Texas Department of State Health Services

Clinical Assessment for Tuberculosis Medication Toxicity

NAME: _____ D.O.B.: _____ /_____ /_____

Medication Toxicity Assessment: Use this form to document medication toxicity for patients on treatment for latent TB infection and TB disease. Ask all the questions below to monitor medication toxicity. Document details in progress notes any **[+]** responses, including potential pregnancy & notify physician. **Results: [+]=Present; [-]=Denies; [NA]=Not Applicable**

	Date	Date	Date	Date	Date	Date	Date	Date	Date
Weight									
Temperature									
Blood Pressure									
Pulse									
Do you have any of the following symptoms now or since your last clinic appointment?									
Abdominal pain/diarrhea									
Allergic reaction (specify)									
Bruises, red/purple spots on skin									
Change in heart rate (FQN)									
Change in urine output									
Convulsions (FQN)									
Dark urine (coffee colored) or change in color									
Diarrhea									
Eye pain/irritation (redness, excessive tears, inflamed)									
Fever or chills									
Flu-like symptoms									
Headaches									
Increased gas/stomach cramps									
Jaundice (yellow skin/eyes)									
Joint pain/swelling (PZA)									
Light colored stools									
Loss of appetite									
Malaise/fatigue									
Memory Loss									
Mood changes/depression									
Musculoskeletal Pain									
Nausea/vomiting									
Numbness/tingling/pain, arms, legs									
Nervousness/Giddiness/Restlessness									
Photosensitivity (sunburn, rash, blisters) (FQN)									
Skin discoloration									
Skin rashes/itching									
Sleep problems									
Sores on lips or inside mouth									
Shortness of breath									
Tendon pain, redness, or swelling (FQN)									
Unusual bleeding (nose, gums, stool, urine, etc.) or easy bruising (RIF, RBT, RPT)									
Vertigo/dizziness/fainting									
Vision problems/changes (EMB, RBT)									
Weakness, tiredness									
Use of over-the-counter drugs, i.e., Tylenol									
Ask women about signs of pregnancy									
Other:									
Other:									
Provider Initials									
Interpreter Initials									

Other resources for monitoring side effects/medication toxicity

- Monitoring on the short course TB regimen of INH/RPT/MFX/PZA: 4-Month-HPMZ-TB-Regimen_NTCA-Provider-Guidance.pdf
- Monitoring FQN, LZD, and other second-line drugs: Nursing Guide for Second-Line Tuberculosis Medications

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Toxicity Assessments

Vision Assessments

Visual Acuity: Indicated for patients on **Ethambutol and Linezolid**. If initial screen was conducted with corrective lenses (glasses or contacts), follow-up screens must be done the same. Test each eye separately and then both eyes open together. A change of one or more lines from the initial screen in either one or both eyes must be reported to the physician immediately.
Results: [P] = Pass [F] = Fail [U] = Unable to Screen Chart Used: [ ] Letter [ ] "E" [ ] Other, Specify: _____
Corrective Lenses: [ ] Yes [ ] No

Distance Acuity	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**
Right Eye	20/	20/	20/	20/	20/	20/	20/	20/	20/
Left Eye	20/	20/	20/	20/	20/	20/	20/	20/	20/
Both Eyes	20/	20/	20/	20/	20/	20/	20/	20/	20/
Results									
Initials									

Ishihara Plates (Red/Green Color Discrimination): Indicated for patients on **Ethambutol and Linezolid.** The **(X)** mark indicates the plate cannot be read. Screen all 14 plates. Client must pass 10 of the first 11 plates for the test to be regarded as normal. Refer for evaluation if **<** 7 plates are read as normal. **Results: [N] = Normal [A] = Abnormal**

Ishihara Plate #	**Normal Reading**	**Red/Green Deficiency**				**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**
1	12	12												
2	8	3												
3	5	2												
4	29	70												
5	74	21												
6	7	X												
7	45	X												
8	2	X												
9	X	2												
10	16	X												
11	Traceable	X												
		Protan		**Deutan**										
		Strong	Mild	Strong	Mild									
12	35	5	(3) 5	3	3 (5)									
13	96	6	(9) 6	9	9 (6)									
14	Can trace 2 lines	Purple	Purple (Red)	Red	Red (Purple)									
					Results									
					Initials									

Tendon Assessment

Tendon Assessment: Indicated for patient on a **fluoroquinolone (FQN)** - either **levofloxacin (LFX) or moxifloxacin (MFX)**. Tendons most commonly affected are those located in the shoulder, hands, and base of ankle (Achilles tendon). However, any tendon may be involved, and nurses should palpate tendons to identify abnormalities. See Tendon Assessment resource.
Results: [Y] = Yes [N] = No

Tendon Assessment	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**
All tendons palpated (Y/N)									
Pain or tenderness									
Redness/warmth to touch									
Swelling									
Site of concern									
Initials									

NAME: _____ D.O.B.: _____ /_____ /_____

Medication Ordering

Drug Issued	Date Ordered	Mfg/Lot#/Exp	Route/ Frequency

Names of Staff Who Performed or Reviewed the Assessments

Provider Name/Initials/Title	
Provider Name/Initials/Title	
Provider Name/Initials/Title	
Interpreter Name/Initials/Title	
Interpreter Name/Initials/Title	
Interpreter Name/Initials/Title	

Other toxicity assessments associated with second-line medications may be needed. These include:

- Audiometry testing and vestibular screening for patients on injectable aminoglycosides (amikacin, capreomycin, kanamycin, or streptomycin).
- Heart rhythm assessments for patients on bedaquiline.
- Mental health assessments for patients on cycloserine or clofazimine.
- Peripheral neuropathy assessment for patients on high dose isoniazid or linezolid.

For documentation of these assessments, refer to the TB-702 Toxicity Assessments for Clients on Second Line Drugs.