



## Centre de Santé et Services Sociaux Inuulitsivik Inuulitsivik Health & Social Services Centre Puvirnituq, Québec J0M 1P0

T 819 988-2957 / F 819 988-2796



## DRUG REGISTRATION - ACTIVE TB **INITIAL PHASE (PHASE 1) = 2 months**

End date of the initial phase<sup>2</sup>: yyyy / mm / dd Start date of the initial phase1: <u>yyyy/ mm/dd</u>

Notify the physician and Public Health team tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca whenever 3 consecutive doses are missed or in the case of erratic compliance.

EMBOSS HERE THE CARD OF IHC OR UTHC,

Directly observed therapy (DOT) 5 x/week and self-administered therapy (SA) 2 x/week									Duration of the prescribed treatment and number of doses to give:  2 months = 60 doses																												
Enter the month and ye	ar:																																				
Enter the calendar dates→																																					
Days of the week→	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S	S	M	Т	W	T	F	S	S	M	Т	W	T	F	S	S	M	Т	W	T	F	S	S	M	Т
Isoniazid (INH)																																					
mg PO daily DOT																																					
Rifampicin (RIF)																																					
mg PO daily DOT																																					
Pyrazinamide (PZA)																																					
mg PO daily DOT																																					
Ethambutol (EMB)																																					
mg PO daily DOT																																					
Vitamin B6																																					
mg PO daily DOT																																					
Other (specify):																																					
Other (specify):																																					
Number of doses <sup>3</sup> (cumulative)																																					

<sup>▶</sup> Enter ☑ in the boxes where the planned dose was not taken (DOT not administered or SA skipped). NOTE: Omitted doses must be taken prior to the start of phase 2.

Signature and permit no.	Initials	Signature and permit no.	Initials	Signature and permit no.	Initials

<sup>&</sup>lt;sup>1</sup>For hospitalized and other patients, enter the date of the first dose taken or the date acknowledged as the start date of the optimal treatment if different.

<sup>&</sup>lt;sup>2</sup>Enter the date on which the 60<sup>th</sup> dose was taken.

<sup>&</sup>lt;sup>3</sup> If hospitalized, include the doses taken while in the hospital when calculating the cumulative number of doses.

<sup>&</sup>gt;> Initial each box where medication was administered **DOT** (Directly observed therapy): 5 days per week (Monday to Friday).

<sup>▶</sup> Enter SA in the boxes where medication is self-administered: on weekends or in highly specific situations.