TEXAS
Health and Human Services
Texas Department of State Health Services

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.

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

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