

Treatment of Multi Drug Resistant (MDR) Latent Tuberculosis Infection (LTBI) Monitoring Flow Sheet

Medication orders:		Physician:
Medication start date:	Anticipated stop date:	Other MD orders (labs, ECG etc.):

Before prescribing Moxifloxacin/Levofloxacin for MDR LTBI treatment:

- Review MDH MDR LTBI Treatment Recommendations, including pages 5–6 (Step 5: Screening for Adverse Events).
- Review contraindications (i.e., congenital prolonged QT syndrome), other risk factors for adverse events, and conditions and medications that require ECG monitoring.

During MDR LTBI treatment with Moxifloxacin/Levofloxacin:

- Provide monthly face-to-face evaluation. Routine laboratory monitoring is not required.
- Perform an ECG if the patient starts a new medication that can prolong the QTc interval, both at medication start and after 2 weeks.
- Educate patient about possible side effects. Advise patient to stop treatment and seek evaluation if side effects occur.
- Discontinue medication and seek medical evaluation if the patient becomes pregnant.

		Date:							
Has patient been prescribed any new medications? Specify in notes, assess need for ECG									
TB symptoms?: (e.g., weight loss, night sweats, prolonged cough, bloody sputum)									
SIDE EFFECTS	Headache								
	Dizziness / Fainting								
	Heart palpitations								
	Nausea / Vomiting / Diarrhea								
	Joint / Tendon / Muscle Pain								
	Hypoglycemia symptoms (if yes, test glucose)								
	Yellow skin /eyes								
	RUQ abdominal tenderness								
	Anxiety / Confusion								
	Rash / Itching								
	Numbness / Tingling in arms / legs								
TEACHING	Notify MD/nurse of side effects								
	Signs/symptoms of active TB disease								
	Avoiding excessive sunlight								
	Avoiding pregnancy								
	Importance of completing regimen								
	Importance of notifying providers if moving								
DOSES	Adherence: # missed doses this month?								
	Medication dispensed								
	Total # doses taken this month								
	Date of LAST MD visit								
	Date of NEXT MD visit								

Y = Yes N = No N/A = Not Applicable P = See Progress Notes (on back)

Complete when closing case: Total # doses ingested: _____ Total # months on therapy: _____ Treatment completed: Yes/No

Nurse signature(s) _____

