TB Medication Record
A Quick Guide for Health-care Providers

1. Ensure client identifiers are documented and check that they are the same as those on the TB Order Set (doctor's orders).

2. Place a check in the box if name alert procedures are required.

3. Transcribe the medication orders from the TB Order Set. Example: Isoniazid 900 mg 3 times a week. If already transcribed, ensure they are correct by checking the TB Order Set.

4. Place a check mark in the box when DOT is ordered.

5. Check the TB Order Set with the new shipment of medications to ensure the correct medications, dose and number of doses arrived. Document the number of doses that arrived and the date. Initial once steps 3 and 5 are complete. A new medication record should be used with each new medication shipment.

6. Document height/weight as ordered including the date they were taken.

7. Document the date medication delivery is attempted.

8. Place a number **1** in the column if the client took all of the medication in the dose package. Leave blank if the dose was not given.

9. Place a number **1** in the column if the client did not take the dose or if they only took part of the dose. Leave blank if the dose was given.

10. Document the date the next dose should be given. Example: if the client Is receiving medication three times a week (M-W-F) and the dose was given on Monday, November 2nd, the next dose will be due on Wednesday, November 4th.

11. Count the number of dose packages that remain on hand.

12. Include information such as side effects; missed doses and reason for missed dose; if dose wasted or withheld; and medication errors.

13. Document where the medication was delivered.

14. Sign your name once documentation is complete.

15. At the end of the medication cycle, document the number of full and number of empty dose packages before returning all used and unused medication and dose packages to TB Prevention and Control Saskatchewan. Date and initial once this is completed.

16. Place a check in the corresponding tick boxes to indicate the final location of the Medication Record.

Saskatchewan Health Authority

2 ☐ NAME ALERT

MEDICATION LABEL(S) — 3 — Drug / Dose / Frequency

TB Prevention and Control SK MEDICATION RECORD

Name — 1

Address

Date of birth ____ PHN ____

TB File #

4 ☐ DOT (Directly Observed Therapy) means a health-care provider watches the person swallow EACH DOSE

5 Verified with TB Order Set (initial): RN ____ DOT worker ____
Number of doses received: ____ Date: ____

6 Date: ____ Height: ____ ☐ cm ☐ feet/inches
Date: ____ Weight: ____ ☐ Kg ☐ Lbs.

Date	Doses Given	Doses NOT Given	Date Next Dose Due	Doses Left on Hand	Comment	Where given (e.g., home, clinic, ____)	Signature and Position
7	8	9	10	11	12	13	14

15 Medication returns/empty packages verified (initial): RN: ____ TBW: ____ Date: ____
full packages: ____ # empty packages: ____

16 ☐ FAX a copy of the Medication Record to TB Prevention & Control SK and retain a PHOTOCOPY for local health record
☐ Return ORIGINAL Medication Record to TB Prevention & Control SK at the end of the medication cycle

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