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

**REGISTRATION OF THE MEDICATION – Latent TB infection (LTBI)
3HP DOT (Directly Observed Therapy) (Rifapentine and Isoniazid) – Adult AND child (2 to 65 years)**

Treatment start date¹: ____/____/____ Treatment end date²: ____/____/____

Duration of the treatment and number of doses to give: 12 doses over 12 weeks, maximum of 16 weeks

<p>Enter the dosage prescribed by the physician: Rifapentine (RPT) ____ mg po DOT 1 X week Isoniazid (INH) ____ mg po DOT 1 X week Vitamin B6 ____ mg po DOT 1 X week</p>	} = 1 dose	<p>► Notify the treating physician and Public Health team if: a) 2 consecutive doses are missed over a period of 2 weeks b) 3 doses are missed over a period of 6 weeks c) Only 6 doses have been taken at week 11</p>	<p>► Discontinue treatment on medical order if : Less than 6 doses taken at week 12</p>
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IMPORTANT: A missed dose can be administered on the next acceptable day during the same week, AS LONG AS THE MINIMUM TIMEFRAME OF 72 HOURS BETWEEN THE DOSES IS COMPLIED WITH AND THAT NO MORE THAN 5 DOSES ARE ADMINISTERED OVER A PERIOD OF 28 DAYS.

Week	Monday ^{3,4}	Tuesday ^{3,4}	Wednesday ^{3,4}	Thursday ^{3,4}	Friday ^{3,4}	Saturday ^{3,4}	Sunday ^{3,4}	Total ⁵
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								
Week 7								
Week 8								
Week 9								
Week 10								
Week 11								
Week 12								
Fill in the lines below if the treatment extends beyond 12 weeks.								
Week 13								
Week 14								
Week 15								
Week 16								

Degree of compliance at the end of the treatment⁶: Inadequate (< 11 doses over 16 weeks) Acceptable (≥ 11 doses over the max. of 16 weeks) Optimal (12 doses/12 weeks)

¹Enter the date on which the first dose was taken.

²Enter the date on which the last dose was taken.

³Enter the date (YY-MM-DD) and the nurse's initials once the dose has been administered. Enter X if the patient did not show up for his dose.

⁴Before each dose is administered, fill in the tool [Weekly clinical evaluation](#) for the 3HP and advise the physician of the presence of any symptoms.

⁵Calculate the cumulative (total) number of doses given.

⁶Once the treatment has ended, check the total number of doses taken, determine the degree of compliance and based on the latter, prepare a follow-up plan as indicated in the [Clinical and radiological follow-up guide](#).

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