

## Directly Observed Therapy - Adverse Reactions & Side Effects to First Line TB Medications

Patient's Name: \_\_\_\_\_

|  |  |  |  |  |  |  | Comments |
|--|--|--|--|--|--|--|----------|
| Date                                       |  |  |  |  |  |  |          |
| PHN Initials                               |  |  |  |  |  |  |          |
| <b>Hepatotoxicity</b><br>INH,RIF,EMB,PZA   |  |  |  |  |  |  |          |
| Jaundice                                   |  |  |  |  |  |  |          |
| Nausea                                     |  |  |  |  |  |  |          |
| Vomiting                                   |  |  |  |  |  |  |          |
| Abd Pain                                   |  |  |  |  |  |  |          |
| Fever > 3 days                             |  |  |  |  |  |  |          |
| Light stools                               |  |  |  |  |  |  |          |
| Dark urine                                 |  |  |  |  |  |  |          |
| <b>Hypersensitivity</b><br>INH,RIF,EMB,PZA |  |  |  |  |  |  |          |
| Rash                                       |  |  |  |  |  |  |          |
| Joint Pains                                |  |  |  |  |  |  |          |
| <b>Non-specific</b><br>INH,RIF,EMB,PZA     |  |  |  |  |  |  |          |
| Headache                                   |  |  |  |  |  |  |          |
| Malaise                                    |  |  |  |  |  |  |          |
| Fatigue                                    |  |  |  |  |  |  |          |
| Loss of Appetite                           |  |  |  |  |  |  |          |
| <b>Neurotoxicity</b><br>INH, EMB           |  |  |  |  |  |  |          |
| Numbness/tingling                          |  |  |  |  |  |  |          |
| Hearing decrease                           |  |  |  |  |  |  |          |
| Balance decrease                           |  |  |  |  |  |  |          |
| Dizziness                                  |  |  |  |  |  |  |          |
| Vision changes                             |  |  |  |  |  |  |          |
| Color                                      |  |  |  |  |  |  |          |
| <b>HEMOLYTIC</b><br>RIF                    |  |  |  |  |  |  |          |
| Bruising – increase                        |  |  |  |  |  |  |          |
| Bleeding gums                              |  |  |  |  |  |  |          |
| Blood in urine                             |  |  |  |  |  |  |          |
| Blood in stool                             |  |  |  |  |  |  |          |

If any of these are present, describe in Monthly TB Patient Assessment and call treating MD ASAP.