TB MEDICATION SIDE EFFECTS



STAYING IN TOUCH

It is very important to stay in touch with Public Health Nurse and keep him/her informed.

When to call Public Health Nurse:

- When client reports medication side effects
- If the client misses a dose of medication
- If the client is missing from the community
- Before the client leaves the community for travel, fishing, hunting, medical appointments, etc.
- If the client is drinking
- If you do not feel safe
- If the client is contagious and seen in public without wearing a mask

PHN will call you at least once a month to check in but you can call PHN anytime.

Remember, PHN is there to support you to do your job so if you have any questions or concerns, please call PHN!



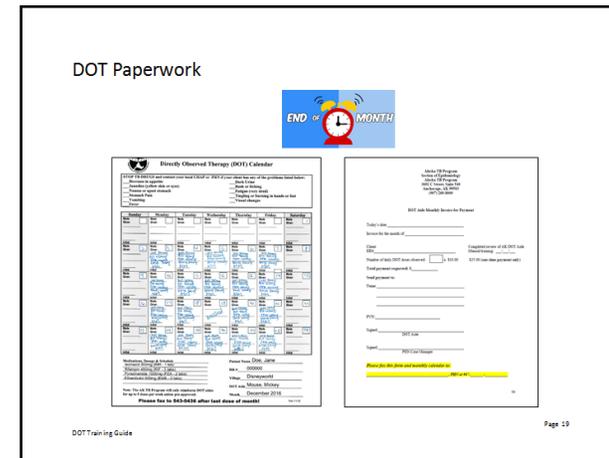
DOT Paperwork

At the end of each month

- Review each client's DOT calendar and make sure that each day you watched them take medication is marked with the date, name of medication, dosage, and your initial.
- If client missed any dose during the month, write down why the client missed it on the day it was missed.
- Complete and sign the DOT monthly invoice.
- Fax or send by mail both DOT calendar and monthly invoice.

The medications that the client takes cannot be counted unless you watch them take it and document on the calendar correctly.

We need both documents ON TIME to send to the Alaska TB Program so you can get your paycheck as soon as possible.



DOT Paperwork



Directly Observed Therapy (DOT) Calendar

STOP TB DRUGS and contact your local CHAP or PHN if your client has any of the problems listed below:

Decrease in appetite	Dark Urine
Jaundice (yellow skin or eyes)	Rash or Itching
Nausea or upset stomach	Fatigue (very tired)
Stomach Pain	Tingling or burning in hands or feet
Vomiting	Visual changes
Fever	

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>
Initial	Initial	Initial	Initial	Initial	Initial	Initial
Meds Given 2	Meds Given 3 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 4 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 5 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 6 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 7 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 8 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM
Initial	Initial	Initial	Initial	Initial	Initial	Initial
Meds Given 9	Meds Given 10 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 11 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 12 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 13 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 14 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 15 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM
Initial	Initial	Initial	Initial	Initial	Initial	Initial
Meds Given 16	Meds Given 17 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 18 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 19 MISSED	Meds Given 20 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 21 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 22 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM
Initial	Initial	Initial	Initial	Initial	Initial	Initial
Meds Given 23	Meds Given 24 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 25 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 26 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 27 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 28 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Meds Given 29 INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM
Initial	Initial	Initial	Initial	Initial	Initial	Initial

Medications, Dosage & Schedule
 Isoniazid 300mg (INH - 1 tab) _____
 Rifampin 450mg (RIF - 3 tabs) _____
 Pyrazinamide 1000mg (PZA - 2 tabs) _____
 Ethambutol 500mg (EMB - 2 tabs) _____

Patient Name Doe, Jane
 HR # 000000
 Village Disneyworld
 DOT Aide Mouse, Mickey
 Month December 2016

Note: The AK TB Program will only reimburse DOT aides for up to 5 doses per week unless pre-approved.

Please fax to 543-0436 after last dose of month!

Rev 11/12

Alaska TB Program
 Section of Epidemiology
 Alaska TB Program
 3601 C Street, Suite 540
 Anchorage, AK 99503
 (907) 269-8000

DOT Aide Monthly Invoice for Payment

Today's date: _____

Invoice for the month of: _____

Client _____ Completed review of AK DOT Aide
 HR# _____ Manual/training: ____/____/____

Number of daily DOT doses observed: x \$10.00 \$25.00 (one-time payment only)

Total payment requested: \$ _____

Send payment to:
 Name: _____

PVN: _____

Signed: _____ DOT Aide
 Signed: _____ PHN Case Manager

Please fax this form and monthly calendar to:
 _____, PHN at 907- _____

53



MEDICATION TIPS FOR CHILDREN

Infant: Offer medication when hungry; Crush medication and mix with applesauce, pudding, etc.; Use bib to prevent stains from rifampin.

Toddlers 1-3 year olds: Distract with toy, sounds or object; Use simple directions; Offer small incentive with each dose; Be persistent and patient.

Preschoolers 3-5 year olds: Offer lots of praise “good job”; Give simple instructions; Offer incentive with each dose; Offer medication when rested; Be persistent and consistent.

School age 5-12 year olds: Use simple instructions; Limit choices (crushed or whole); Offer tips for swallowing pills if able; Offer praise and incentive.

Adolescent age 12-18 year olds: Involve in decision making; Offer tips for swallowing medication (imagine pills as pieces of rice); Swallow water versus drink water; Offer delayed incentive, i.e. gift card; Offer praise.



MEDICATION TIPS FOR CHILDREN

