

OKLAHOMA DEPARTMENT OF CORRECTIONS
RMP/EMB/PZA Tuberculosis Medication Regimen and Documentation

RMP (rifampin) <input type="checkbox"/> 600 mg (daily dosage) <input type="checkbox"/> 600 mg (2x weekly dosage)	EMB (ethambutol) <input type="checkbox"/> 1600 mg daily <input type="checkbox"/> 1200 mg daily <input type="checkbox"/> ____ mg daily <input type="checkbox"/> D/C after 60 doses <input type="checkbox"/> D/C after ____	PZA (pyrazinamide) <input type="checkbox"/> 1500 mg daily <input type="checkbox"/> 1250 mg daily <input type="checkbox"/> ____ mg daily <input type="checkbox"/> D/C after 60 doses <input type="checkbox"/> D/C after ____	Other Medication _____ _____ _____
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Schedule: <input type="checkbox"/> Daily (7 days/week) <input type="checkbox"/> Twice- Weekly Usually Mondays and Thursdays *There must be at least 73 hours between doses	Duration/Number of Doses for Twice-Weekly Regimens <input type="checkbox"/> 6 months = 52 doses <input type="checkbox"/> 9 months = 78 doses <input type="checkbox"/> 12 months = 104 doses	Duration/Number of Doses for Daily Regimens <input type="checkbox"/> 4 mos. = 120 doses <input type="checkbox"/> 6 mos. = 180 doses <input type="checkbox"/> 9 mos. = 270 doses <input type="checkbox"/> 12 mos. = 365 doses	Medication Start Date: _____ Medication End Date: _____ Doses Completed: _____ Copy sent to Chief Medical Officer/Designee _____
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Dose #	Date	Staff Int.	Dose #	Date	Staff Int.	Dose #	Date	Staff Int.	Dose #	Date	Staff Int.	Dose #	Date	Staff Int.
1			25			49			73			97		
2			26			50			74			98		
3			27			51			75			99		
4			28			52			76			100		
5			29			53			77			101		
6			30			54			78			102		
7			31			55			79			103		
8			32			56			80			104		
9			33			57			81			105		
10			34			58			82			106		
11			35			59			83			107		
12			36			60			84			108		
13			37			61			85			109		
14			38			62			86			110		
15			39			63			87			111		
16			40			64			88			112		
17			41			65			89			113		
18			42			66			90			114		
19			43			67			91			115		
20			44			68			92			116		
21			45			69			93			117		
22			46			70			94			118		
23			47			71			95			119		
24			48			72			96			120		

Staff Signature	Initial	Staff Signature	Initial	Staff Signature	Initial

Inmate Name
(Last, First)

DOC #