TB Medication Side Effect Check List – To be reviewed with each dose

It is the responsibility of the Community Health Nurse to ensure that this form is being utilized, and if problems are identified, to take steps to ensure patient safety through consultation with local doctors, treating TB physician and WRHA case manager, as appropriate.

Date →									
Nausea									
Vomiting									
Jaundice									
Abdominal Pain									
Tingling hands or feet									
Eye problems									
Joint pain									
Skin-rash									
Loss of appetite									
Diarrhea									
Rash									
Bruising/bleeding									
*Flu like symptoms									
Initials →									

*Flu-like symptoms (fever, chills, dizziness, pain in limbs shortness of breath)

Signature Initials

_____

_____

✓ - check box if no abnormality noted by HCW or client

✗ - indicates abnormal finding and progress note required

1. Note: **If side effects are present the CHN must be notified and the CHN then must notify WRHA Nurse Case Manager within 24 hours to discuss if further intervention is required.**