

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

DRUG REGISTRATION – ACTIVE TB

CONTINUATION PHASE (PHASE 2) = Duration of 4 to 10 months

Start date of phase 2¹: yyyy/ mm/ dd End date of phase 2²: yyy/ mm/ dd

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.

Type of DOT	Frequency of the DOT	Duration of the prescribed treatment / number of doses to give
<input type="checkbox"/> Standard DOT:	<input type="checkbox"/> 3x/week (Monday, Wednesday and Friday)	<input type="checkbox"/> 4 months = 51 doses
<input type="checkbox"/> Alternative DOT:	<input type="checkbox"/> DAILY	<input type="checkbox"/> 7 months = 90 doses <input type="checkbox"/> 10 months = 120 doses <input type="checkbox"/> Other (specify)
Enter the month and year:		
Enter the calendar dates→		
Days of the week→	M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T	
Isoniazid (INH) _____mg PO		
Rifampicin (RIF) _____mg PO		
Vitamin B6 ____ mg PO		
Other (specify):		
Other (specify):		
Number of doses³ (cumulative)		

Commentaires : _____

¹ The continuation phase begins once the 60 doses prescribed in the initial phase have been taken. Enter the date of the first dose taken during the continuation phase.

² Enter the date of the last dose taken of the total number of doses prescribed.

³ With a standard DOT, do not continue counting the doses from phase 1. Start a new count of the doses to reach the total number of doses prescribed at the end of the treatment.

- ▶ **Initial** each box where medication was administered **DOT** (Directly observed therapy).
- ▶ Enter SA in the boxes where medication is **self-administered** in highly specific situations.
- ▶ Enter in the boxes where the planned dose was not taken. **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