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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

Inuulitsivik

Centre de Santé et Services Sociaux Inuulitsivik
Inuulitsivik Health & Social Services Centre
Puvirnituq, Québec J0M 1P0
T 819 988-2957 / F 819 988-2796

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UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

EMBOSSER ICI LA CARTE DU CSI OU CSTU,
SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,
DATE DE NAISSANCE ET NUMÉRO DOSSIER

EMBOSS HERE THE CARD OF IHC OR UTHC,
IF NOT AVAILABLE, WRITE THE NAME, SURNAME,
DATE OF BIRTH AND FILE NUMBER

MEDICATION RECORD – Latent tuberculosis infection (LTI)
RIFAMPICIN – Adult - Child

Tx start date: ____/____/____ Tx end date: ____/____/____ Total number of doses taken*: _____

Rifampicin (RIF) _____ mg po daily self-administered X 120 doses over 4 months

Indicators	**Start of treatment**	▸▸ To be given bi-weekly or monthly, depending on the patient's reliability, with compliance curve and monthly clinical evaluation. At the end of the treatment, refer to the Clinical *and radiological follow-up guide* for the follow-up plan.							
Date of visit →									
(A) Number of lost doses									
(B) Number of remaining doses									
(C) Number of doses given									
(D) Number of doses to be taken by next visit									
(E) Number of doses taken since last visit	0								
(F) Cumulative number of doses taken	0								
Initials**									

Comments: _____

_____

Procedure :

(A) Enter the number of doses lost by the patient since their last visit.
(B) Enter the number of remaining doses in the pill bottle/*dispill* brought by the patient.
(C) Enter the number of doses given to the patient during the visit and tell them to bring their pill bottle/*dispill* to the next visit.
(D) Enter the result of the following sum: doses remaining (B) for the **current visit** + doses given (C) for the **current visit**.
(E) Enter the result of the following subtraction: Number (D) of the **last visit** – the sum (A) + (B) of the **current visit**.
Confirm that the number of doses taken is not greater than the number of days between the two visits.
(F) Enter the result of the following sum: number (F) of the **last visit** + number (E) of the **current visit**.

* Enter the total number of doses taken and refer to the *Clinical and radiological follow-up guide* for the follow-up plan.

** Nurse's initials. Enter the name/file number/scheduled date of the next visit in the agenda and write the scheduled date in lead in the column for the next visit.

Signature et # permis	Initiales	Signature et # permis	Initiales	Signature et # permis	Initiales