

Alaska

Directly Observed Therapy

Manual



State of Alaska
Department of Health and Social Services
Division of Public Health

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In memory of Juanita Asicksik for her infectious laugh, positive attitude, and contributions to TB prevention and control in the Yukon Kuskokwim Delta.

References and Resources:

Alaska Tuberculosis Program Manual, 2017

http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/TB/TB_Manual.pdf

Directly Observed Therapy (DOT) Manual for Tuberculosis Programs in British Columbia, 2011

http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%20-%20TB/TB_DOTManual_June2011_Compressed.pdf

The Clients' Charter for Tuberculosis Care, 2006 World Care Council

http://www.who.int/tb/publications/2006/istc_charter.pdf

National Center for Disease Control – Division of Tuberculosis Elimination: Self Study Modules on Tuberculosis

<https://www.cdc.gov/tb/education/ssmodules/default.htm>

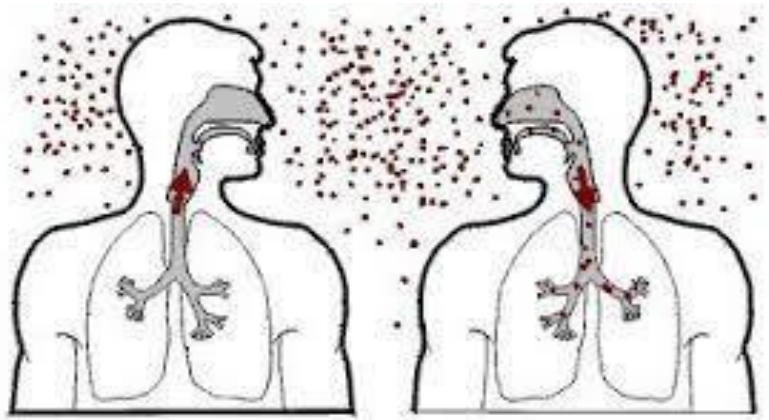
Chapter 1: What is Tuberculosis (TB)?

Tuberculosis (TB) is a sickness caused by germs spread from person to person through the air. The TB germs may be spread into the air when someone with active TB in their lungs or throat coughs, laughs, or sings. Another person may get sick with TB if they breathe in these germs. TB usually affects the lungs but can spread to other parts of the body. A person can become very sick if they do not take medicine.

You CANNOT get TB germs from:

- Sharing cups, forks, or spoons
- Kissing
- Shaking hands
- Toilet seats
- Sharing clothing

Image: TB germs spreading through the air from person to person



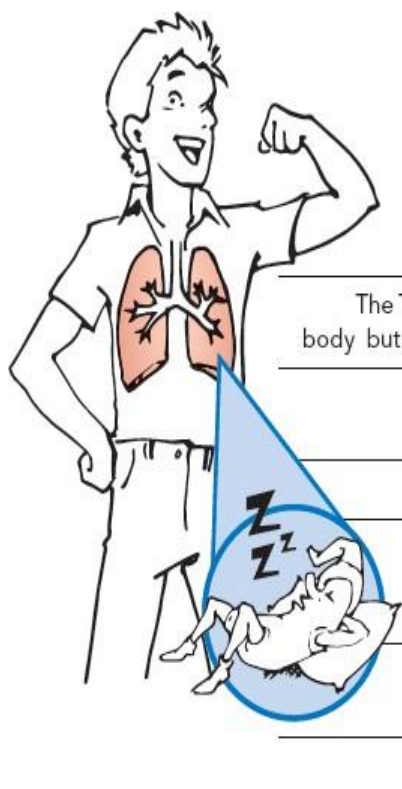

Chapter 2: Difference Between Latent TB Infection and Active TB

Latent TB Infection

People with latent TB infection (LTBI) do not feel sick and do not have any symptoms. They are infected with the TB germ but do not have active TB. A positive TB skin test or blood test is the only sign of TB infection. People with LTBI cannot spread TB to others. They are given treatment to prevent them from getting active TB.

Active TB

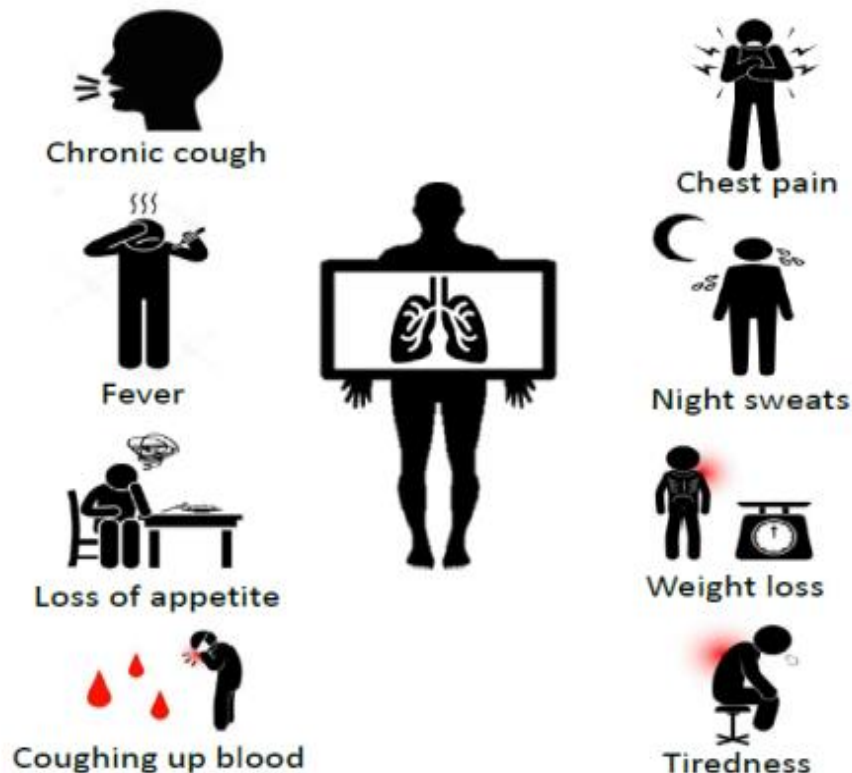
People get active TB when their body is not able to fight the TB germ. People with active TB usually have symptoms and may be able to spread TB to others.

 <h2 style="color: blue;">Latent TB Infection</h2> <p>I am healthy.</p>	<h2 style="color: red;">Active TB Disease</h2> <p>I have a serious illness that could kill me if left untreated.</p>	
The TB germs are "sleeping" in my body but could "wake up" in the future.	The TB germs have "woken up".	
I have no symptoms.	I may have symptoms – cough, fever, weight loss, night sweats.	
My chest x-ray is normal.	My chest x-ray may be abnormal.	
I am not contagious.	I may be contagious and could infect other people when TB germs are spread through the air when I cough, laugh or speak.	
I have a positive result on a TB skin test or blood test.	I may have a positive result on tests of my phlegm.	

Chapter 3: Signs and Symptoms of Active TB

People with active TB may have one or more of these symptoms. Some people with active TB will not have any symptoms.

- Cough—lasting more than 2 weeks
- Fever or chills
- Loss of appetite
- Weight loss
- Coughing up blood
- Night sweats—waking up soaked several times a night
- Weakness or feeling very tired



Chapter 4: Why DOT for TB?

DOT stands for **D**irectly **O**bserved **T**herapy.

DOT is used for all clients with active TB in Alaska. Active TB can be treated by taking several medicines for 6 to 9 months. It is very important that people who have active TB finish the medicine and take the medicine correctly so they do not become sicker and spread the TB germs to others. If they do not take the medicines correctly, the germs that are still alive may become stronger than the medicine.

The DOT Aide watches the client swallow all TB medicines to make sure that the client takes all the medicine correctly.

Picture: DOT Aide asking the patient questions before giving them the medicine



Chapter 5: What To Do During a DOT Visit

- Choose where to meet the client for DOT. You can do DOT any place that works for you and your client. Locations might include the client's home, work, village clinic, or any other place you can meet with the client in privacy.



- Deliver each dose of medicine to the client.
- Prepare whatever the client takes the medicine with (for example: water, apple sauce, etc.).
- Confirm you have the right medicine for the right person.



- Ask the client about medicine side effects. If the client reports any medicine side effects, STOP and call the public health nurse.

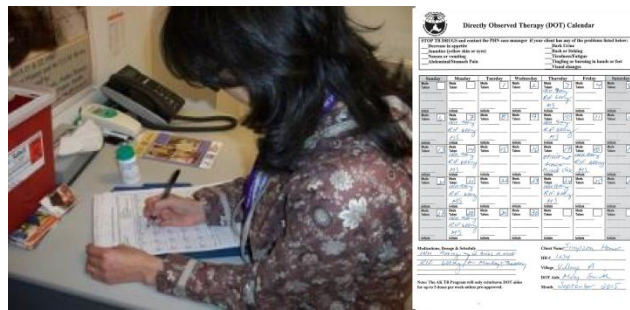


Picture: someone with yellow eyes, a possible medicine side effect.

- Watch the client swallow medicines. Do not give the medicine to client and leave without watching them take it. The client does not have to swallow all at once but make sure the client takes ALL of them.



- Document the medicine the client took on the DOT calendar. Document each dose taken on the day it's taken. Do not wait until the end of the month.



- Ask the client to open their mouth if you think they are not swallowing the medicines.



Chapter 6: Safety During a DOT Visit

Think about safety when meeting your client for DOT. Ask yourself:

- Are there mean animals around?
- Is the client or someone in the home using alcohol or drugs?
- Is the weather bad – is it too icy or cold?
- Is the DOT location really far away from other houses or people?

Some clients will be sent home while they are still able to spread TB. The public health nurse will let you know if the client is sick enough to spread TB to others. Here are some tips on how to prevent getting TB from your client:

- Have the client wear a mask.
- Meet the client near an open window or in the arctic entry with the door open.
- Meet the client outside if it is private and the weather is nice.

You should never put yourself in danger. Leave and call the public health nurse if you ever feel unsafe during a DOT visit.



Chapter 7: TB Medicine Side Effects

Ask about these side effects BEFORE each dose of medicine:

- Loss of appetite
- Yellow eyes or skin (jaundice)
- Nausea or vomiting
- Belly pain
- Fever
- Dark Urine
- Rash or itching
- Feeling very tired or weak
- Tingling or burning in hands or feet
- Vision changes



Stop the medicine and call the public health nurse if your client reports any of these side effects.

Chapter 8: Staying in Touch

It is very important to stay in touch with public health nurse to let them know how your client is doing.

Call your public health nurse when:

- The client reports medicine side effects.
- The client misses a dose of medicine.
- The client is missing from the community.
- The client leaves the community for travel, fishing, hunting, medical appointments, etc.
- The client is drinking alcohol.
- The client is able to spread TB and is seen in public without wearing a mask.
- You do not feel safe.

The public health nurse will call you at least once a month to check in. You can call the public health nurse anytime you have questions.



Chapter 9: DOT Paperwork

The public health nurse will provide all of the DOT paperwork.

Before starting DOT:


- Review the DOT Manual and/or DOT Flip Chart.
- Complete the invoice for payment.
- Review and sign the memorandum of agreement.
- Complete the W9 and direct deposit forms.
- Fax or send all forms to the public health nurse.
- Arrange a phone call with the public health nurse to review the DOT job duties.

At the end of each month:

- Review each client's DOT calendar and make sure that each day you watched them take medicine is marked with the date, name of medicines, dosage, and your initials.
- If the client missed any dose during the month, write down why the client missed it on the day it was missed.
- Complete and sign the DOT monthly invoice.
- Fax or send the DOT calendar and invoice to the public health nurse.

The medicines that the client takes cannot be counted unless you watch them take it and complete the DOT calendar correctly.

The public health nurse will send both the DOT Calendar and your invoice to the Alaska TB Program for payment. It can take up to 4 weeks after the DOT Calendar and invoice reach the Alaska TB Program for you to get paid. You will be paid faster if you ask for payments to go directly to your bank account. This is an example of a completed DOT calendar:



Directly Observed Therapy (DOT) Calendar

STOP TB DRUGS and contact your local CHAP or PHN if your client has any of the problems listed below:

<input type="checkbox"/> Decrease in appetite <input type="checkbox"/> Jaundice (yellow skin or eyes) <input type="checkbox"/> Nausea or upset stomach <input type="checkbox"/> Stomach Pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Fever	<input type="checkbox"/> Dark Urine <input type="checkbox"/> Rash or Itching <input type="checkbox"/> Fatigue (very tired) <input type="checkbox"/> Tingling or burning in hands or feet <input type="checkbox"/> Visual changes
--	--

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>	Meds Given <input type="checkbox"/>
Initial _____	Initial _____	Initial _____	Initial _____	Initial _____	Initial _____	Initial _____
Meds Given <u>2</u>	Meds Given <u>3</u>	Meds Given <u>4</u>	Meds Given <u>5</u>	Meds Given <u>6</u>	Meds Given <u>7</u>	Meds Given <u>8</u>
Initial _____	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Initial _____
Meds Given <u>9</u>	Meds Given <u>10</u>	Meds Given <u>11</u>	Meds Given <u>12</u>	Meds Given <u>13</u>	Meds Given <u>14</u>	Meds Given <u>15</u>
Initial _____	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Initial _____
Meds Given <u>16</u>	Meds Given <u>17</u>	Meds Given <u>18</u>	Meds Given <u>19</u>	Meds Given <u>20</u>	Meds Given <u>21</u>	Meds Given <u>22</u>
Initial _____	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Missed	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Initial _____
Meds Given <u>23</u>	Meds Given <u>24</u>	Meds Given <u>25</u>	Meds Given <u>26</u>	Meds Given <u>27</u>	Meds Given <u>28</u>	Meds Given <u>29</u>
Initial _____	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	INH 300mg RIF 450mg PZA 1000mg EMB 500mg MM	Initial _____

Medications, Dosage & Schedule

Isoniazid 300mg (INH - 1 tab) _____

Rifampin 450mg (RIF - 3 tabs) _____

Pyrazinamide 1000mg (PZA - 2 tabs) _____

Ethambutol 500mg (EMB - 2 tabs) _____

Patient Name Doe, Jane

HR # 000000

Village Disneyworld

DOT Aide Mouse, Mickey

Month December 2016

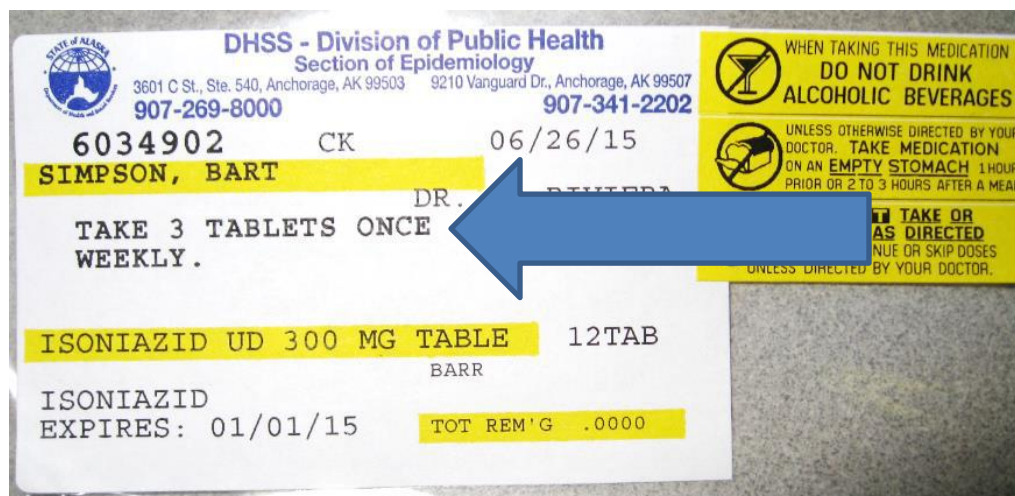
Note: The AK TB Program will only reimburse DOT aides for up to 5 doses per week unless pre-approved.

Please fax to 543-0436 after last dose of month!

Rev 11/12

Chapter 10: TB Medicine and Packaging

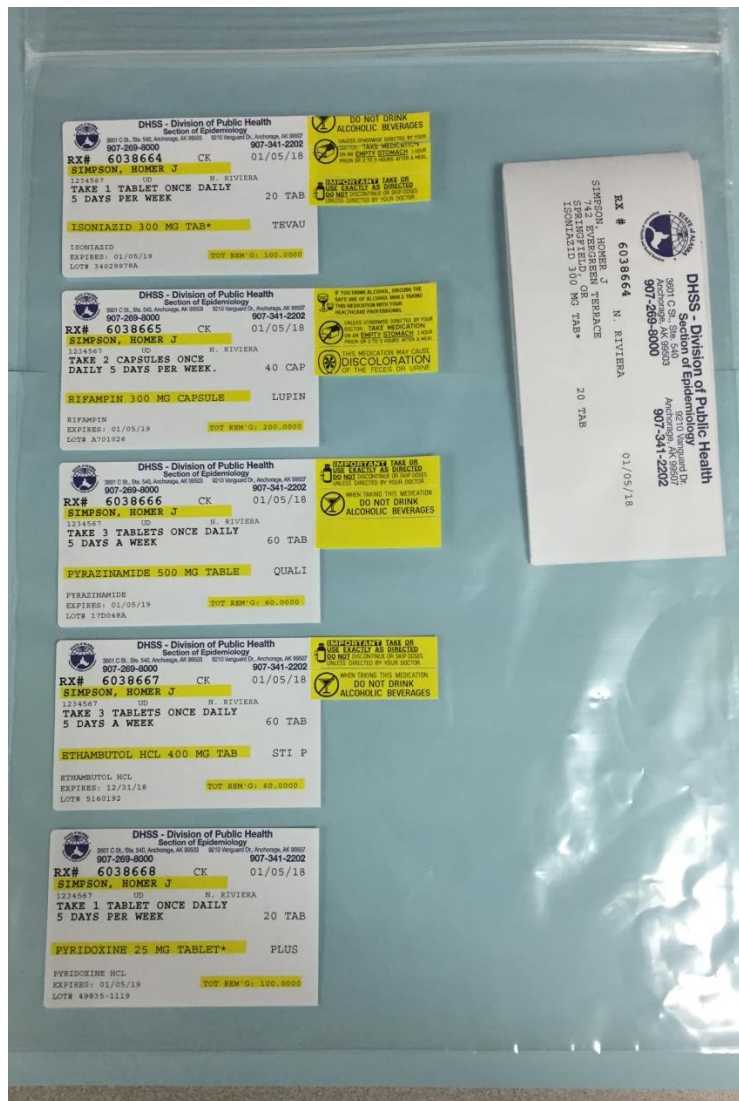
Clients with active TB usually take medicine 5 days per week (Monday through Friday). Some clients with latent TB infection (LTBI) will only take medicine once or twice per week. The public health nurse will tell you how much medicine the client will take and how often they will take it. This information is also found on the medicine label.



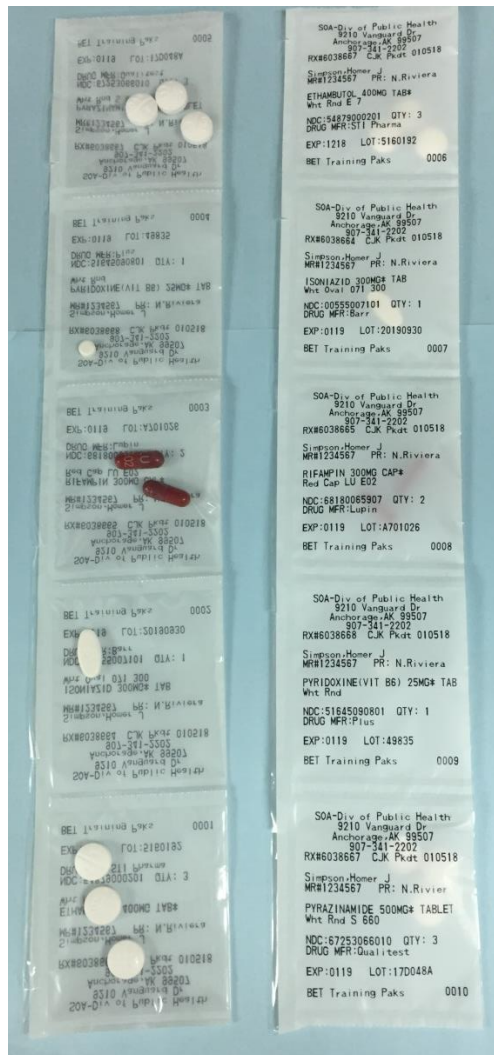
These are the most common medicines for active TB:

- Isoniazid (INH)
- Rifampin (RIF)
- Pyrazinamide (PZA)
- Ethambutol (EMB)

This picture shows the most common type of packaging for TB medicines. Most medicines come in a plastic bag with labels that show the name of the client and how much of each medicine the client should take.



Medicines usually come in packets like this. These packets are not child proof, so it is very important to store the medicines in a safe place away from children and pets. Your public health nurse can also provide a lock box for safe medicine storage.



Chapter 11: TB Medicine Tips for Children

Medicines for young children will be given by the parent or guardian while the DOT Aide observes and verifies that the medicines were swallowed.

Some children will need to have medicine crushed into applesauce or pudding, and other children may have liquid medicine. Your public health nurse will provide instructions about how to prepare the medicine.

Here are some helpful medicine tips for children:

Age	Strategy
Infant	Offer medicine when child is hungry Crush pills between two spoons and put in applesauce Use a bib with Rifampin so it does not <u>stain clothes</u>
Toddlers 1-3 years	Distract child with toy, object or sounds Use simple directions Keep it positive, offer small incentives for each dose Be persistent and patient
Preschoolers 3-5 years	Keep it positive, offer lots of praise for a job well done Use simple directions - smile Be persistent and consistent Offer medicine when child is rested
School age 5-12 years	Use simple explanations Allow limited choices with taking meds (pills crushed or whole) May be able to swallow pills- offer tips for swallowing meds Offer praise
Adolescent 12-18 years	Involve child in decision making Should be able to swallow pills. Offer tips for swallowing meds – imagine the pill is like a piece of rice Swallow the water versus drink the water Offer praise

**DIRECTLY OBSERVED THERAPY
(DOT) AIDE TRAINING
CERTIFICATION**



THIS CERTIFICATE IS AWARDED TO

**TO ACKNOWLEDGE COMPLETION OF DOT AIDE TRAINING FOR THE STATE OF
ALASKA TB PROGRAM**

Thank you for your important work in tuberculosis prevention and control in Alaska!



SIGNATURE _____ **DATE** _____

