

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

REGISTRATION OF THE MEDICATION – Latent TB infection (LTBI)

Isoniazid (INH) DOT - Adult - Child

Start date of the treatment¹: ____/____/____ End date of the treatment²: ____/____/____ Total number of doses taken³: _____

Isoniazid (INH) _____ mg PO 2x/ week DOT X 78 doses over 9 months⁵

Duration of the prescribed treatment and number of doses to give: ☞ 9 months = 1 dose 2x/week = 78 doses													▶▶ Notify the physician and Public Health team if: a) 3 consecutive doses are missed b) more than 3 of 10 consecutive doses are missed c) there is erratic compliance.												
Enter the month: _____																									
Enter the calendar dates→																									
Days/week→	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 DOT 2x week																									
Vitamin B6 _____mg PO DOT 2x week																									
Number of doses ⁴ (cumulative)																									

Enter the month: _____																							
Enter the calendar dates→																							
Days/week→	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 DOT 2x week																							
Vitamin B6 _____mg PO DOT 2x week																							
Number of doses ⁴ (cumulative)																							

Comments: _____

¹ Enter the date on which the first dose was taken.
² Enter the date on which the last dose was taken.
³ Enter the total number of doses taken and refer to the [Clinical and radiological follow-up guide](#) as regards the follow-up plan.
⁴ Calculate the cumulative number of doses given. Reminder: Prophylaxis: Incompatibility (< 62 doses) / Acceptable (> 62 doses/9 months) / Optimal (78 doses/9 months).
⁵ Treatment given on Monday – Thursday or Tuesday – Friday. Promote an interval of 72 hours between doses.

Procedure: ▶ **Initial** each box where medication was administered **DOT** (directly observed therapy): 2 days a week.
 ▶ Enter **AA** in the boxes where medication is self-administered (auto-administré) in highly specific situations. This practice is not recommended, except with highly reliable patients;
 ▶ Enter in the boxes where the planned dose was not taken (DOT not administered). **NOTE:** Missed doses must be taken before the end of the treatment.

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