DOT Plan for: _____ _____

Patient Name Patient Birthdate

DOT Aide: _____ _____

Village

DOT Location: _____ Drug Storage Site: _____

- ☐ Consider patient infectious until_____. Make sure patient is masked during visit except to swallow pills. Do DOT outside if possible.
- ☐ Ask about side effects BEFORE medicines are taken. If patient reports side effects, such as stomach pain, vomiting, dark urine, etc., DO NOT GIVE MEDS and call PHN at _____.
- ☐ Patient will be taking these pills all at once at the same time from unit dose packages.

Drug	Dose	How Often	Comments
☐ Isoniazid (INH)	_____	_____	_____
☐ Rifampin (RIF)	_____	_____	_____
☐ Ethambutol (EMB)	_____	_____	_____
☐ Pyrazinamide (PZA)	_____	_____	_____
☐ Rifapentine (RPT)	_____	_____	_____
☐ _____	_____	_____	_____

DO NOT GIVE ANY OTHER TB MEDICINES that patient or the clinic may have!

- ☐ PHN can provide juice, applesauce, or pudding for crushed pills if necessary.
- ☐ Watch to make sure that patient swallows all pills.
- ☐ Record all medicines, doses, dates, and your initials on the DOT Calendar.
- ☐ _____
- ☐ _____
- ☐ _____

DOT Plan start date:_____ DOT Plan end date:_____

_____ _____

Date PHN Case Manager

_____ _____

Date DOT Aide