OREGON DEPARTMENT OF CORRECTIONS
HEALTH SERVICES DIVISION

TB MEDICATION MONITORING FORM (1ST LINE MEDS)

DRUG DOSAGE	DATE STARTED	DATE STOPPED	VISION BASELINE DATE:
			Snellen: Rt Lt
			Color: Rt Lt
			Smac Basline Date:
			Results Date:_____

GENERAL HEALTH	**CODE**	**DATE**	**DATE**	**DATE**	**DATE**	**DATE**	**DATE**	**DATE**	**DATE**
Hepatitis (dark urine, light stools, abdominal pain, jaundice)	IRP								
appetite	IRP								
fatigue	IRP								
nausea	IRP								
malaise	IRP								
chills and fever	IRPE								
JOINT SYMPTOMS (gout)	P								
joint swelling/pain	P								
SKIN PROBLEMS	IRPE								
NEUROLOGICAL CHANGES	IRPE								
tingling extremities	I								
mental confusion	IRPE								
VISION PROBLEMS	E								
color blindness	E								
blurred vision	E								
Snellen Rt/Lt	E								
ALLERGIC REACTIONS	IRPE								
hives	IRPE								
shortness of breath	IRPE								
SOFT CONTACT LENSES	R								
PREGNANT (Y or N)	IRPE								
OTHER MEDICATIONS (BCP, DPH, etc.)*	R								
SMAC	IRP								
CBC	RP								
* LIST OTHER MEDICATIONS									

STAFF SIGNATURE_____

CODES: I = INH R = RIFAMPIN P = PYRAZINAMIDE E = ETHAMBUTOL
O = NEGATIVE + = POSITIVE (see progress notes)

PATIENT NAME_____