



Implementation of a Treatment Plan

Salma Lerma, MSN, RN
January 15, 2025

Introduction to TB Nurse Case Management Online
Wednesdays, January 15 – February 5, 2025
Online from San Antonio, Texas

Salma Lerma, MSN, RN has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity





Implementation of a Treatment Plan

**Salma Lerma, MSN, RN
Heartland National TB Center**

Introduction to TB Nurse Case Management Online
January 2025

***Salma Lerma, MSN, 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 through the use of screening forms
- Ask the patient how are they doing at every visit *
- 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:	
Date Ordered:		DOT Initiated: / /	
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/fullness-AR, CAP, RM, 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, RHT:																
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 make adjustments as needed

Summary

- Implementation includes reviewing the treatment plan with the nurse, patient, and healthcare worker
- 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 always.





Thank you!

Acknowledgment to Marybel Monreal, RN