



# Implementation of a Treatment Plan

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Introduction to TB Nurse Case Management Online Course  
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# Overview

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## Objective:

- ❖ Describe the implementation of a treatment plan

## Components:

- ❖ Reviewing the treatment plan
- ❖ Treatment delivery
- ❖ Patient Education



# Reviewing the Treatment Plan

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- 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)

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- 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



- Video DOT

*Any place that is mutually agreeable and safe*

# Where is DOT done?

# Continued Monitoring

- Monitoring Forms:
  - Ensure proper documentation of toxicities
- Continue To:
  - Ask patient directly (how are they doing)
  - Pill counts (have patient bring medication bottles back during monthly visits)
  - 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:		DOT Initiated: / /	
Date Ordered:	Medication/Dosage (Amount Given/Frequency)/Manufacturer/Lot Number/Expiration Date:			Date Discontinued:	

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-AK, CAP, KM, SM																
**Fever or chills >3 days																
Flu-like symptoms																
Headaches (chronic)																
**Icterus (yellow skin/eyes)																
Joint pain (chronic)- PZA																
**Light colored stools																
**Loss of appetite																
**Malaise/fatigue																
**Nausea/vomiting																
**Numbness/tingling																
**Skin rash/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)



# Self-Administered Therapy

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- 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*





# Patient Education

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- 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 make adjustments as needed

# Summary

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- Implementation includes reviewing the treatment plan with the nurse, patient, and healthcare worker
- Treatment delivery is achieved through DOT to include video DOT in a mutually agreeable and safe place. Directly observed therapy is the most effective form of TB treatment. Self Administered therapy is not recommended
- Patient education should be performed throughout the course of treatment

