



# **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 patient-centered 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





- Clinic



- Patient's home
- Place of employment
- School



- Electronic DOT, (eDOT)

*Any place that is mutually agreeable and safe*

Where is DOT done?





# Self-Administered Therapy

---

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

*Doses should **NOT** 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)



**Texas Department of State Health Services  
Tuberculosis Directly Observed Therapy Log**

Name:		DOB:	Sex:
Address:		Telephone:	
Classification: <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class V		DOT Ordered By: _____	
Date Ordered:		DOT Initiated: / /	Date Discontinued: / /
Medication/Dosage (Amount Given/Frequency)/Manufacturer/Lot Number/Expiration Date:			

Toxicity Screen: + = Yes    - = No    (To be completed for each client DOT encounter before patient takes medication)

MONTH/YEAR:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
**Abdominal pain, heartburn																
**Bruises, red/purple spots on skin																
**Convulsions																
**Dark urine (coffee-colored)																
**Dizzy, lightheaded																
Ears ringing/tinnitus-AR, CAP, KM, SM																
**Fever or chills >3 days																
Flu-like symptoms																
Headaches (chronic)																
**Jaundice (yellow skin/eyes)																
Joint pain (chronic)- PZA																
**Light colored stools																
**Loss of appetite																
**Malaise/fatigue																
**Nausea/vomiting																
**Numbness/tingling																
**Skin rashes/itching																
**Sores on lips or inside mouth																
**Unusual bleeding (nose, gums, stool, urine, etc. or easy bruising)-RIF, RPT																
**Visual problems-EMB, RBT																
Weakness, tiredness																
Provider Initials																
Interpreter 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
/01/						
/02/						
/03/						
/04/						
/05/						
/06/						
/07/						
/08/						
/09/						
/10/						
/11/						
/12/						
/13/						
/14/						
/15/						
/16/						

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 co-morbidities 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

