



Anti-TB Medication Administration: Directly Observed Therapy (DOT)

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April 30, 2026

TB Nurse Case Management • April 29 – May 1, 2026 • Fort Worth, Texas



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Has the following disclosures to make:

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



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Public Health

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04/17/2026

Tuberculosis (TB)

- A bacterial infection caused by *Mycobacterium tuberculosis*
- Two stages:

<u>TB Disease aka Active TB</u>	<u>TB Infection aka Latent Tuberculosis Infection (LTBI)</u>
Person has TB disease (growing)	Person has TB infection (dormant, not growing)
Can be infectious and/or symptomatic	Is non-infectious, not symptomatic

- Tuberculosis disease (active TB) requires mandatory treatment by the Department of State Health Services (DSHS) while treatment of LTBI is greatly recommended and encouraged.
- Mandated TB treatment is required for suspects of active TB and is outlined by the Texas Administrative Code, Title 25, Part 1, Chapter 97, Subsection 97.176.

TB Disease

- TB disease can infect many parts of the body, including the lungs, brain, bones, and eyes.
- While patients may have TB disease, not all are infectious as the location of the infection is the defining factor.
- Pulmonary TB (and the respiratory tract) is the greatest concern as there is an increased risk of the patient being infectious to others due to the airway (speaking, coughing, sneezing, etc.) being involved.



Tarrant County Public Health (TCPH)

Tarrant County Public Health is mandated by DSHS (Department of State Health Services) to:
Identify, evaluate, treat, and/or case manage:

- All patients with TB disease
 - Trace and test close contacts to patients with TB disease
 - All patients with LTBI at high risk of developing active TB disease
- Collaborate with other agencies, private and public, in pursuit of the above goals



Tarrant County Public Health (TCPH)

Collaborative care with Cook Children's Infectious Disease Clinic (CCID) for pediatric patients

Receives referral from TCPH TB Clinic after investigation of active TB case (TCPH sends a referral to Cook Children's ID clinic once a child has been found to have LTBI (via blood test or TST) - whether from a contact investigation, immigration testing or other)

Cook Children's ID clinic works with TCPH to manage and treat pediatric patients with latent or active TB

Tracing Contacts

During investigation of TB cases, all close contacts are tested for TB, beginning at the index case's home.

Higher risk:

- People are more likely to develop TB disease in first 2 years after infection
 - Pediatric population at higher risk for developing severe TB disease
 - HIV patients at highest risk for developing TB disease
-
- TCPH TB Clinic provides medication Directly Observed Therapy (DOT) for all active TB cases and many latent TB cases (3HP and Pediatric).

Directly Observed Therapy (DOT)

Directly Observed Therapy:

the most effective treatment strategy for tuberculosis (TB) that involves a healthcare worker or trained observer witnessing and verifying the patient's intake of TB medications.

Why is DOT needed?

- Ensures adherence to the drug regimen
- Improves the treatment completion rates
- Decreases risk of drug-resistant TB
- Significantly improves long-term outcomes for patient with any TB infection
- Enables the care team to quickly identify and address medication side effects.
- Reduces transmission of TB from patients who are untreated or partially treated.
- Is required by DSHS when the patient has active TB (TB disease)

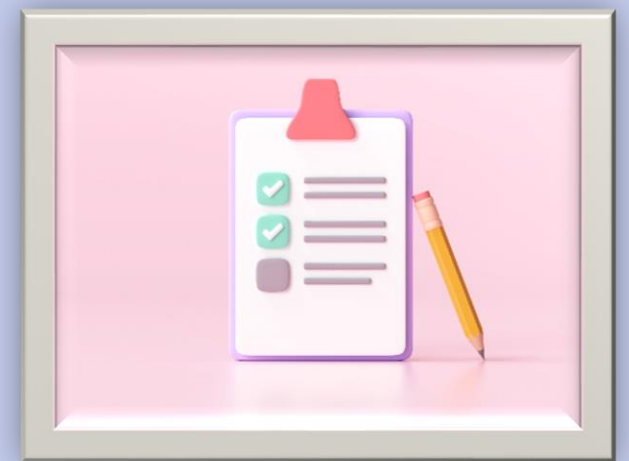
Directly Observed Therapy (DOT)

DOT procedure:

A Healthcare Worker (HCW) person administers the prescribed medication, ensuring:

- Right Patient
- Right medication(s) & dose
- Right frequency

- ❖ Screens for side effects (Patient confirms or denies symptoms of side effects)
- ❖ Observes patient ingest the medication
- ❖ Both the nurse and pt sign the DOT log (if using paper logs)



DOSE COUNT

Dose count (toward completion): total number of observed doses during treatment
 Determined by: how many days of the week are DOT for your agency

5 days a week (work week)

Sunday	
Monday	√
Tuesday	√
Wednesday	√
Thursday	√
Friday	√
Saturday	

7 days a week (calendar week)

Sunday	√
Monday	√
Tuesday	√
Wednesday	√
Thursday	√
Friday	√
Saturday	√

DOSE COUNT

WHICH WITH WHAT?

- 5 Days a week (work week): in person, either face to face or real-time video
- 7 Days a week (calendar week): review uploaded videos, administered in hospital/nursing facility or correction facility



Frequency of DOT & duration of treatment
are equally important in determining completion



*Any combination of the above may be utilized by your agency in completing DOT activities

DOSE COUNT

Normal treatment duration for TB disease: 6-9months (130-195 total DOT doses)

Important to Note:

- Patients should *not* be told a specific “dose count”
- Encourage patient to take all doses, whether DOT or self-administered (weekend)
- TB disease will always require a *minimum* of 182 doses, including self-admin weekend doses, for 6months of treatment (Regimen 1)

ALL doses count toward the cure

DOSE COUNT

HOW TO CALCULATE NUMBER OF DOSES

Duration x Frequency = number of doses

5 days DOT

26 weeks (6 months) x 5days = 130 doses

39 weeks (9months) x 5days = 195 doses

Sunday	
Monday	√
Tuesday	√
Wednesday	√
Thursday	√
Friday	√
Saturday	

7 days DOT

26 weeks (6 months) x 7days = 182 doses

39 weeks (9months) x 7days = 273 doses

Sunday	√
Monday	√
Tuesday	√
Wednesday	√
Thursday	√
Friday	√
Saturday	√

DOSE COUNT

HOW TO CALCULATE NUMBER OF DOSES

Duration x Frequency = number of doses

6 Months, ~26 weeks

5 days DOT

8 weeks (Initial phase) x 5days = 40 doses
 18 weeks (Continuation) x 5days = 90 doses
 26 weeks x 5days = 130 total doses

Sunday	
Monday	√
Tuesday	√
Wednesday	√
Thursday	√
Friday	√
Saturday	

7 days DOT

8 weeks (Initial phase) x 7days = 56 doses
 18 weeks (Continuation phase) x 7days = 126 doses
 26 weeks x 7days = 182 total doses

Sunday	√
Monday	√
Tuesday	√
Wednesday	√
Thursday	√
Friday	√
Saturday	√

DOSE COUNT

HOW TO CALCULATE NUMBER OF DOSES

Duration x Frequency = number of doses

9 Months, ~39 weeks

5 days DOT

8 weeks (Initial phase) x 5days = 40 doses
 31 weeks (Continuation) x 5days = 155 doses
 39 weeks x 5days = 195 total doses

Sunday	
Monday	√
Tuesday	√
Wednesday	√
Thursday	√
Friday	√
Saturday	

7 days DOT

8 weeks (Initial phase) x 7days = 56 doses
 31 weeks (Continuation phase) x 7days = 217 doses
 39 weeks x 7days = 273

Sunday	√
Monday	√
Tuesday	√
Wednesday	√
Thursday	√
Friday	√
Saturday	√

PHASES FOR TB DISEASE TREATMENT

(INTENSIVE AND CONTINUATION)

Treatment of TB disease is intense and designed to destroy *M. tuberculosis* in two phases:

1. Initial/Intensive phase: 8 Weeks of Pyrazinamide (PZA) and Ethambutol (EMB)
Followed by
2. Continuation/Maintenance phase: 4-8 months of Rifampin and Isoniazid (INH)

The checklist for advancing from initial to continuation(maintenance):

- Has the patient received the minimum required doses of PZA and EMB (40-56)?
 - Is it within the required timeframe (10 weeks)?
 - Are drug Susceptibilities available?

While this is the most common course of treatment, regimens and timeframes may change and/or extend:

Unresponsive to treatment (i.e. may need drug levels)

Drug interactions

Side effects (elevated LFTs, allergic reaction, drug intolerance)

Drug resistance

Location of infection

Extent of disease

Comorbidities

Compliance to treatment

PHASES FOR TB DISEASE TREATMENT

(INTENSIVE AND CONTINUATION)

Issues that may impact medication regimens and timeframes:

- Susceptibilities not available within 8 weeks
- Responsiveness to TB treatment (ex: may need drug levels)
- Medication history creates drug interactions (ex: chemotherapy agents)
- Side effects (ex: elevated LFTs, allergic reaction, drug intolerance)
- TB strain is drug resistant (ex: INH or Rifampin resistance)
- Location of infection (ex: lungs, meninges, eye)
- Extent of disease (ex: degree of cavitation vs no cavitation at all, disseminated TB)
- Comorbidities (ex: diabetes, HIV)
- Compliance to treatment

With so many factors involved in planning and executing treatment, the goal will always be:

Provide treatment while minimizing patient harm

Treatment Interruption

Life happens... and treatment may be interrupted due to any number of factors, such as:

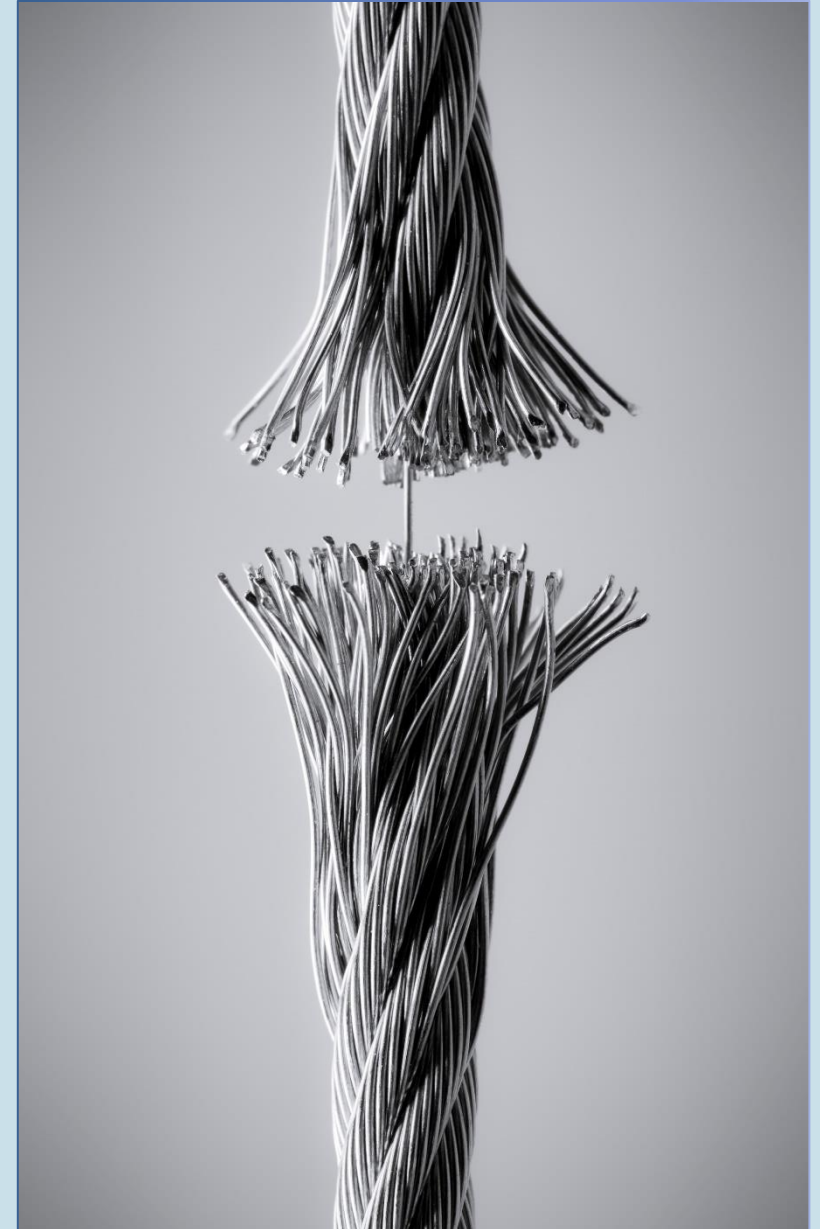
Meds on hold due to:

- elevated LFTs (liver enzymes)
- Uncontrolled vomiting (anti-emetic not helpful)

Or

- Patient on a new required medication with drug interactions
 - Missed appointment and refill pickup

Whatever the cause, there are guidelines for continuing as is, restarting, or not!



TREATMENT INTERRUPTION

GUIDELINES FOR TB DISEASE

There is a minimal grace period

Continue current regimen “as is” till planned doses complete

- Intensive Phase: lapse < 14days in duration
- Continuation Phase: Received $\geq 80\%$ of doses & had a pos initial AFB smear
Received < 80% of doses & accumulative lapse is <3mon

Restart treatment (Intensive and Continuation phases)

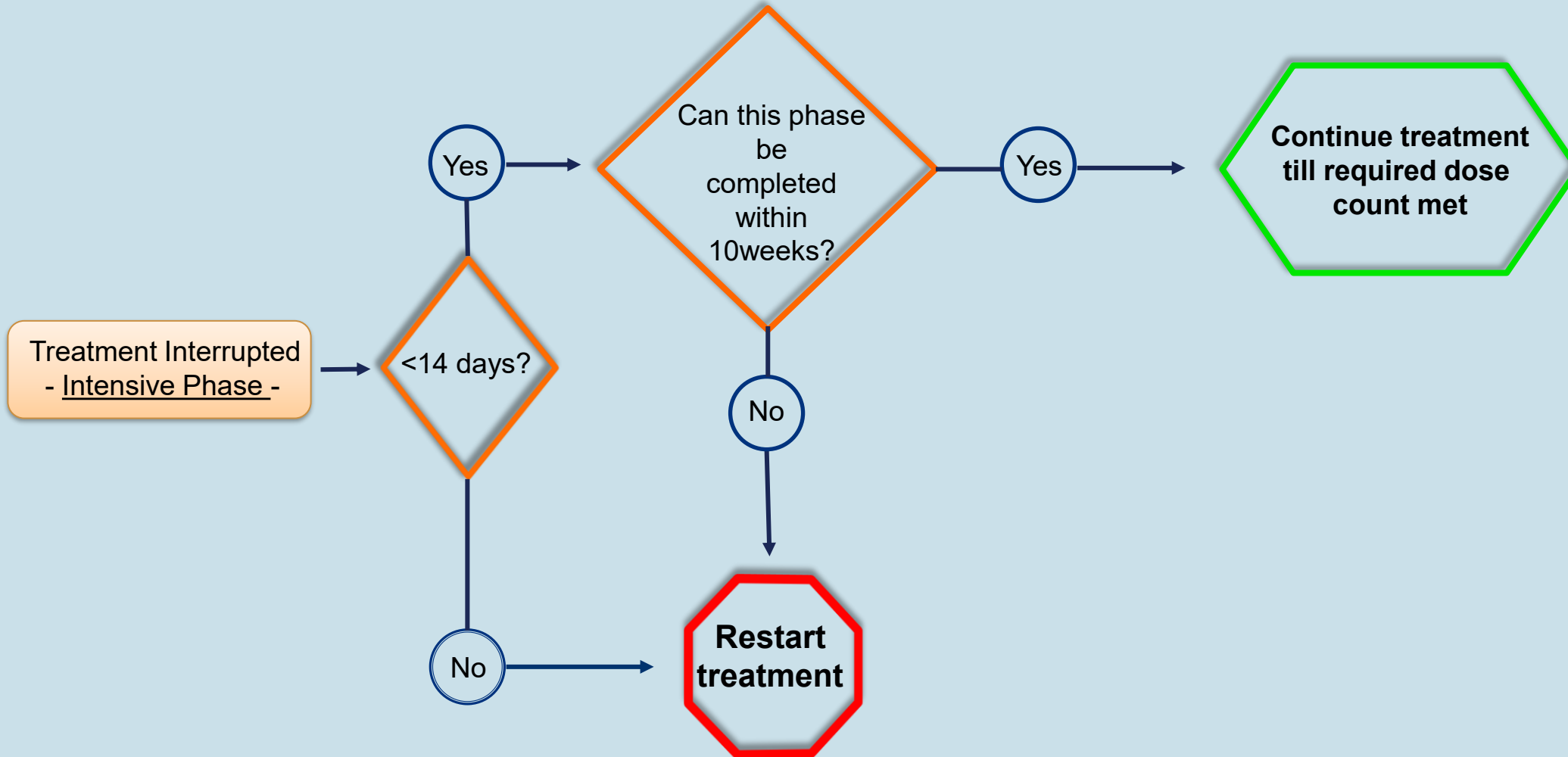
- Intensive Phase: lapse ≥ 14 days in duration
- Continuation Phase: Received < 80% of doses & and accumulative lapse is <3mon
Received < 80% of doses & consecutive lapse is >2 months

May consider complete

- Continuation Phase: Received $\geq 80\%$ of doses & was neg initial AFB smear

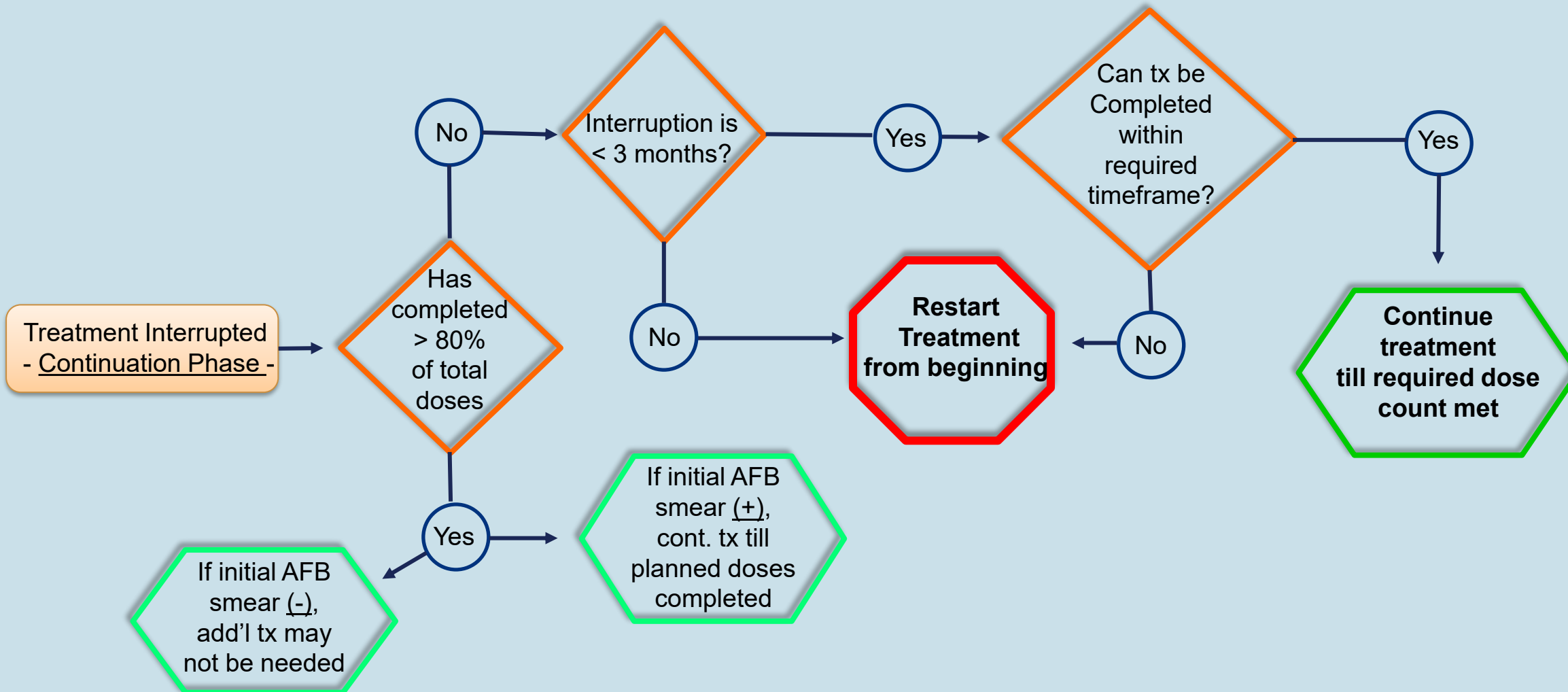
TREATMENT INTERRUPTION

GUIDELINES FOR TB DISEASE



TREATMENT INTERRUPTION

GUIDELINES FOR TB DISEASE



TREATMENT INTERRUPTION

GUIDELINES FOR TB DISEASE

Important recommendations to note regarding interruptions in treatment:

- Intensive phase doses should be completed within 10 weeks of the start date
- Continuation phase
 - 6 month regimen- treatment should be completed within 6 months once Intensive phase is completed
 - 9 month regimen- treatment should be completed within 9 months once Intensive phase is completed

Maximum time frame for overall treatment: 9months for a 6-month regimen, 12months for a 9-month regimen

TREATMENT INTERRUPTION

GUIDELINES FOR LTBI 3HP

3HP (3 months of Isoniazid and Rifapentine) is a DOT regimen.

While treatment for TB Disease is usually a daily DOT, 3HP is a once weekly DOT

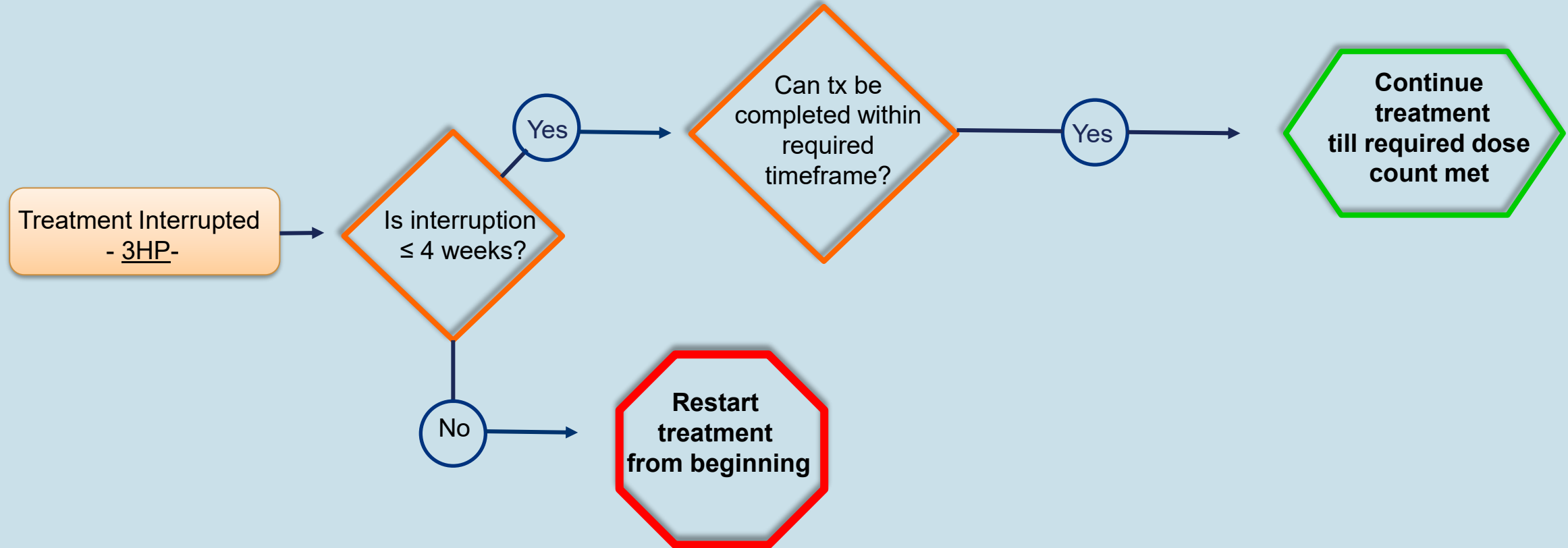
When life happens, this can be interrupted too!

The guidelines are as below:

- 12 weeks of therapy, max of 16 weeks to complete
- When needed, 11 complete doses within 16 weeks (max) is appropriate for completion.

TREATMENT INTERRUPTION

GUIDELINES FOR LTBI 3HP



TREATMENT INTERRUPTION

HOW MANY WEEKS LEFT?

Tarrant County Public Health TB clinic uses an Excel spreadsheet to track:

- Doses taken (automatically tracks by date given)
- Doses missed (when an abbreviated month is entered, tallies as missed)
- Regimen progress (data entry by staff)
- Medication administration notes by TB clinic staff (in-clinic or in-field staff)

HOW TO TRACK DOSE COUNTS

WHAT TCPH USES

Tarrant County Public Health uses Microsoft Excel and its formulas to track:

- Dates doses given
- Given by
- Doses missed
- Doses issued for self-administration (weekend, agency holiday)
- Notes about medication administrations and corresponding regimens.

★ This tool is a reference for all TB staff, so accurate and timely data entry is essential. ★

HOW TO TRACK DOSE COUNTS

WHAT TCPH USES

The screenshot displays the Microsoft Excel interface for a spreadsheet titled "1 - IT sheet template, Rev 03-25-26". The ribbon includes tabs for File, Home, Insert, Page Layout, Formulas, Data, Review, View, Automate, Help, DYMO Label, and Acrobat. The Home tab is active, showing toolbars for Clipboard, Font, Alignment, Number, Styles, Cells, Editing, Analysis, and Sensitivity.

The spreadsheet layout is as follows:

- Columns:** A (checkboxes for ON/OFF ISOLATION), B (WEEK#), C-M (Days of the week: MON, TUE, WED, THUR, FRI, SAT, SUN), N (WEEK#), O (Notes for Med Administration), P (MED RT), Q (START DATE), R (PFREQ), S-V (Medication 1-5), W (Medication 6), X (Medication 7).
- Rows:**
 - Row 1: Patient information fields (PATIENT NAME, DOB, AGE, CLASS, MIN, Prescribing Provider, TOTAL UNOBSERVED, TOTAL MISSED, TOTAL OBSERVED, CSA, PHS, VDOT started on, VDOT stopped on, VDOT completed on, Target DOT doses, Comments).
 - Row 2: Start of weekly grid with checkboxes for ON ISOLATION and OFF ISOLATION.
 - Rows 3-34: Weekly grid for dose tracking.
 - Row 35: Comments section with checkboxes for "D/C EMB after 40 doses", "D/C PZA after 40 doses", and "Continue PZA for duration".
 - Rows 36-52: Additional weekly grid rows.

The spreadsheet is currently showing data for the year 2024, with the year changing to 2025 and 2026 in subsequent rows.

IT sheet

One available for all patients receiving medication from TB clinic

The spreadsheet is titled "1 - IT sheet template, Rev 07.13.25" and is saved to the PC. It features a ribbon with tabs for File, Home, Insert, Page Layout, Formulas, Data, Review, View, Automate, Developer, Help, DYNAMO Label, and Acrobat. The Home tab is active, showing options for Clipboard, Font, Alignment, Number, Styles, Cells, Editing, Analysis, Sensitivity, and Add-ins. A security warning is present: "SECURITY WARNING External Data Connections have been disabled Enable Content".

The spreadsheet columns are labeled A through AI. Rows 1-42 contain various data points and tracking information. Key sections include:

- Row 1:** Includes checkboxes for "ON ISOLATION" and "OFF ISOLATION".
- Row 2:** "WEEKS" column (1-52).
- Row 3-4:** "MON" and "TUE" columns.
- Row 5-6:** "WED" and "THUR" columns.
- Row 7-8:** "FRI" and "SAT" columns.
- Row 9-10:** "SUN" and "WEEKS" columns.
- Row 11:** "Notes for Med Administration" column.
- Row 12:** "START DATE", "FREQ", "Medication 1", "Medication 2", "Medication 3", "Medication 4", "Medication 5", "Medication 6", "Medication 7" columns.
- Row 13-14:** "TOTAL # UNOBSERVED" and "TOTAL # MISSED" columns.
- Row 15-16:** "TOTAL # OBSERVED" and "CSA" columns.
- Row 17-18:** "PDS" and "VDOT started on" columns.
- Row 19-20:** "VDOT stopped on" and "VDOT completed on" columns.
- Row 21-22:** "Target DOT doses" and "Comments" columns.
- Row 23-24:** "Comments" section with checkboxes for "D/C DRG after 40 doses" and "D/C PCA after 40 doses".
- Row 25-26:** "Continue PCA for duration" checkbox.

Dates:
MM/DD/YY



Initials of
DOT provider



Notes about DOT
administrations



Prescribed
Regimens



Total Unobserved:
Entered as "Issued"

Total Missed:
Entered as "apr" (if it
is the month of April)

Total Observed:
Entered as "MM/DD/YY"

VDOT dates:
Start, Stop, Complete

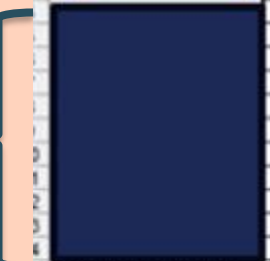
Target DOT doses:
Number of doses or
Date (if a date is ordered)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	<input type="checkbox"/> ON ISOLATION	WEEK#	MON.	MON INT	TUE.	TUE INT	WED.	WED INT	THUR.	THU INT	FRI.	FRI INT	SAT.	SAT INT	SUN.	SUN INT
1	<input type="checkbox"/> OFF ISOLATION	1														
2		2														
3		3														
4	PATIENT NAME:	4														
5		5														
6		6														
7	DOB:	7														
8		8														
9	AGE:	9														
10		10														
11	CLASS:	11														
12		12														
13	MRN:	13														
14		14														
15	Prescribing Provider:	15														
16		16														
17	TOTAL# UNOBSERVED	17														
18	0	18														
19	TOTAL# MISSED	19														
20	0	20														
21	TOTAL# OBSERVED	21														
22	0	22														
23	CSA:	23														
24		24														
25	PIOS:	25														
26		26														
27	VDOT started on:	27														
28		28														
29	VDOT stopped on:	29														
30		30														
31	VDOT completed on:	31														
32		32														
33	Target DOT doses:	33														
34		34														
35	Comments:	35														

Current Isolation status

ON ISOLATION
 OFF ISOLATION

Patient Info



Provider name

Prescribing Provider:
Roger Gleason, MD

Dose info:
DOT that was self
DOT that was missed
DOT that was taken

TOTAL UNOBSERVED
12
TOTAL MISSED
0
TOTAL OBSERVED
119

Dates:
VDOT started
VDOT stopped
VDOT complete

CSA:
Manuela
 BIOS:
 VDOT started on:
 VDOT stopped on:
 VDOT completed on:

Planned doses

Target DOT doses:
195

Intensive Phase info

D/C EMS after 40 doses
 D/C PZA after 40 doses
 Continue PZA for duration

Comments

03/11/26 Per Dr. Colquitt
tx to extend to 195 doses

WEEK#	MON.	MON INT	TUE.	TUE INT	WED.	WED INT	THUR.	THU INT	FRI.	FRI INT	SAT.	SAT INT	SUN.	SUN INT
1														
2	self		self		10/15/25	sk	10/16/25	sk	10/17/25	mg	issued	mg	issued	mg
3	10/20/25	mg	10/21/25	mg	10/22/25	mg	10/23/25	mg	10/24/25	mg	issued	mg	issued	mg
4	10/27/25	mg	10/28/25	mg	10/29/25	mg	10/30/25	mg	10/31/25	mg	issued	mg	issued	mg
5	11/03/25	nms	11/04/25	nms	11/05/25	mg	11/06/25	nms	11/07/25	mg	issued	mg	issued	mg
6	11/10/25	mg	11/11/25	nd	11/12/25	mg	11/13/25	mg	11/14/25	mg	issued	mg	issued	mg
7	11/17/25	mg	11/18/25	mg	11/19/25	mg	11/20/25	mg	11/21/25	nms	issued	nms	issued	nms
8	11/24/25	mg	11/25/25	mg	11/26/25	mg	issued	mg	issued	mg	issued	mg	issued	mg
9	12/01/25	mg	12/02/25	mg	12/03/25	mg	12/04/25	mg	12/05/25	mg	issued	mg	issued	mg
10	12/08/25	mg	12/09/25	mg	12/10/25	mg	12/11/25	mg	12/12/25	vs	issued	vs	issued	vs
11	12/15/25	mg	12/16/25	mg	12/17/25	mg	12/18/25	mg	12/19/25	mg	issued	mg	issued	mg
12	12/22/25	mg	12/23/25	mg	issued	mg	issued	mg	12/26/25	mg	issued	mg	issued	mg
13	12/29/25	mg	12/30/25	mg	12/31/25	mg	issued	mg	01/02/26	mg	issued	mg	issued	mg
14	01/05/26	mg	01/06/26	mg	01/07/26	mg	01/08/26	mg	01/09/26	mg	issued	mg	issued	mg
15	01/12/26	mg	01/13/26	vs	01/14/26	mg	01/15/26	mg	01/16/26	mg	issued	mg	issued	mg
16	issued	mg	01/20/26	mg	01/21/26	mg	01/22/26	mg	01/23/26	mg	issued	mg	issued	mg
17	issued	mg	issued	mg	issued	mg	01/29/26	mg	01/30/26	mg	issued	mg	issued	mg
18	02/02/26	mg	02/03/26	mg	02/04/26	mg	02/05/26	mg	02/06/26	mg	issued	mg	issued	mg
19	02/09/26	mg	02/10/26	sk	02/11/26	mg	02/12/26	mg	02/13/26	mg	issued	mg	issued	mg
20	issued	mg	02/17/26	mg	02/18/26	mg	02/19/26	mg	02/20/26	mg	02/21/26	mg	02/22/26	mg
21	02/23/26	mg	02/24/26	mg	02/25/26	mg	02/26/26	mg	02/27/26	mg	issued	mg	issued	mg
22	03/02/26	mg	03/03/26	mg	03/04/26	mg	03/05/26	mg	03/06/26	mg	issued	mg	issued	mg
23	03/09/26	mg	03/10/26	mg	03/11/26	nd	03/12/26	mg	03/13/26	mg	issued	mg	issued	mg
24	03/16/26	mg	03/17/26	mg	03/18/26	mg	03/19/26	mg	03/20/26	mg	issued	mg	issued	mg
25	03/23/26	mg	03/24/26	mg	03/25/26	mg	03/26/26	mg	03/27/26	mg	issued	mg	issued	mg
26	03/30/26	mg	issued	mg	04/01/26	mg	04/02/26	mg	issued	mg	issued	mg	issued	mg
27	04/06/26	nms	04/07/26	nms	04/08/26	mg	04/09/26	mg	04/10/26	mg	issued	mg	issued	mg
28	04/13/26	vs	04/14/26	mg	04/15/26	mg								
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50														

Weekend Self-Admin doses issued

Dates DOT completed

Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
WEEK#	Notes for Med Administration	MED INT	START DATE	FREQ	Medication 1	Medication 2	Medication 3	Medication 4	Medication 5	Medication 6	Medication 7							
1			10/02/2025	DAILY	INH 300mg	RIFAMPIN 600mg												
2			10/03/2025	DAILY	INH 300mg	RIFAMPIN 600mg	PZA 1000mg	EMB 800mg	B6 50mg									
3			12/11/2025	DAILY	INH 300mg	RIFAMPIN 600mg	DC PZA	DC EMB	B6 50mg									
4																		
5																		
6																		
7																		
8																		
9																		
10	Est date dc PZA/EMB 12/11/25																	
11																		
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50																		

Notes section to notify others about any med admin concerns/changes



Medication regimens and dates initiated



DOT Log



The DOT log (and similar tools) is used to track the administration of the TB medication and used to create a report for any side effects.

- Monthly log broken into days of the month in administration and side effects sections
- Completed daily whether medication is administered or patient declined/held
- Patient and HCW initial the daily entries
- Patient and HCW sign and initial the log at the end of the month
- HCW enters the date and initials the IT sheets in TB Share Drive (TCPH process)
- Nurse uploads the log to EHR/EMR at the end of each month till treatment is complete

DOT Log

Front

For Isoniazid,
Rifampin,
Pyrazinamide,
Ethambutol

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/fullness--AK, 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)

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

DOT Log

Back

MONTH/YEAR:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
**Abdominal pain, heartburn															
**Bruises, red/purple spots on skin															
**Convulsions															
**Dark urine (coffee-colored)															
**Dizzy, lightheaded															
Ears ringing/fullness-AK,CAP,KM,SM															
**Fever or chills >3days duration															
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															
**Skin rashes/itching															
**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
/17/						
/18/						
/19/						
/20/						
/21/						
/22/						
/23/						
/24/						
/25/						
/26/						
/27/						
/28/						
/29/						
/30/						
/31/						

DOT SUMMARY:

# Targeted DOT Doses	# DOT Doses Given	% DOT Doses Given	# Self-Administered Doses	# Missed Doses

Compliant: Yes No Quarantine Advised: Yes No Date of Control Order: _____ Date of Court Action: _____

CLIENT/DOT PROVIDER AGREEMENT:

We agree to meet at _____ (Location) on _____ (check all days that apply)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 at _____ (Time) AM / PM for DOT medication, unless alternate arrangements are made in advance by either party.
 Change in Location: _____ Day(s): _____ Time: _____
 Client's Signature: _____ Client's Initials: _____
 DOT Provider's Signature: _____ DOT Provider's Initials: _____
 DOT Provider's Signature: _____ DOT Provider's Initials: _____

DOT Log

Front

For 3HP

Texas Department of State Health Services
Tuberculosis Directly Observed Therapy Log INH/Rifapentine

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
**Dizzy, lightheaded																
**Bruises, red/purple spots on skin																
**Weakness, tiredness																
**Numbness/Tingling/Pain, arms, legs																
**Skin Rashes/Itching																
**Loss of Appetite																
**Dark Urine (coffee-colored)																
**Jaundice (yellow skin/eyes)																
**Abdominal/chest Pain, Heartburn																
**Nausea/Vomiting																
**Malaise/Fatigue																
**Fever or Chills																
**Flu-like Symptoms																
**Unusual Bleeding (nose, gums, stool, urine, etc. or easy bruising) - RPT																
** Sores on Mouth or Lips																
** Light Colored Stools																
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/						

DOT Log

Back

For 3HP, 6H,
and 9H

Tuberculosis Directly Observed Therapy Log INH/Rifapentine

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

MONTH/YEAR:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
** Dizzy, Lightheaded															
** Bruises, red/purple spots on skin															
** Weakness, Tiredness															
** Numbness/Tingling/Pain, arms, legs															
**Skin Rashes/Itching															
** Loss of appetite															
**Dark Urine (coffee-colored)															
**Jaundice (yellow skin/eyes)															
**Abdominal/Chest Pain, Heartburn															
**Nausea/Vomiting															
**Malaise/Fatigue															
**Fever or Chills															
**Flu-like Symptoms															
**Unusual Bleeding (nose, gums, stool, urine, etc. or easy bruising) - RPT															
** Sores on mouth or lips															
**Light Colored Stools															
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
/17/						
/18/						
/19/						
/20/						
/21/						
/22/						
/23/						
/24/						
/25/						
/26/						
/27/						
/28/						
/29/						
/30/						
/31/						

DOT SUMMARY:

# Targeted DOT Doses	# DOT Doses Given	% DOT Doses Given	# Self-Administered Doses	# Missed Doses

Compliant: Yes No Comment: _____

Quarantine Advised: Yes No Date of Control Order: _____ Date of Court Action: _____

CLIENT/DOT PROVIDER AGREEMENT:

We agree to meet at _____ (Location) on (check all days that apply)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 at _____ (Time) AM / PM for DOT medication, unless alternate arrangements are made in advance by either party.
 Change in Location: _____ Day(s): _____ Time: _____
 Client's Signature: _____ Client's Initials: _____
 DOT Provider's Signature: _____ DOT Provider's Initials: _____
 DOT Provider's Signature: _____ DOT Provider's Initials: _____

DOT Log

How to Complete

- Use the DOT log (TB-206, TB-206A, TB-704) that matches medication regimen.
- Each side effect the patient says is not present receives a negative sign (-).
- Each side effect the patient says is present receives a positive sign (+).
- A side effect is present when there is no probable cause, is constant, or a new onset after the medication was started.

Ex:

- Patient has a bruise, but hit a table with their arm, This bruise is not a side effect if the extent of bruising is normal for that patient. Please mark (-).
- A bruise without a known cause *or* the bruising is more significant than usual, may be a possible side effect. Please mark (+) and notify the required staff.
- If there is a question, contact always refer to the designated personnel for clarification and further instructions.

VIDEO DOT (VDOT)

Video DOT is an option that can help improve patient compliance

It allows the patient to self-administer (per prescribed frequency)

- When it is convenient to the patient
- Record the administration so the dose counts toward the total

The patient (or support person) must meet these conditions:

- Must be reliable (able to medicate and willing to self-manage medication administration)
- Must have the appropriate technology to participate
- Must be able to manage the process by being tech savvy (login, record, and upload)

VDOT is not for everyone:

- Language can be a barrier (the VDOT service does not have the language as an option)
- Mental/Physical considerations (dementia, inability to operate a phone)
- Social/economic situation (homeless, no phone)




VIDEO DOT (VDOT)

Use a tool, such as this, to assist in teaching your patient how to handle the medication and record it when they are doing VDOT,

Every recording should:

- Pt should state name, DOB, date
- Show the medication clearly
- Visibly show the patient taking the medication
- An empty mouth after consuming the medication



Medication Layout for Video-Enabled Directly Observed Therapy (VDOT)

Today is ____/____/____ (mm/dd/yyyy)

If you are experiencing any of the following side effects STOP, do not take medication. Contact your TB care provider at: _____ before taking any medication.

<input type="checkbox"/> Abdominal pain/heartburn	<input type="checkbox"/> Flu-like symptoms	<input type="checkbox"/> Nausea/vomiting
<input type="checkbox"/> Bruises, red/purple spots on skin	<input type="checkbox"/> Headaches	<input type="checkbox"/> Numbness/tingling in hands, feet, other
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Jaundice (yellow skin/eyes)	<input type="checkbox"/> Skin rashes/itching
<input type="checkbox"/> Dark Urine (coffee-colored)	<input type="checkbox"/> Joint pain (chronic)	<input type="checkbox"/> Sores on lips or inside mouth
<input type="checkbox"/> Dizzy, lightheaded	<input type="checkbox"/> Light colored stools/diarrhea	<input type="checkbox"/> Unusual bleeding (nose, gums, stool)
<input type="checkbox"/> Ears ringing/fullness in ears	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Visual problems-changes in your vision
<input type="checkbox"/> Fever/chills for >3 days	<input type="checkbox"/> Malaise/fatigue-feeling unusually tired	<input type="checkbox"/> Weakness or tiredness

If you are not having any of the side effects listed above, place your pills on the boxes below:

Place Pills Here:

Name of Pill:

Number:

____ pills

____ pills

____ pills

____ pills

____ pills

12-15763 Medication Layout Created 10/2017, revised 8/2020

Common Anti-TB Medications

(First-Line Meds)

Common medications used

- Isoniazid (INH) · Rifampin · Pyrazinamide (PZA) · Ethambutol (EMB)
- Treatment for TB infection and TB disease is generally several weeks to months long

Active TB- Intensive Phase	Active TB- Continuation Phase	LTBI
Usually 4 medications with B6 supplementation	Two medications with B6 supplementation	Usually one medication
2 months	4-7 months	2-6 months

- Medication regimens, dosages, and length of treatment may vary based on stage of disease, (LTBI vs Active TB), response to medication, and adherence to regimen.
- Medication doses are based on the patient's weight.

*Rifabutin may be used as substitute for Rifampin by provider due to med/health hx/side effects

Common Anti-TB Medication

Common medications used for LTBI

- Isoniazid (INH) · Rifapentine · Rifampin
- Treatment for LTBI is generally several weeks to months long

3HP	4R	6H/9H
Isoniazid, Rifapentine, and B6 supplement	Rifampin	Isoniazid and B6 supplement
12 weeks, once/week	4 months, daily	6/9 months, daily

- 3HP is the one of the common regimens administered for LTBI
- Medication regimens are chosen based on many factors, such as health history, current medications, pregnant vs not pregnant, and ability/reliability to self-administer or need DOT .

SECOND LINE MEDICATIONS

(COMMONLY USED FOR DRUG-RESISTANT TB)

Second line medications are generally only prescribed when drug susceptibility tests results show TB resistance to common (first-line) medications.

Classes of drug resistant TB:

- Rifampin resistant TB (RR): rifampin resistance only
- Multi-drug-resistant TB (MDR-TB): resistance to INH and/or rifampin
- Pre-extensively drug-resistant TB (Pre-XDR): resistance to INH, rifampin *and* a fluoroquinolone (FQN), or INH, rifampin *and* a second-line injectable.
- Extensively drug-resistant TB (XDR-TB): resistance to INH, rifampin, FQN, *and* a second-line injectable, or resistance to INH, rifampin, FQN, *and* bedaquiline or linezolid.

SECOND LINE MEDICATIONS

(COMMONLY USED FOR DRUG-RESISTANT TB)

Drugs commonly used for drug-resistant TB

- ❖ Fluroquinolones (Moxifloxacin, Levofloxacin)
- ❖ Pretomanid
- ❖ Bedaquiline
- ❖ Linezolid

Unfortunately, resistance to second-line medications are becoming more and more common.

Side Effects

All medications have the potential for side effects-
ranging from mild to severe and/or life threatening

- Screening for medication side effects takes place **before** administering each dose of medication.
- The presence and absence of side effects must be documented on the DOT Log or similar (based on your agency).

Important to note:

Healthcare workers (HCW) administering the medications can call the designated personnel to inform of the presence of side effects and/or ask for clarification about possible side effects.

This is one of the most important functions of those administering meds- looking for signs of side effects and listening to the patient when they relay their concerns.



Treatment Completion

- Treatment is complete when the patient has met the planned dose count within the allocated time frame and disease has improved significantly. Patient is informed no more medication will be delivered.
- Patient will return for follow up visits as determined by the provider for diagnostics/labs/exam as ordered. This is necessary as we need to confirm treatment was indeed successful and there is no relapse.
- The CSA will pick up any extra medications (VDOT patients usually).



TREATMENT COMPLETION

Tarrant County DOT doses given (includes VDOT)

2024	2025	01-03/2026
<u>Total DOPT</u> 2840	<u>Total DOPT</u> 1817	<u>Total DOPT</u> 242
<u>Total DOT</u> 9748	<u>Total DOT</u> 13001	<u>Total DOT</u> 2469
<u>Annual DOT</u> 12588	<u>Annual DOT</u> 14818	<u>Annual DOT</u> 2711

Contact Information

TB Clinic: 1101 S. Main St. Fort Worth, TX 76104, Ste 1600

- Main line: 817-321-4900
- TB Pharmacy Line: 817-321-4775
- PHPharmacy@tarrantcountytexas.gov

TB Pharmacy supervisor: Sara Kollar, BSN, RN

- Direct Line: 817-321-4947
- spkollar@tarrantcountytexas.gov

TB Clinic supervisor: Nancy Donald, BSN, RN

- 817-321-4912

Report TB Cases:

- TCPH fax: 817-850-2383
- Online: www.tarrantcountytexas.gov/en/public-health/disease-control-and-prevention/epidemiology-and-health-information/report-a-disease.html

Cook Children's Infectious Disease Clinic: 682-885-1485

Resource References

Centers for Disease Control and Prevention. (2025). Self-Study Modules on Tuberculosis. <https://www.cdc.gov/tb/hcp/education/self-study-modules-on-tuberculosis.html>.

Department of State Health Services (DSHS). (2026). Texas Department of State Health Services Standing Delegation Orders for Tuberculosis Clinical Services Provided by Authorized Licensed Nurses, Fiscal Year 2026. Released September 1, 2025; rev. March 24, 2026

Tobin, E. & Tristram. (2024). Tuberculosis Overview. National Institutes of Health. <https://www.ncbi.nlm.nih.gov/books/NBK441916/>

INTERESTING FACTS

TARRANT COUNTY PUBLIC HEALTH

Timeline for Tarrant County Public Health DOT

- 1981:** Tarrant County begins supervised therapy to ensure better compliance due to TB outbreaks stemming from a drug-resistant TB index case in 1971; investigations of these outbreaks revealed a high rate of infections among contacts (47%). (1)
- ~1986:** Universal Application of DOT prompted by recent MDR-TB outbreak
- 1993:** World Health Organization a global emergency and introduces DOT (2)
- 1994:** New England Journal of Medicine documents universal DOT program
- 2000-2001:** DOT a standard for TB cases/suspects

1. Centers for Disease Control and Prevention (CDC). (1990).

MMWR: Outbreak of Multidrug-Resistant Tuberculosis --Texas, California, and Pennsylvania. 39(22);369-372.

2. Barreto-Duarte, B., Villalva-Serra, K., Croda, J., Arcêncio, R. A., Maciel, E. L. N., & Andrade, B. B. (2025). Directly Observed Treatment for Tuberculosis Care and Social Support: Essential Lifeline or Outdated Burden? *The Lancet Regional Health – Americas* 2025;43: 101015. <https://doi.org/10.1016/j.lana.2025.101015>



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Scan the QR code or visit:
www.tarrantcountytexas.gov/health

