TUBERCULOSIS COUNSELLING FORM

Pharmacist Name :		**Date**			
TASK 1	**DEMOGRAPHIC PATIENT**				
	Name				
	IC				
	Weight				
	TB Medications				
	DOTS Facility				
	TCA				
TASK 2	**Education On Pathophysiology and tuberculosis medicines**				
			Yes (1)	**No (0)**	**Remarks**
A	**PREPERATION PHASE**				
1	Check patient's case note and medication chart for medicine(s) prescribed				
	Check prescribed dose and frequency				
	Check expiry date and follow the 5 Rights of administration of medication (Know Your Medicine)				
B	**EDUCATION PHASE (TUBERCULOSIS)**				
2	**PATHOPHYSIOLOGY OF TUBERCULOSIS**				
	Disease caused by Mycobacterium Tuberculosis spread through air droplets (cough, sneeze, communication)				
	SIGNS AND SYMPTOMS OF TUBERCULOSIS				
	Cough with blood, prolonged fever, night sweat, loss of weight, loss of appetite				
	TYPES OF TUBERCULOSIS				
	Pulmonary / Extrapulmonary				
3.	**LENGTH OF TREATMENT**				
	- Intensive (2 months), - Maintenance (4 months) * Treatment duration may vary depending on patient condition * Treatment will be restarted if discontinued before completion of treatment				
4.	**COMPLIANCE**				

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	- Importance of adherence to anti-TB therapy: ● To ensure cure of TB, control the spread of the infection and minimize the development of drug resistance ● Mycobacterium tuberculosis is slow-growing bacteria. It takes long time to completely kill all the TB bacteria			
	● Do not stop taking the medication even if you feel much better after a few weeks on treatment. The entire course must be completed ● To increase compliance, "Intensive phase" is COMPULSORY to be taken on DOTs regime			
5.	**ADVISE** - Wear a 3-ply mask at all times - Stop smoking and avoid drinking alcohol (alcohol can interact with anti-TB drugs) - Cover nose and mouth with tissue paper during sneezing and coughing to prevent spread of the bacteria - Do not spit in public areas. Sputum should be wrapped up in tissue before flushed or dispose in covered dust-bins. Upon initiation of treatment, risk of spreading infection is reduced. Thus, isolation of patient / avoid close contact is necessary at the beginning of treatment (approximately 2 weeks after confirmation from doctor)			
6.	**SIDE EFFECT & PRECAUTION OF MEDICATION** Report to doctor and pharmacist if experience any as below: Ethambutol ● Educate patient on the symptoms of optic neuritis such as decreased visual activity Isoniazid ● Skin rash / Itchiness ● Epigastric discomfort, abdominal pain, nausea/vomiting ● Jaundice, Hepatitis ● Peripheral neuropathy or tingling sensation of the fingers or toes (to supplement with pyridoxine) ● Interaction with HAART treatment Rifampicin ● Skin rash / Itchiness ● Anorexia, abdominal pain, nausea / vomiting ● Jaundice, Hepatitis ● Reddish orange discolouration of body fluids (eg. Urine, saliva, tears or sweat) ● Flu-like symptoms, prolonged fever or lethargy ● Interaction with OCP and birth control method Pyrazinamide ● Skin rash / Itchiness ● Anorexia, abdominal pain, nausea / vomiting ● Jaundice, Hepatitis ● Joint pain Streptomycin ● Skin rash / Itchiness ● Ototoxicity (hearing changes/ringing in ears) ● Neurotoxicity (dizziness, vertigo, nystagmus) ● Nephrotoxicity (decreased urine output) ● Avoid in pregnant and lactating mother			

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7.	Explain about QR code in front of TB book and teach patient how to use and read leaflet in QR code.			

Patient's name & signature **Patient's relative name & signature**

Pharmacist Remarks/Comments:

Reviewed by: Name & Signature **Date:**