



Centre de Santé et Services Sociaux Inuulitsivik
Inuulitsivik Health & Social Services Centre
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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

**TB Program
 Medical prescription**

**ACTIVE TB TREATMENT
 Initial Phase - CHILD**

Allergies: Nil or Specify: _____

Pregnancy: _____ weeks Breastfeeding



CHILD (under 15 years old)

Date of the prescription: ____/____/____
 YYYY-MM-DD

Weight: ____ kg

INITIAL PHASE¹ (PHASE 1)

- Isoniazid (INH)** 10-15 mg/kg (max.: 300 mg), i.e.:
- Rifampicin (RIF)** 10-20 mg/kg (max.: 600 mg²), i.e.:
- Pyrazinamide (PZA)** 30-40 /kg (max.: 2 g), i.e.:
- Ethambutol³ (EMB)** 15-25 mg/kg (max.: 2.5 g), i.e.:
- Pyridoxine (vit. B6)** 1 mg/kg (max.: 25 mg), i.e.:
- _____, i.e.:

TO BE FILLED IN BY PHARMACY:

_____ mg PO DAILY x 60 doses

_____ mg PO DAILY x 60 doses

_____ mg PO DAILY x 60 doses

_____ mg PO DAILY x 60 doses

_____ mg PO DAILY x 60 doses

_____ mg PO DAILY x 60 doses

Signature of the physician: _____ Printed: _____ License #: _____

¹ Treatment under direct observation (DOT) 5x/week (Mon.-Fri.) and self-administered (SA) 2x/week (Sat.-Sun.).

Omitted doses must be taken prior to the start of phase 2 (continuation phase).

² If > 60 kg, Rifampicin (RIF) 10 mg/kg (10-12 /kg) (max.: 900 mg) can be administered, but patient must be closely monitored for hepatotoxic side effects.

³ Omit EMB if child ≤ 10 years of age without severity criteria (to be confirmed with pediatric pulmonologist) AND if only one source case is known and without resistance.

<p><i>I hereby attest that the present prescription, sent by fax or e-mail, shall be considered valid and the only original. The pharmacy mentioned below is the sole addressee. The prescription may not be reused or duplicated.</i></p>			
<p><i>Check the village of origin and the pharmacy concerned:</i></p>			
Inuulitsivik Health Centre		Ungava Tulattavik Health Centre	
<input type="checkbox"/> Salluit 819 255-9090 <input type="checkbox"/> Ivujivik 819 922-9090 <input type="checkbox"/> Akulivik 819 496-9090 <input type="checkbox"/> Inukjuaq 819 254-9090 <input type="checkbox"/> Umiujaq 819 331-9090 <input type="checkbox"/> Kuujjuaraapik 819 929-9090	<input type="checkbox"/> VOYER PHARMACY, MONTRÉAL Tel.: 1 877 426-0406 Fax: 1 877 426-0546 pharmacie.voyer.csi@ssss.gouv.qc.ca	<input type="checkbox"/> Kangiqsualujuaq 819 337-9090 <input type="checkbox"/> Kuujuaq 819 964-2905 <input type="checkbox"/> Aupaluk 819 491-9090 <input type="checkbox"/> Kangirsuk 819 935-9090 <input type="checkbox"/> Quaqtaq 819 492-9090 <input type="checkbox"/> Kangiqsujaq 819 338-9090 <input type="checkbox"/> Tasiujaq 819 633-9090	<input type="checkbox"/> TULATTAVIK PHARMACY, KUJJUAQ Tel.: 819 964-2905 # 201/277 Fax: 819 964-0035 pharmacy.kuujuaq@ssss.gouv.qc.ca
<input type="checkbox"/> Puvirnituq 819 988-9090	<input type="checkbox"/> INUULITSIVIK PHARMACY, PUVIRNITUQ Tel.: 819 988-2957 #263 Fax: 819 988-2551 pharmacie.pov@ssss.gouv.qc.ca		