

# Implementation of a Treatment Plan Lori Eitelbach, BSN, RN Williamson County and Cities Health District

Introduction to TB Nurse Case Management Online
July 7, 2022

# Lori Eitelbach, BSN, RN has the following disclosures to make:



No conflict of interests

 No relevant financial relationships with any commercial companies pertaining to this educational activity

## Overview

#### Objective:

 Describe the implementation of a treatment plan

#### Components:

- Reviewing the treatment plan
- Treatment delivery
- Patient education





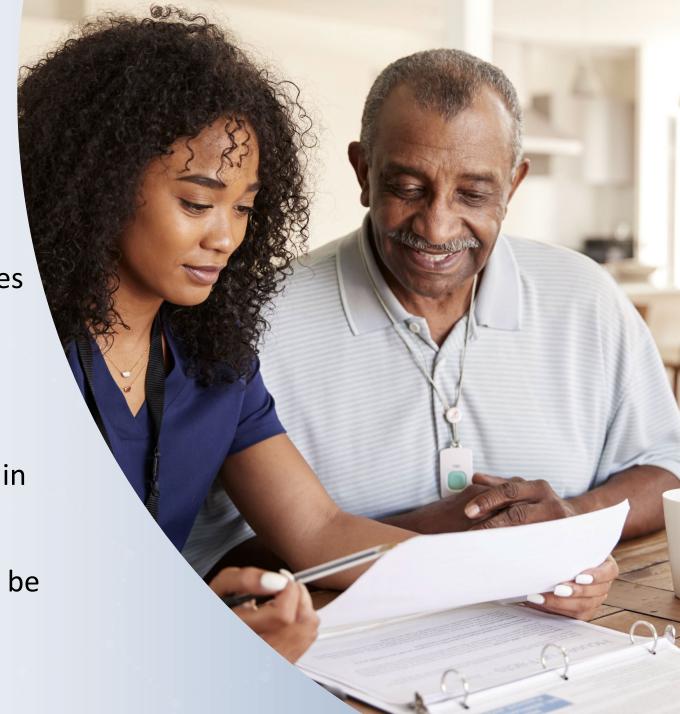
# Reviewing the Treatment Plan

 The Nurse Case Manager ensures the development of a patientcentered treatment plan that is reviewed by the Nurse, Patient, and Healthcare worker

 Encourage patient involvement in their own treatment

 The final treatment plan should be discussed and validated with all team members and the patient





# Treatment Delivery

- Anti-tuberculosis treatment delivery is carried out through directly observed therapy (DOT)
- DOT is widely used as the standard of practice







# Directly Observed Therapy (DOT)



- The practice of having a health care worker or other trained individual observe the patient swallow each dose of the prescribed TB medications
- Most effective strategy for ensuring patient adherence to treatment (CDC, 2017a)
- Allows for the counting of the exact number of medication doses taken and ensures the required number of doses are completed within the recommended time
- Allows for the early recognition of adverse drug events by performing toxicity and symptoms screenings









- Patient's home
- Place of employment
- School



Electronic DOT, (eDOT)

Any place that is mutually agreeable and safe



## Where is DOT done?



# SelfAdministered Therapy

- Not recommended for patients with TB disease
- When is it used:
  - Weekends
  - Holidays
  - Traveling

Doses should <u>NOT</u> be counted toward the required number of doses needed for treatment completion

## **Continued Monitoring**

- Ensure proper documentation of toxicities using screening forms
- Ask the patient how are they doing at every visit
- Clinical outcomes (weight gain, decrease s/s, bacteriology, CXR, serum drug levels)



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Joint pain (chronic)- PZA											
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**Loss of appetite											
**Malaiso/fatigue											
**Nausea/vomiting											
**Numbress/tingling											
**Skin rashes/fiching											
**Sores on lips or inside mouth											
**Unusual bleeding (nose, gams, stool,					Г	Г	Г				
urine, etc. or easy bruising)-RIF, RPT		 _				$ldsymbol{ldsymbol{ldsymbol{eta}}}$	$ldsymbol{ldsymbol{ldsymbol{eta}}}$				
**Visual problems-EMB, RBT											
Weakness, tiredness											
Provider Initials		-	-								

	** - Do not give DOT Dose. Contact Nurse/Physician for further instructions										
Date	DOT Adm	Self Adm	Dose Missed	DOT Provider's Initials	Client's Initials	Comments/Notes					
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/02/											
/03											
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TB-206 Directly Observed Therapy Log - Revised 08/2017 (continued on reverse)



### Patient Education

- Acknowledge and address the patient's perceptions and concerns about their TB diagnosis and treatment
- Ensure patient communicates regularly about any changes with TB treatment or other comorbidities they are concurrently being treated for
- Review the treatment plan regularly and adjust as needed

# Summary

- Implementation includes reviewing the treatment plan with the nurse, patient and any other member of the patient's care team
- Treatment delivery is achieved through DOT in a mutually agreeable and safe place and more recently also through electronic DOT through video graphic devices. DOT is the most effective form of TB treatment. Self Administered therapy is not recommended
- Patient education should be performed throughout the course of treatment

