



EMBOSSER ICI LA CARTE DU CSI OU CSTU,
SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,
DATE DE NAISSANCE ET NUMÉRO DE DOSSIER

EMBOSS THE CARD OF THE IHC OR UTHC HERE,
IF NOT AVAILABLE, WRITE THE NAME, SURNAME,
DATE OF BIRTH AND FILE NUMBER

**WEEKLY CLINICAL ASSESSMENT- LTBI TREATMENT
3HP (Isoniazid and Rifapentine) DOT (2 to 65 years)**

Starting weight: _____ kg on (date): ____ / ____ / ____

Presence of signs/symptoms ^{1,2} Enter N for No or Y for Yes If Yes, advise the physician		1	2	3	4	5	6	7	8	9	10	11	12
		yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd
Hepatotoxicity	Deterioration of general condition												
	Abdominal pain/discomfort												
	Anorexia												
	Nausea/vomiting												
	Fatigue/drowsiness												
	Dark urine (tea-coloured) ³												
	Pale stool (whitish)												
	Jaundice/ rash / pruritis												
Hypersensitivity	ONE of the following symptoms: Hypotension (systolic blood pressure <90 mm Hg) ⁴	mm Hg											
	Hives												
	Swelling around the lips and eyes (angioedema)												
	Acute bronchospasm												
	Conjunctivitis (red eyes)												
	And ≥ 4 of the following symptoms: Weakness, fatigue, nausea, vomiting, headaches, fever, chills, sore muscles, dizziness, shortness of breath, hot flashes, sweating												
Flu-like symptoms (nausea, fatigue, aching muscles, fever, headaches, dizziness, abdominal pain)													
Referred to physician													
Nurse's initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials

¹Simultaneously refer to the tool [Adverse reactions of the main TB treatments](#).

² **In the absence of signs/symptoms**, enter N for No. **In the presence of signs/symptoms**, enter Y for Yes, include a note in the chart and advise the physician.

³ Not to be confused with orange urine, which is a common side effect of taking Rifapentine

⁴ Take blood pressure during the first dose and in the presence of symptoms compatible with hypersensitivity.

(DSPu-TB_ITL_EVAL-CLIN-HEBDO-3HP_EN, V2024-04-16)



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		yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd
Active TB symptoms ⁵	New or unusual cough, wheezing (child)												
	Fever												
	Persistent night sweats												
	Hemoptysis												
	Weight loss or failure to thrive (child)												
	Record the weight every 4 weeks ⁶ (kg)	kg					kg				kg		
Other	Risk of pregnancy ⁷												
Referred to physician													
Nurse's initials		Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials

Nurse's notes : _____

Signature and permit no.	Initials	Signature and permit no.	Initials	Signature and permit no.	Initials

⁵ New or ongoing active TB symptoms can mean that the treatment is not working.
⁶ If **body weight changes**, have the medication adjusted.
⁷ Should there be a risk or signs of pregnancy while treatment is underway (unprotected sexual relations, late period, pregnancy symptoms, etc.), have a urine β -hCG test done and advise the physician.
 (DSPu-TB_ITL_EVAL-CLIN-HEBDO-3HP_EN, V2024-04-16)