

## Anti-Tuberculosis Medication Adverse Event Episode Report

Epitrax/CMR number: \_\_\_\_\_ Name of Physician Notified: \_\_\_\_\_

*\*\*\*Please complete for any adverse event which causes interruption in therapy; Abbreviations and resources are listed on page 2\*\*\**

Date of event	Sx onset (in relation to Tx admin)	Sx Duration	Hospitalized	Current Treatment	Tx Re-challenge	Outcome	Diagnosis
	<input type="checkbox"/> < 2 hrs. <input type="checkbox"/> 2 – 48 hrs. <input type="checkbox"/> > 48 hrs.	<input type="checkbox"/> ≤ 1 day ____ hrs. <input type="checkbox"/> > 1 day ____ days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> INH: ____ mg <input type="checkbox"/> RIF: ____ mg <input type="checkbox"/> ETH: ____ mg <input type="checkbox"/> PZA: ____ mg <input type="checkbox"/> RPT: ____ mg <input type="checkbox"/> LEV: ____ mg <input type="checkbox"/> Other (describe in notes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continue Tx <input type="checkbox"/> Tx regimen change (describe in notes) <input type="checkbox"/> D/C Tx <input type="checkbox"/> Other (describe in notes)	<input type="checkbox"/> Hepatitis* <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Systolic BP less than 90 mm Hg <input type="checkbox"/> Rash <input type="checkbox"/> Other (describe in notes) <input type="checkbox"/> None

*\*3 times upper level of normal if symptomatic, 5 times upper level of normal if asymptomatic*

Liver Function Tests (LFTs)	Result	Complete Blood Count (CBC)	Result	Complete Metabolic Panel (CMP)	Result
Date of Collection		Date of Collection		Date of Collection	
AST (SGOT)		Hemoglobin		Sodium	
ALT (SGPT)		Hematocrit		Potassium	
Alk. Phos.		WBC		BUN	
Total Bilirubin		Platelets		Creatinine	
Other (Specify)		Other (Specify)		Other (Specify)	

**Notes/Comments\*\***

Name/Signature and Title of Nurse Completing Report: \_\_\_\_\_ Date of Report Completion: \_\_\_\_\_

\*\*Please briefly describe the adverse event including symptoms, time of onset in relation to last anti-tuberculosis medication dose, duration of symptoms, resolution and any other related factors (other medical conditions, medications, etc.)\*\*

Abbreviations			
Alk. Phos.	Alkaline Phosphatase	PZA	Pyrazinamide
BP	Blood Pressure	RIF	Rifampin
ETH	Ethambutol	RPT	Rifapentine (Priftin)
INH	Isoniazid	Sx	Symptoms
LEV	Levofloxacin (Levaquin)	Tx	Treatment

Resources	
Nursing Guide for Managing Side Effects of Anti-TB Drugs	<a href="https://www.currytbcenter.ucsf.edu/products/view/nursing-guide-managing-side-effects-drug-resistant-tb-treatment">https://www.currytbcenter.ucsf.edu/products/view/nursing-guide-managing-side-effects-drug-resistant-tb-treatment</a>
Tuberculosis Drug Information Guide 2 <sup>nd</sup> Edition	<a href="https://www.currytbcenter.ucsf.edu/products/view/tuberculosis-drug-information-guide-2nd-edition-0">https://www.currytbcenter.ucsf.edu/products/view/tuberculosis-drug-information-guide-2nd-edition-0</a>
Patient Medication/TB Fact Sheets (Non-English)	<a href="https://sntc.medicine.ufl.edu/home/index#/products">https://sntc.medicine.ufl.edu/home/index#/products</a>
Common Adverse Events – Centers for Disease Control	<a href="https://www.cdc.gov/tb/topic/treatment/adverseevents.htm">https://www.cdc.gov/tb/topic/treatment/adverseevents.htm</a>
Core Curriculum on TB – Centers for Disease Control	<a href="https://www.cdc.gov/tb/education/corecurr/index.htm">https://www.cdc.gov/tb/education/corecurr/index.htm</a> (Liver Enzyme monitoring info on page 95)
State of Kansas Tuberculosis Control Program	Health Educator – 785-296-5589 Nurse Consultant – 785-296-0739 Fax – 785-559-4224 Website – <a href="https://www.kdheks.gov/tb/index.html">https://www.kdheks.gov/tb/index.html</a>