



First Nations Health Authority
Health through wellness

A close-up photograph of a wooden paddle resting on a body of water. The water is dark and reflective, with several raindrops creating ripples. The paddle is positioned diagonally across the frame. A large, faint, circular watermark of the First Nations Health Authority logo is visible in the background.

COMMUNITY BASED TUBERCULOSIS CARE MANUAL

ACKNOWLEDGEMENTS

This manual has been adapted and revised with permission from two resources: *Directly Observed Therapy: Manual for Tuberculosis Programs in British Columbia* by the First Nations Health Authority (FNHA) and *The Directly Observed Therapy Manual* by Indigenous Services Canada and First Nations and Inuit Health Branch.

PREPARED BY:

Kate O'Connor, FNHA Nurse Coordinator
Heather Fenner, FNHA TB Nurse Educator

CONTRIBUTION ACKNOWLEDGEMENT:

Jessica Harper, BCCDC TB Nurse Educator
Shawna Whitney, FNHA TB Nurse Specialist
Jennifer Sammartino, FNHA TB Nurse Coordinator
Sheila Hourigan, FNHA TB Nurse Advisor
Diana Mounce, FNHA TB Nurse Advisor
Liza Sam, FNHA TB Nurse Advisor

We humbly acknowledge the strength and resilience of First Nations people on their path towards eliminating TB, and the dedication of the health care providers who support them along this journey.

ACRONYMS

BCCDC – BC Centre for Disease Control

BCCNM - BC College of Nurses and Midwives

CHN – Community Health Nurse

CXR - Chest X-ray

CWC – Community Wellness Champion

DOT – Directly observed treatment

FNHA – First Nations Health Authority

FNHSO - First Nation Health Service Organization

LPN - Licensed Practical Nurse

NP - Nurse Practitioner

RN - Registered Nurse

TB - Tuberculosis



TABLE OF CONTENTS

INTRODUCTION	6
Honour Your Path	7
Working as a Team	8
Community Wellness Champions	9
Community Health Nurses	11
TB Response	12
Client-Centered Wholistic Care	13
TB Journey Booklets	14
SPIRITUAL WELLNESS	15
Cultural Safety and Humility	16
Quality Care and Safety	17
MENTAL WELLNESS	18
Learning About TB	19
TB Infection and TB Disease	20
Signs and Symptoms of TB Disease	21
TB Infection to TB Disease	22
TB Tests	23
Sharing Your Knowledge	24
PHYSICAL WELLNESS	25
TB Medicine	26
TB Medicine and Side Effects	27
TB Medicine Side Effects	28
TB Medicine Support	29
Roles and Responsibilities	30
Tips for Taking TB Medications	31
Medication Tracking	32
Taking Medication Strategies	33
Medication: Age Appropriate Tips	34
Infection, Prevention & Control	35
EMOTIONAL WELLNESS	37
Client-Centred Care	38
Building Relationships	39
Confidentiality	40
Effective Communication	42
Support and Assistance	43
Examples of Support and Assistance	44
APPENDICES	45



INTRODUCTION

INTRODUCTION

During the colonizing period, European Settlers introduced tuberculosis (TB) to Turtle Island (North America). Indigenous people suffered the devastating effects of TB in the 1900s; the healing continues today. TB treatment at that time consisted mainly of the isolation of people with TB disease in TB hospitals. As a result, people were forcibly displaced from their homes and communities, residing in these hospitals for months or even years, sometimes tragically passing away far from their ancestral lands. This separation led to the loss of cultural heritage and language among First Nations people. The discovery of antibiotics in the 1940s helped to lower the rates of TB globally. However, First Nations communities faced higher TB rates due to the impacts of colonialism and substandard medical care. First Nations people have long histories of resilience and wellness traditions that have contributed to a decline in TB rates over time. A two-eyed seeing approach with traditional healing practices and western medicine have helped in reducing TB rates.



To cure TB infection, antibiotics are taken daily or weekly for a specified period of time. Taking medications on time prevents TB bacteria from getting stronger. TB medication is free in British Columbia (BC), and the First Nations Health Authority (FNHA) offers medication support to clients to improve treatment success. TB clients can partner with the FNHA TB team to determine their support needs and ensure a successful treatment journey.



www.youtube.com/watch?v=fO-Rn70X3lo

Here is a video on the history of TB that helps to illustrate some of the effects of colonization and the history of TB in B.C.

HONOUR YOUR PATH

Thinking about the history of TB can bring up many emotions and feelings.

It is important to take care of yourself as you read and learn about tuberculosis. Your own experiences, thoughts, and emotions contribute to your lived wisdom, and will help you in the role of supporting others.

In the capacity of a nurse or community wellness champion, it is vital to honour and acknowledge your feelings. Should the need arise, do not hesitate to seek support from available resources. By tending to your well-being, you can enhance your capacity to fulfill your role and provide valuable assistance to those you serve.



RESOURCES

First Nations and Inuit Hope for Help Wellness Help Line and Online Counselling:

- Toll free: 1.855.242.3310
- www.hopeforwellness.ca

KUU-US Crisis Help Line:

- Toll free: 1.800.KUU.US17 (1.800.588.8717)
- www.kuu-uscrisisline.com


National Indian Residential School Crisis Line:


- Toll-free: 1.866.925.4419 - 24 hour


WORKING AS A TEAM


The wholistic approach of supporting individuals in their path to wellness from TB infection or disease encompasses the spiritual, physical, mental, and emotional dimensions of health. This integrated method involves collaboration and open communication among all health care team members, including the client, their family, and community members. Education, resources, and support are provided to assist individuals in managing their well-being.



 **COMMUNICATION**
Communication is key to building a strong relationship between the client and their health care people. Regular communication channels and a shared language ensures everyone is aware of the care plan and next steps. This will help us coordinate our efforts and avoid any confusion or misunderstandings.

 **COLLABORATION**
Collaboration involves working together to achieve a common goal; regular meetings ensure all health care team members are informed about the client's care plan, progress, and any changes that need to be made. Clearly defining roles and responsibilities is essential for efficient collaboration, ensuring optimal utilization of resources.

 **EDUCATION**
Education is a critical component of wellness promotion. As a community wellness champion, you can help educate clients and their families about TB prevention, treatment, and self-care. You can also help identify and address any cultural or language barriers that may affect a client's understanding of their health issues.

 **ADVOCACY**
Advocacy involves speaking up for the rights and needs of clients. As a community wellness champion, you can help advocate for policies and programs that promote wellness and support the clients' needs. You can also help identify any social or economic factors that may affect the clients' access to health care and advocate for solutions to address these issues.





As the nurse and community wellness champion begin a relationship of working together, refer to **Appendix E** for a guide to start the process of walking together to partner on the client's wellness journey.

COMMUNITY WELLNESS CHAMPIONS

A community wellness champion (CWC) is a valuable member of a health care team. They have a deep understanding of the community's cultural values and traditions, which can help create a more effective care plan that is respectful and culturally sensitive. CWCs also have experience working with individuals who may face challenges in some social determinants of health, and can provide support, ongoing encouragement, motivation, and resources to help clients overcome these challenges. Promoting wellness and preventing disease is an essential part of the wholistic care provided through this role.



Here are some ways that CWCs can provide TB education and support to individuals:

-  **OBSERVING MEDICINE INTAKE**
CWCs can observe individuals as they take their medicine for TB to ensure that they are following their treatment plan. Support through to the end of treatment is the goal and it helps prevent the development of drug-resistant TB.
-  **MONITORING FOR SIDE EFFECTS**
CWCs can ask about and observe individuals for any side effects that they may be experiencing from their TB medicine. This is important because side effects can be a barrier to treatment adherence and may require additional medical attention.
-  **PROVIDING TRANSPORTATION ASSISTANCE**
Transportation can be a significant barrier for individuals accessing TB care. CWCs can provide assistance with transportation, such as arranging for rides to medical appointments, to help ensure that individuals are able to access the care that they need. CWCs can also provide transportation as per the employer's policy.
-  **CONNECTING INDIVIDUALS WITH AVAILABLE SUPPORTS**
CWCs can connect individuals with available supports, such as the social development worker, food security programs, health benefits or financial assistance programs, to help address any social or economic factors that may be impacting their health.

WHO CAN BE A CWC?

A community wellness champion is an adult who has experienced TB, or supported a friend or family member on a TB journey, or has an interest in supporting others in their TB wellness journey. A community wellness champion receives education and wants to share information to help people in their community.

How do you become a CWC?

Attend a Community Wellness Champion workshop or receive 1:1 training with a FNHA TB Nurse:

This training will provide you with the knowledge and skills needed to support individuals holistically, answer questions, refer questions to health care providers, and observe and document someone taking TB medication.

Review the Community Based TB Care Manual and complete the Knowledge Growth Checklist:

The manual will provide you with the necessary information on TB care and the role of a community wellness champion. Completing the Knowledge Growth Checklist will help you ensure that you have a thorough understanding of the material. Refer to [Appendix A](#).

Complete the Skills Assignment Checklist with the FNHA TB Nurse:

This checklist will help you identify and develop the practical skills needed to support individuals living with TB. Refer to [Appendix B](#).

Demonstrate an understanding of your role with the Practice Skills Checklist with the nurse:

The Practice Skills Checklist will help you demonstrate your understanding of your role as a community wellness champion and how you can effectively support individuals living with TB. Refer to [Appendix C](#).

Understand the clinical roles and responsibilities of the TB care team:

It is important to have a clear understanding of the clinical roles and responsibilities of the TB care team to work together and support individuals living with TB. Refer to [Appendix D](#).

COMMUNITY HEALTH NURSES

The BCCDC TB Manual and FNHA TB nurses will guide the clinical care plan in partnership with the CHN and the client. As a CHN managing the care of TB clients, it is essential to take time to reflect and review the history of TB in the community you are working with. This can provide valuable insights into the unique challenges and needs of the community when it comes to TB care. Understanding the history of TB in the community can also help health care providers be more mindful and culturally sensitive when providing care.



TWO-EYED SEEING

Using a two-eyed seeing approach can be helpful in supporting a client's health journey. This approach involves combining Indigenous and Western ways of knowing and seeing the world. It recognizes the value and importance of both perspectives and seeks to integrate them in a way that respects both. This approach can help health care providers understand the unique needs and strengths of the individual and develop a care plan that is respectful and effective.

STRENGTHS-BASED APPROACH

A strengths-based approach is also crucial in supporting clients on their wellness journey. This approach recognizes and celebrates the individual's strengths and resilience, rather than focusing solely on their illness or condition. This approach empowers individuals to take an active role in their care, set achievable goals, and develop a plan that works for them.



youtu.be/xNhOqjMh8V0

Review the *FNHA Systems of Wellness* video and engage with the community to learn more about their strong histories of wellness traditions and strengths.

This can help health care providers understand the cultural values and traditions that are important to the community and incorporate them into the care plan. It can also help build trust and foster a collaborative relationship between health care providers and the community.



RESOURCES

In Plain Sight Report:

engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf

FNHA Harm Reduction Principles and Practices:

www.fnha.ca/WellnessDocuments/FNHA-Indigenous-Harm-Reduction-Principles-and-Practices-Fact-Sheet.pdf

BC Trauma Informed Practice Guide:

www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/traumainformed_practice_guide.pdf

TB RESPONSE

FNHA TB Services aims to reduce the incidence of TB in First Nations communities in BC. High level strategies include improving access to timely and culturally safe diagnosis, treatment and follow-up care for those exposed to and diagnosed with TB; and transforming medicalized TB models of prevention to community-driven and determinants of health integrated interventions informed through Indigenous perspectives.

Over time, TB rates in BC have shown a decline, demonstrating that TB is both preventable and curable. The work of nurses and CWCs is so important in supporting individuals along their wellness journeys and contributing to the eradication of TB. By partnering with the community to provide TB services, important efforts are made to prevent the spread of TB through educational initiatives, screening programs, and early treatment interventions.

CLIENT-CENTERED WHOLISTIC CARE

The four areas of the medicine wheel act in harmony to create health and wellness. It is important for the care team to support each area of the medicine wheel during the client's journey to wellness. Each section of the manual highlights the area of spiritual, physical, mental, or emotional TB support.



BENEFITS TO INTEGRATED SUPPORT

The journey to cure TB infection or disease can range from a few months to over a year; integrated support by the nurse, CWC, and FNHA TB nurse helps people to achieve their wellness goals. Care providers form a partnership with the client to determine what assistance is needed for success. These supports can be from all areas of the medicine wheel.

The FNHA TB team provides enhanced TB services and programs to all people who live in First Nations communities in BC. Although this manual is designed for those who reside in First Nations communities, many First Nations people also live in urban areas or away from home. Therefore, the principles of this manual can also apply when individuals live away from home, and for the Regional Health Authorities in BC.

TB JOURNEY BOOKLETS

FNHA TB services has developed two TB Journey Booklets to help people navigate the journey to wellness when they have TB infection or TB disease.

These wholistic client tools can be used in partnership with this manual.



To order these booklets, fill out the fillable form online from the FNHA Gathering Space-TB tab.



The TB Journey Booklets are a shared resource for the person, nurse, and community wellness champion.

At each visit, the health care person can review the passport with the client to determine how to walk alongside them on their journey.



SPIRITUAL WELLNESS

CULTURAL SAFETY AND HUMILITY

First Nations people have a right to access a health care system that is free of racism and discrimination and to feel safe when accessing health care. This means people are able to voice their perspectives, ask questions, and be respected by health care professionals on their beliefs, behaviors and values. First Nations individuals are entitled to be the main decision-maker in regards to their health care when they fully understand their health situation and treatment options. It is important for all members of the TB health care team to embody cultural safety and humility and combat systemic racism. Creating an environment for the person to use cultural practices and ceremony to maintain and improve wellness is an important part of the journey to cure TB infection or disease.



Cultural Safety

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural Humility

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

It Starts with Me

Nurses and community wellness champions are able to support a client's spiritual health through respecting the client's beliefs and traditional practices. The benefits of ceremony and connection with nature is an important part of the path to wellness.

QUALITY CARE AND SAFETY

If your client has an unsafe cultural experience, or if you witness, or experience, a lack of cultural safety with a client, it is important to talk with the client about options to report this to improve health care for everyone. All health authorities and health provider professional colleges have made a commitment to cultural safety.

If you have questions or concerns about client care, please talk about it with the person providing care or that person's supervisor. It is best to talk about your concerns at the time and place they happen. That organization may also have a Patient Care Quality Office that you can contact with your concerns.

If you feel uncomfortable, or you are unhappy with how your concerns were handled, you can talk to FNHA Quality Care and Safety Team. They are able to help address concerns. They will support your cultural and psychological safety throughout the process. Clients and families may also choose to remain anonymous.

FNHA Quality Care and Safety

Phone: 1-844-935-1044 (Toll free)

Email: Quality@fnha.ca

If possible, please provide the following information:

- Name and two points of contact (preferably email and telephone)
- A brief description of your compliment or complaint
- Location where it happened



A REMINDER:
Discuss cultural safety concerns with the nurse

MENTAL WELLNESS



LEARNING ABOUT TB

Decisions on treatment options require an understanding of TB bacteria and the reason medicine is recommended. Partnering with the client on their journey will provide space and time for questions. When the client learns about TB, they can make an informed choice about their treatment.

It is important to remember the history of TB and the effects of colonialism. It may be very hard for people to learn about TB and it is important to support the whole client. Speak with the nurse about supports available in your area. The nurse and health care team can work together to provide the client with the support they need and the information they are ready to receive.

When you are talking to a client about TB, validate their feelings and fears. Also, remind the client that TB infection and disease are treatable and curable with antibiotic medicine. It can be difficult to come to a place of being ready for care, but the TB team will journey with the client to help them reach their wellness goals. The information below is a guide to help the community wellness champion learn more about TB and provide information to the client when they are ready.

TB BACTERIA

TB is caused by a slow-growing bacterium (germ) called *Mycobacterium tuberculosis*. TB usually lives in the lungs, but it can be in any part of the body. Only some people who get TB become sick. TB can be cured with antibiotic medicine. In order to understand how TB affects the body, it is important to know some facts about TB.

There are two types of tuberculosis:

1. TB INFECTION
2. TB DISEASE



RESOURCES

What is TB (not TV) video part I

www.youtube.com/watch?time_continue=5&v=_Kcua1kszqg&feature=emb_logo

What is TB part II

www.youtube.com/watch?time_continue=2&v=SX2gvvdTqjg&feature=emb_logo

BC Health File Tuberculosis

www.healthlinkbc.ca/sites/default/files/documents/hfile51a.pdf

TB INFECTION

When someone breathes in the TB bacteria, their body usually starts fighting the bacteria and wins. In these people, the bacteria are still there but they are not sick. This is called TB infection. With TB infection, a person does not have symptoms and cannot spread TB to anyone else. The main problem with TB infection is that it can become TB disease at any time. Read the TB information below to learn more.

TB DISEASE

If someone has TB bacteria in their body and their body cannot fight it, then it becomes TB disease. This can happen right after breathing in the TB bacteria, or months to years later. Once a person has TB disease they become sick and can spread TB to others. TB disease can be deadly, but it can be treated and cured.

During TB disease, the bacteria usually lives in people's lungs (pulmonary TB), but it can live anywhere in the body (extra-pulmonary TB). It can also live in more than one place at a time (disseminated TB). Read the information sheet on pulmonary TB below to learn more.



RESOURCES

BCCDC TB Infection Information

www.bccdc.ca/resourcegallery/Documents/Educational%20Materials/TB/Latent%20TB%20Infection%20Fact%20Sheet.pdf

BCCDC Pulmonary TB Disease Pamphlet

www.bccdc.ca/resourcegallery/Documents/Educational%20Materials/TB/PulmonaryTuberculosis.pdf

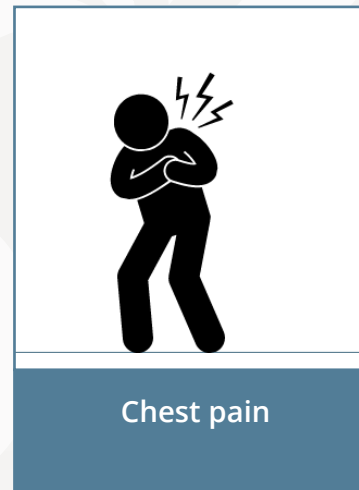
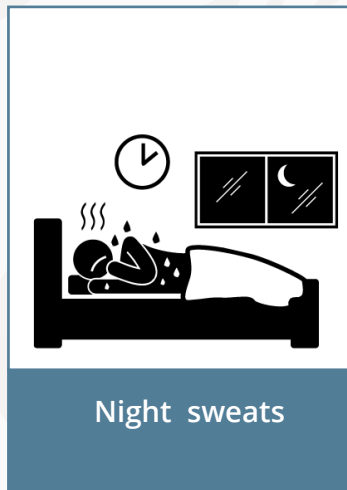
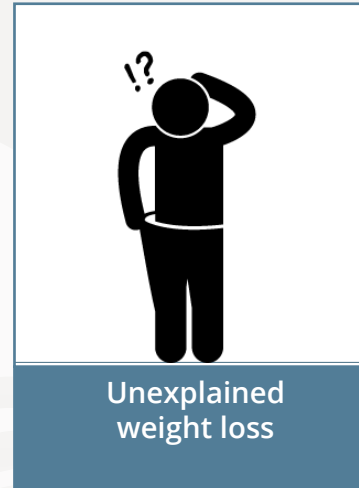
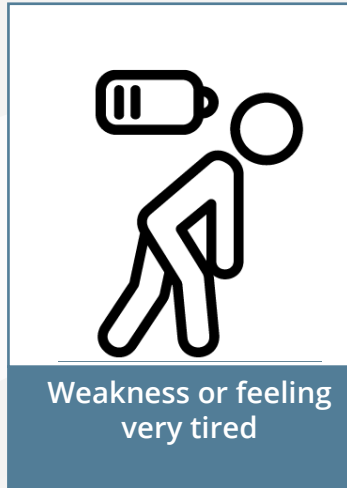
BC Health File TB

<https://www.healthlinkbc.ca/sites/default/files/documents/hfile51a.pdf>

SIGNS AND SYMPTOMS OF TB DISEASE

Signs and symptoms of TB disease depend on where in the body TB is located. Symptoms can begin gradually and worsen over time.

Common signs and symptoms include:



HOW TB IS SPREAD

People who have TB infection do not spread the bacteria to other people. TB is usually spread through the air from one person to another. In order for this to happen, a person must have **TB disease in their lungs** that gets into the air through coughing, sneezing, laughing or singing. Once TB is in the air another person can breathe it into their lungs. When TB is in someone's lungs it can begin to grow. It can also move through the blood to other parts of the body. TB is usually only spread to others when it is in the lungs.

TB INFECTION TO TB DISEASE

Many people with TB infection will never develop TB disease. Some people have a higher chance of developing TB disease, especially those who have a weakened immune system. Some examples include:

- People who have developed TB infection in the past two years
- Babies, young children, and the elderly
- People with chronic health conditions such as HIV infection, cancer, chronic kidney disease, and diabetes
- People who take medications that weaken their immune system or people who have taken medicines for TB in the past but the medication wasn't taken properly or for long enough



TB SCREENING

There are screening tests to see if there are TB bacteria in someone's body. There are many reasons why people may have TB screening. A health care provider will ask health questions and order the appropriate tests. There are different TB types of TB tests depending on someone's medical history. Tests for TB are free for First Nations people. TB screening can be a TB skin test, blood test, sputum test, and/or chest x-ray. There is also a form called a **TB screening assessment** that the nurse uses to guide a conversation around TB risk factors to determine what tests would help the person.

Reason to have TB testing or assessment:

- When there are signs or symptoms of TB disease
- Contact with someone who has TB disease
- Working or volunteering in health care
- Health conditions such as HIV infection, cancer, chronic kidney disease, or diabetes
- Low or weakened immune system from immunosuppressive medications
- Living in a communal setting such as a shelter, corrections, or a treatment program

Let the nurse know of anyone with signs and symptoms of TB disease.



RESOURCES

TB Screening Assessment Form

www.bccdc.ca/resourcegallery/Documents/Guidelines%20and%20Forms/Forms/TB/CPS_TB_ScreeningForm.pdf

TB TESTS

TEST	PURPOSE	HOW OFTEN?	NOTES
TB Skin Test (TST)	A screening test to show if you have been exposed to TB bacteria.	To determine what other tests may be needed. Once a person has a positive TB skin test, they should never have another one.	A health care person injects a small amount of protein into the top layer of the skin and assesses the area 48-72 hours later.
Sputum for Acid-Fast Bacilli (AFB)	To see if TB bacteria are present. This can diagnosis TB disease when someone is first sick, and later it can show if a person is getting better over time. Bacteria from sputum can be tested to see which medication will work best for the client and can show how contagious a person is.	As directed by TB services: <ul style="list-style-type: none"> • for diagnosis at the beginning of treatment • at the end of the first two months of treatment for TB disease to ensure the treatment is working and at the end of treatment to show a cure 	Usually done in your home, sometimes in a health clinic Written instructions are here . Video instructions can be found here . Keep samples in the fridge until they are brought to the health centre.
Routine Bloodwork	Tests done before and during medication to make sure the medicine works with the person's body. The tests check the liver and make sure the body is tolerating the medicine.	As directed by TB services: <ul style="list-style-type: none"> • Depends on the person's age and medications • Repeat more often if the person has side effects 	Usually done in the lab. The health care person completes requisition and gives to client or makes arrangements for the papers to be faxed to the lab. The nurse makes sure test results are completed and communicates with client.
IGRA Bloodtest	Blood test to show if a person has antibodies to TB from a vaccine or from infection with TB bacteria.	<ul style="list-style-type: none"> • As directed by TB Services after a positive blood Tuberculin Skin Test. 	
Chest X-Ray	Picture of the lungs to see if there are signs of TB bacteria or healing.	As directed by TB services: <ul style="list-style-type: none"> • Before treatment starts. • At the end of treatment. 	Done in the hospital with requisition from health care person. The nurse ensures results are completed and communicates with client.
Vision Testing	To monitor vision for any possible changes while taking Ethambutol.	Before starting Ethambutol and while taking the medicine.	To be done by the nurse in the clinic or with a specialist.

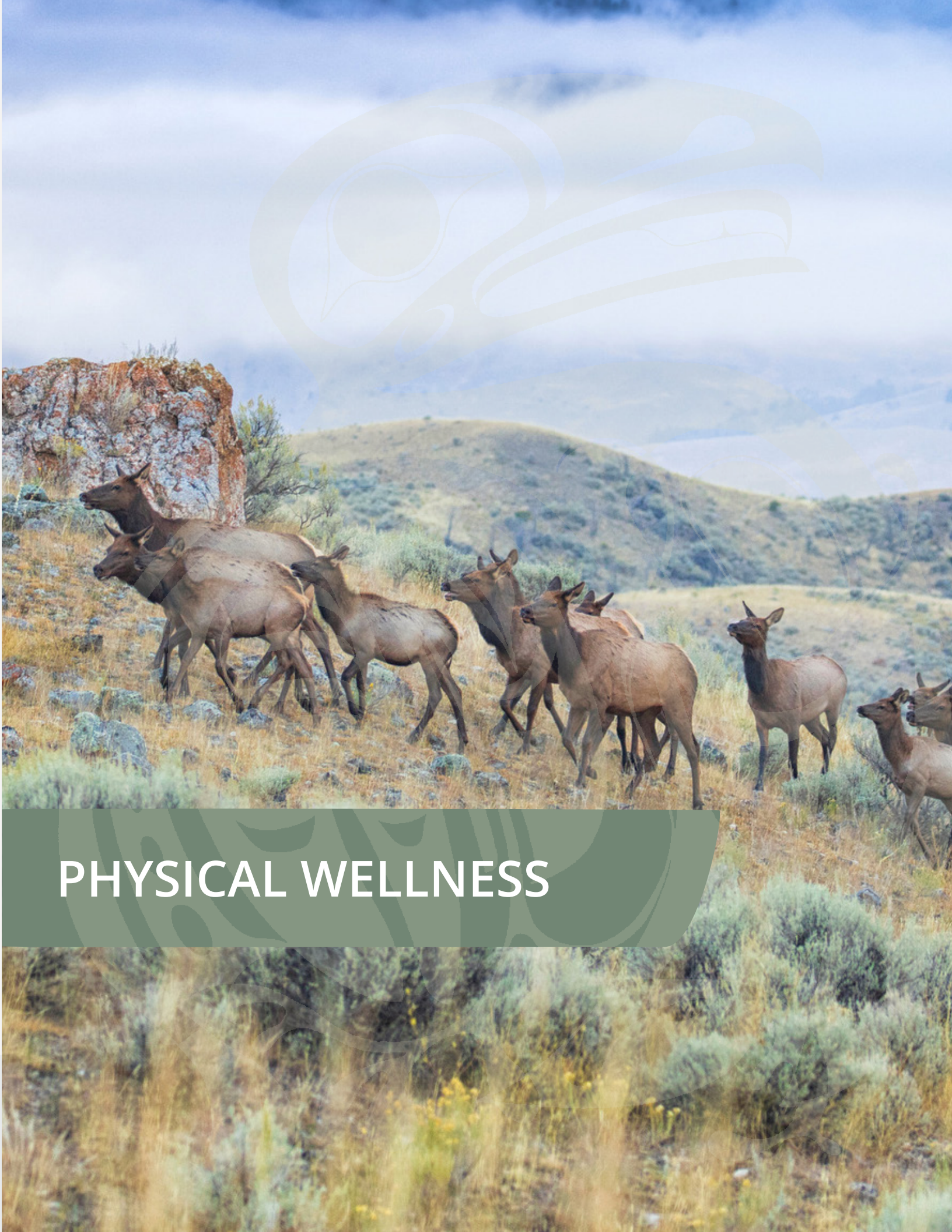
SHARING YOUR KNOWLEDGE

As a CWC, you can share knowledge of TB to members of your community. Sometimes this is with a client or at a health fair, and sometimes this is to dispel myths or common misconceptions you may hear. Below are some tips for how to talk with people about TB to provide education and reduce any possible stigma of TB.



Common Myth	Possible Response by CWC
Someone with TB infection might infect other people so they should stay home from work.	TB infection is different than TB disease. With TB infection the germ is “sleeping” and there is no spread between people. Both TB infection and TB disease can be treated and cured with antibiotics.
If you were near someone with TB disease you might start to spread TB.	People with TB disease stay isolated during the infectious part of their illness and they take medicine. Once the tests show they are not infectious, they can do their normal activities without spreading TB bacteria. If you are concerned about a possible contact, talk to your health care person.
TB only affects some people.	TB bacteria can infect anyone. It is a bacteria that goes in the air and can be breathed in. There is antibiotic medicine to cure TB infection and TB disease.

A REMINDER:
If there are questions you don't know the answer to, refer to the nurse.



PHYSICAL WELLNESS

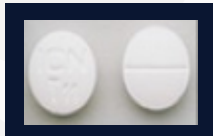
TB MEDICINE

There are different medicines to treat TB and sometimes a combination of medicine is needed. The doctor will prescribe the medicine that will work best for the type of TB bacteria in the person's body. Below are links to medicine information sheets of the different TB antibiotics. Be sure you familiarize yourself with the medicine and how they are stored (in the refrigerator or at room temperature, and if they are light sensitive).



Ethambutol

www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/Med%20Sheets/TB_Med_Ethambutol.pdf



Pyrazinamide

www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/Med%20Sheets/TB_Med_Pyrazinamide.pdf



Isoniazid

www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/Med%20Sheets/TB_Med_Isoniazid.pdf



Rifampin


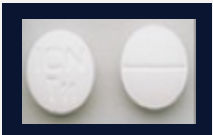





www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/Med%20Sheets/TB_Med_Rifampin.pdf



Rifapentine and Isoniazid (3HP)

http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/Med%20Sheets/TB_Med_Isoniazid_Rifapentine_3HP.pdf

TB MEDICINE AND SIDE EFFECTS

Medicine	Ethambutol 	Pyrazinamide 	Isoniazid 	Rifampin 	Rifapentine and Isoniazid (3HP) 
 Most Common Side Effects of the Antibiotics Abdominal pain, nausea and vomiting, stomach upset, loss of appetite, tiredness 					
Side Effects	Visual Changes – sharpness or colour perception	Tingling in fingers and toes	Red/orange discoloration of body fluid (tears, sweat, urine)	Red/orange discoloration of body fluid (tears, sweat, urine) *Chills, cough, fever, sore throat, muscle aches & pain, headache, weakness	Joint pain and/or gout *Gout is a common form of inflammatory arthritis that is very painful, it usually affects the big toe joint
Provide Information	If vision changes, medicine change is usually needed right away – notify nurse *Not recommended for children who cannot be monitored for vision changes	Doctor may increase dose of Vitamin B6 Pyridoxine (Vitamin B6)	Discoloration is normal, tell the client and let them know it may also stain contact lenses	Discoloration is normal, tell the client and let them know it may also stain contact lenses Symptoms resolve quickly. *chills, cough, fever, sore throat, muscle aches & pain, headache, weakness	Depending on severity of joint pain/gout, may need to change medicine
Supportive Actions	Take medicine with food, symptoms may resolve when body is used to medicine Alter time of day medicine is taken, symptoms usually resolves after a month. Liver monitoring occurs throughout treatment (blood test)				

TB MEDICINE SIDE EFFECTS

When you assess for side effects, start with open-ended questions to let the client talk about how they are doing. Use detailed questions to determine more information about any concerns.

Be aware of the most common side effects for each medicine by reviewing the side effects chart on the previous page and the medicine information sheets from the BCCDC. Discuss with the nurse what side effects would be a concern and the reason to stop the medicine until more lab tests are done. If you notice a change in the person, ask them for more information about that change. If there are side effects of concern, the medicine will be held until the nurse can determine the next steps.



Possible Questions

- How are you feeling?
- Have you noticed any changes you are concerned about?
- Do you have any questions or concerns about changes in your health?

Example scenarios:

- How are you feeling?
 - “I have felt some numbness or tingling sometimes”
- Where do you have this feeling?
 - In my fingers.”
- When did this feeling start?
 - “Two days ago”
- Have you been taking each of the pills, including the vitamin B6 (pyridoxine)?
 - “Yes, I take each of my pills every day.”
- I will let the nurse know.
- Do you have any other concerns?

A REMINDER:
Let the nurse know of any medicine side effects as soon as possible.

TB MEDICINE SUPPORT

The FNHA offers medicine support for people taking TB medicine.

When people take their medications each day:

- The risk for developing drug-resistant TB is decreased.
- The risk of TB spreading to others is decreased.
- Prolonged illness, disability, and possible death from TB are avoided.



DRUG RESISTANT TB

Bacteria can become stronger if people miss or forget to take antibiotic doses frequently. This can cause drug-resistant TB. Drug-resistant TB is more difficult to treat. Taking antibiotics as instructed by the doctor helps to prevent drug-resistant TB that can be difficult or impossible to treat.

ROLES AND RESPONSIBILITIES

The [British Columbia College of Nurses and Midwives \(BCCNM\)](#) allows for the assignment of some tasks ordinarily considered to be nursing functions to unregulated health workers (i.e. community wellness champion or community health representative). A Registered Nurse can assign observation of medicine administration, and other TB roles if a number of conditions are met as outlined in the BCCNM practice standard.

FNHA TB NURSE

- Provides support and direction to the nurse as needed.
- Provides support and direction to the CWC as needed.
- Connects with BCCDC TB Physician or BCCDC Pharmacy as needed.
- Provides education and training to the CWC.
- Reviews medicine records submitted by the nurse.

NURSE IN COMMUNITY

- Directly supervises all TB treatment and provides client teaching.
- Communicates with the client about the importance of taking TB medicine as prescribed and the reason compliance with isolation is important when indicated. Directly supervises the CWCs.
- Ensures that routine blood work is completed and symptoms monitored as recommended in the [BCCDC TB Manual](#). Reports abnormal blood work and symptoms of medicine intolerance to the FNHA TB nurse.
- Facilitates appointments for TB screening and care.
- Identifies barriers to medical appointments and works to develop solutions.
- Submits medicine reorder forms to BCCDC.

COMMUNITY WELLNESS CHAMPION

Under the supervision of the nurse or FNHA TB Nurse:

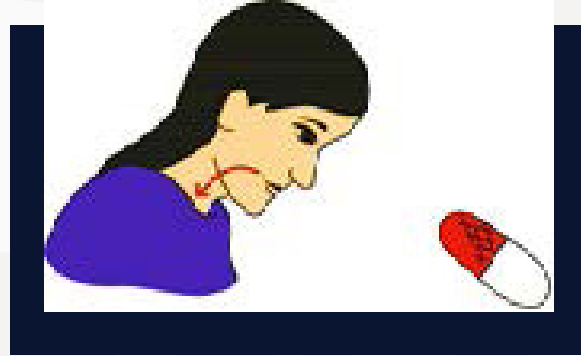
- Review information on TB and TB medication schedule with client:
 - Review how to take TB medicine as prescribed
 - Observe client take TB medicine as determined with client
 - Watch for and ask about side effects from TB medicine
- Facilitate TB-related medical appointments, including assistance with travel.
- Document client visits and medication administration.
- With additional training: assist with sputum collection and sending clients for chest x-ray under the direction of the nurse.
- Reports promptly to the nurse any concerns with continuing treatment.
- Reports promptly to the nurse about any side effects to the TB medication.
- Provides encouragement or support from FNHA for reaching milestones in treatment.

TIPS FOR TAKING TB MEDICINE

For those having trouble swallowing the medicine, it can help to go over how to swallow pills:

- Tablets tend to SINK, so tilt your head UP to swallow
- Capsules tend to FLOAT so tilt your head DOWN when you swallow

If the client is unable to swallow pills or capsules, the health care people may recommend to have the medicine mixed with food or drink.



COMMUNITY WELLNESS CHAMPIONS DO NOT PREPARE MEDICATIONS,
but the following tips can be shared with the client to remind them of the
medication teaching from the nurse.

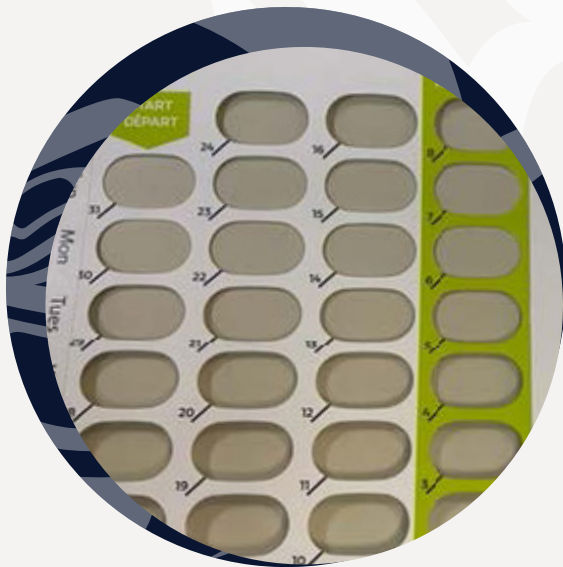
- Clients should remember to wash their hands before and after preparing medicine for infection prevention.
- Tablets may be crushed with a pill crusher (available at most pharmacies) or between two spoons.
- Capsules may be opened and powder emptied out. Rifampin can stain skin and clothing.
- Crushing tablets and opening capsules to mix with food or drink should be done just before taking the medicine. The powder has to be mixed with the minimum volume required for that medicine.
- If the powder form of the medicine is not used within one-half hour (30 minutes) of mixing with liquid or food, it has to be discarded (save the powder in a small sealable bag and bring it to the pharmacy for safe disposal). If this happens, prepare new medicine and inform the nurse of the wasted dose.

MEDICATION TRACKING

Community wellness champions can support the client by observing and marking down the TB medicine the client has taken. When medicine support is provided, a plan will be made with the client for observing the dose being taken, or reviewing at the end of the week that the blister pack is empty for the previous days.

Providing support helps clients with a schedule to take the pills as prescribed and to prevent missed or forgotten doses. It also provides time for someone to check in with the client and offer additional support as needed. Some people have medicine support daily, while others have support weekly. Sometimes medicine support starts out as daily and changes to weekly after the client is in a routine with the medicine schedule.

The plan for medicine support will be made between the client, nurse, and CWC. It is client centered and can change as needed over time. There are tools the CWC can use to record the doses taken. See [Appendix G](#).



TB medicine will come in a blister package that has one “blister” or “bubble” for each day. *See the example in the picture to the left.* The medicine will come as a tablet or a capsule. Both tablets and capsules are to be swallowed unless the client is not able to swallow medicine (such as children or adults with difficulty swallowing).

TAKING MEDICATION STRATEGIES

When providing medication support for children, or adults with swallowing difficulty, the client or parent/caregiver can mix the medication with one of the following:

JUICES



JUICES:

- Use one with a strong, sweet flavour (such as orange juice)
- Mix powdered medications with 1 or 2 tablespoons of juice
- Stir until mixed
- Feed using syringe, medicine dropper or spoon

KOOL-AID OR POWDERED DRINK MIX:

- Add 1 teaspoon of powdered drink mix
- Mix in 1 or 2 teaspoons water
- Stir until mixed well
- Feed using syringe, medicine dropper or spoon

SOFT FOODS

(APPLESAUCE, BANANAS, JELLY, OR JAM)

- Mix powdered medications with 1 or 2 tablespoons of food
- Stir until mixed
- Feed with a spoon



MEDICATION: AGE APPROPRIATE TIPS

AGE	STRATEGY
Infant	<ul style="list-style-type: none"> • Offer medicine when child is hungry • Crush & mix medicine with age appropriate fluids or foods, offer special bib when giving rifampin
Toddler (1-3 years)	<ul style="list-style-type: none"> • Use distraction • Expect difficulties • Be persistent and consistent • Give simple explanations • Offer lots of praise • Offer incentives for each dose
Preschooler (3-5 years)	<ul style="list-style-type: none"> • Give simple explanations • Allow some negotiation for the method of taking medicine, offer medicine when child is rested • Offer lots of praise • Offer incentive for each dose • Be persistent and consistent
Primary school (5-12 years)	<ul style="list-style-type: none"> • Provide simple explanations • Allow negotiation for method of taking pills (e.g. pills whole or crushed, with water or juice) • May be able to swallow pills – offer tips – capsules vs tablets, offer praise and incentives
Adolescent (13-18 years)	<ul style="list-style-type: none"> • Involve adolescent in decision making • May be able to swallow pills – offer tips – capsules vs tablets, allow flexible method of taking pill • Offer praise and incentives • May be interested in longer-term type incentives (e.g. gift certificate to a store or favorite food spot) instead of small item with each dose

INFECTION, PREVENTION AND CONTROL

AIRBORNE PRECAUTIONS

Infection with TB disease requires airborne precautions.

If a client is sick with TB disease, they will be on airborne precautions for the beginning stages of the medicine, until tests show that they are no longer infectious. Sometimes people are in the hospital when they have active TB disease, and sometimes they are at home – it is the goal to be at home whenever possible.

If it is not possible for someone to be at home with airborne precautions, or if they need medical attention, they may be referred to a local hospital, or the TB ward at Vancouver General Hospital until the medicines stop the bacteria from being able to spread.



If the person is at home on airborne precautions, they would need the following:

- Stay in their own bedroom (not a shared bedroom)
- Use a medical mask when sharing space
- Cough into a tissue
- Open windows for good air circulation
- Stay home (except for some medical appointments)

Airborne precautions and medical appointments:

- Tell care providers of airborne precautions needed before going to appointments and wearing medical mask to appointments and in waiting rooms
- Have safe transportation to appointments to minimize risk of spread. Driver and other passengers wear an N95 mask and client can wear a medical mask. Ventilation system should bring in as much outdoor air as possible (windows open or air set to non-circulating)

SAFETY AND HOME VISITING

Discuss procedures for safe home visiting with the nurse to understand the policies that are in place in your health centre. A CWC should never put themselves in danger and if in doubt, always withdraw from a situation and discuss with the nurse as soon as possible. If the home is not a safe meeting place, discuss options with the nurse and client for alternate meeting places.



Things to consider for safety are:

- Animals in the area
- Unpredictable situations (where substance use may be happening)
- Physical hazards, isolation
- Cell phone coverage/ways to call for help
- Weather hazards
- Vehicle safety, road conditions



Masks:

It is important to have N95 masks for the care team working with someone on airborne precautions, including the CWC. An N95 mask requires “Fit Testing” to make sure the mask fits properly. The nurse or FNHA TB nurse can help determine where “Fit testing” can be done.

The client can wear a medical mask.



Hand Hygiene:

It is necessary to practice good hand hygiene when working as a community wellness champion. Washing your hands or using alcohol-based hand rub at each time hand hygiene is indicated:

<http://www.bccdc.ca/health-info/prevention-public-health/handhygiene>



EMOTIONAL WELLNESS

CLIENT-CENTRED CARE

It can be very difficult for someone to hear they have a diagnosis of TB infection or disease. The client has the right to understand and make decisions about their TB treatment. The nurse and health care team will discuss the TB information with the client and provide opportunities to learn and ask questions. Clients in Canada have rights.

When the client understands the information about TB and their medical information, the health care people can work with the client to collaboratively plan their TB wellness journey and support. The health care team will use a client-centered approach to support the emotional health of the client.



CLIENT'S RIGHTS

- To receive appropriate and timely care
- To be treated with dignity and respect
- To receive health services without discrimination
- To have their personal and health information protected from disclosure
- To have access to their health information unless, in the opinion of a relevant health professional, the disclosure could result in immediate and grave harm to the patient's health or safety
- To refuse consent to any proposed treatment
- To receive information relating to any proposed treatment and options
- To the recognition of their Representative or Substitute Decision-maker
- To the recognition of their Advance Directive
- To a second opinion
- To pain and symptom management

A REMINDER:
If the client is
struggling, let the
nurse know

BUILDING RELATIONSHIPS

Building a professional relationship will help the client:

1. Participate in his/her/their own care
2. Understand and follow instructions
3. Successfully complete TB treatment

It is important to start the relationship with respect. Honour the knowledge and fears the client may have about TB. Explain that your role as a CWC is to support their treatment success. It can help to go through some beginning information with the client to outline your role.



CONFIDENTIALITY:

explain that everything is confidential within the health care team. You are not able to talk with the Health Director, band officials, family, friends, or anyone else about the client.

CLIENT-CENTERED CARE:

recognize the client's life experience and knowledge. Acknowledge possible fears about TB. Listen and provide information as needed, or refer to the health care people.

EMPOWERMENT AND SUPPORT:

your role is to support the client. If there are concerns with the client not taking the medicine, you can problem solve with the client in a collaborative way. Your role is not to criticize the client's behaviour or adherence, but to help facilitate success. Always remember to refer any concerns to the nurse or FNHA TB nurse.

PROFESSIONAL CARE:

provide consistent support that is reliable, on-time, and nonjudgmental.

COMMUNICATION:

provide accurate and clear communication. If you don't know the answer, or you are unsure, refer to the health care people.

CONFIDENTIALITY

CWC has a legal and moral obligation to ensure every client's confidentiality. The FNHA confidentiality policy can be found here:

<https://www.fnha.ca/Documents/FNHA-Information-Privacy-and-Confidentiality-Policy.pdf>



Confidentiality is important for a variety of reasons:

- Ensures that clients who seek care will not have to fear that their personal information will be used inappropriately
- Helps to build strong and trusting interactions for provider-client relationships

MEASURES TO PROTECT CLIENT CONFIDENTIALITY

In Any Situation

Confirm the client's identity at the first encounter.

- Never discuss a client's case with anyone without the client's permission (including family or friends, or anyone outside the immediate care team – including Health Directors or other health care staff).
- Never post any information on social media about the work you do or any information on the clients you work with.
- If a staff member or health care provider requests client information, establish and ensure that he/she/they has the authority to do so before disclosing anything.
- Do not leave paper copies of forms or records where unauthorized persons may see them.
- Use only secure routes to send client information such as password protected documents.
- Never discuss cases or use client's name in a public area.
- Never leave client material in a car or in your home, even if it is locked. Maintain a professional relationship. It is up to the community wellness champion to establish and maintain boundaries.

MEASURES TO PROTECT CLIENT CONFIDENTIALITY

When in an Office or Clinic:

- Conduct client interviews in private room or area.
- Keep records that have client names and other identifying information in closed locked files.
- Carefully protect computer passwords or keys; never give these to unauthorized persons.
- Printouts with client information that are no longer needed should be shredded. Ensure that phone calls to clients are done in private.

When in Public or in a Client's Home:

- Be discreet when making client visits
- Conduct client interviews in private
- Do not discuss client cases in a public area
- Do not leave sensitive or confidential information in messages for the client on a door, and if one must be left, ensure it is sealed and marked "confidential", and addressed to the client
- Do not leave sensitive or confidential information on an answering machine that other people may access
- Consider client privacy when making your arrangements to deliver the medications (let client choose how they wish these medications delivered)
- Consider cell phone usage, and sensitivity with client names when using cell phones in public areas
- If paper has been used to make client notes, ensure that at the end of the day these papers are safely secured in office or shredded

EFFECTIVE COMMUNICATION

OPEN-ENDED QUESTIONS

It is helpful to enter conversations with “open ended” questions. Open-ended questions allow you to open a conversation and elicit more information, especially using words “when, how, where, why, what”.



Examples:

- Tell me how you felt when you were first told you had TB.
- How were you told about it?
- What do you know about TB?
- What do you know about the CWC program?
- What have you been told about your medicine?
- How involved are friends and family in your care and treatment of TB?
- What would be most helpful to you while you are taking medicine?
- What can you tell me about your health needs or health beliefs?
- Is there anything that can make it easier for you to take your medicine?
- How are you feeling today?

AFFIRMATIONS OF CLIENT STRENGTHS

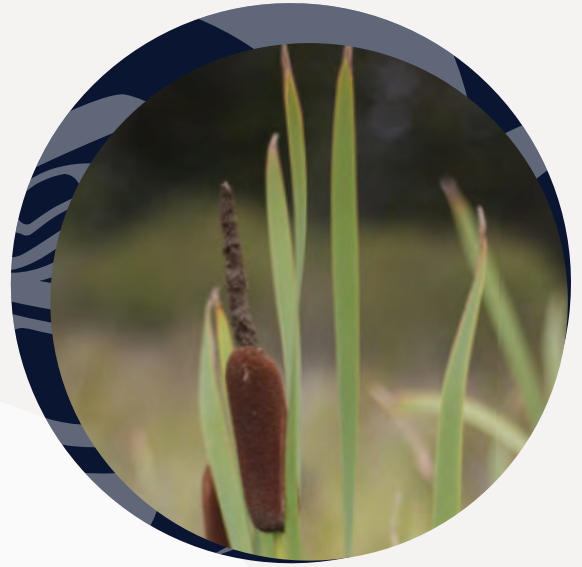
Use a strengths-based approach in your work with clients. A strengths-based approach can build a person’s confidence to help on a path to wellness. Verbalize what you see as the client’s strengths and also ask what they see as their strengths. Their strengths could be shown through supporting family in the past, overcoming something else difficult in their life, cultural beliefs, or having family to support them. As you get to know the client you will learn about their strengths and be able to draw on them to provide support during their journey to wellness.

LISTEN AND SUMMARIZE

Use active listening when the client is speaking to ensure they are heard. At the end of the conversation, provide a summary to the client of what you heard. Ask the client if your summary reflects their meaning. This will help to make sure you have understood what the client is saying and to prevent miscommunication.

SUPPORT AND ASSISTANCE

The FNHA sometimes provides clients on medication support culturally significant gifts or grocery cards/ gift cards. The FNHA provides support and assistance to clients to help with medication continuation and to celebrate the strength and resilience of clients in their wellness journey. These supports are sometimes termed incentives or enablers.



Support and assistance can help with overcoming barriers that may otherwise prevent a client from successfully completing medication treatment. They are tools that can also help build a positive relationship with the client. Support comes in many forms (e.g. a food voucher, a friendly smile, cup of coffee, ice cream, etc.). The key to effective support is to determine what is important or meaningful to each client. Discovering a client's likes, dislikes, interests and hobbies can make the support more effective. Providing a variety of choices allows for change from time to time.

Support and assistance can help clients overcome barriers to treatment success.

Some barriers a client may experience include:

- Lack of transportation
- Past experiences
- Lack of childcare
- Inability to take time off work
- Fear
- Mental health or substance use
- Family beliefs

EXAMPLES OF SUPPORT AND ASSISTANCE:

- Arrange transportation for medical appointments
- Provide snacks for the person to take with their pills if the medications upset their stomach
- Food or grocery gift cards, gasoline gift cards, taxi vouchers, online gift cards to large retailers, or gifts with cultural significance
- **For children:** crayons, colouring books, small storybooks, toys, games, or calendars and stickers to mark each successful dose



It is also important to celebrate milestones of medicine completion (end of first week, end of isolation, acknowledge birthdays, and end of medicine treatment). Younger children will likely enjoy a small item with every dose rather than wait for a big item at the end of treatment.

Supporting a client helps their adherence to the TB medication, but does not replace building a therapeutic relationship based on trust and mutual respect. FNHA TB services can provide support and assistance upon discussion.

APPENDIX



APPENDIX A:

KNOWLEDGE GROWTH

Learning about TB is a process that can take many months or even years. People who work in the field of TB are always learning more about TB bacteria and ways to prevent and treat the disease.

We have created a learning worksheet to complete and take notes as you learn. It is a guide to the learning process and a place to write questions and ideas. As you read this workbook, try to follow this worksheet to answer questions and write notes as you read.

- In the TB (not TV) videos, what did the Elders say are the benefits of antibiotics for TB?
- What is the difference between TB infection and TB disease?
- How is pulmonary (lung) TB spread?
- Who is most at risk of having TB infection change to TB disease?
- If someone has latent TB, can that person spread TB to other people?
- Questions I would like to ask:

APPENDIX B: CWC SKILLS ASSIGNMENT CHECKLIST



Part 1 of 2 FNHA
TB & CWC

Community Wellness Champion (CWC) providing Direct Observed Therapy (DOT) Skills Assignment Checklist

The Community Wellness Champion is a contract employee of FNHA TB Services, and trained in the DOT role, whereby the CWC is assigned the role of observing medication administration taken by the client.

Supervision of the CWC in the DOT role is provided by FNHSO CHN or FNHA CHN.

CWC EMPLOYEE NAME: _____

FNHA TB SERVICES EMPLOYEE: _____

1. General TB Information

CWC _____ FNHA TB _____

- TB Infection
- TB disease
- Transmission, diagnosis and treatment of TB
- Groups at risk
- Stigma, fear and beliefs about TB

2. Managing and Delivering DOT

CWC _____ FNHA TB _____

- Roles and responsibilities
- Principles of delivery of DOT
- Documenting doses, side effects, field notes
- Communication plans

3. Medication for TB

CWC _____ FNHA TB _____

- Medications used for treatment of TB
- Storage of medication
- Possible side effects
- Assessing for side effects
- Strategies for dealing with side effects
- Reporting procedures for side effects
- When to hold medications
- Standard medication schedule
- Using incentives and enablers

4. Administration

CWC _____ FNHA TB _____

- Confidentiality
- Home Visits

DOT Training Successfully Completed

Date: _____

CWC Signature

FNHA TB Services Signature

September 2023

APPENDIX C:

CWC PRACTICE SKILLS DEMONSTRATED CHECKLIST



Part 1 of 2 FNAH
TB & CWC

Community Wellness Champion (CWC) providing Direct Observed Therapy (DOT) Skills Assignment Checklist

The Community Wellness Champion is a contract employee of FNHA TB Services, and trained in the DOT role, whereby the CWC is assigned the role of observing medication administration taken by the client.

Supervision of the CWC in the DOT role is provided by FNHSO CHN or FNHA CHN.

CWC EMPLOYEE NAME: _____

FNHA TB SERVICES EMPLOYEE: _____

1. General TB Information

CWC _____ FNHA TB _____

- TB Infection
- TB disease
- Transmission, diagnosis and treatment of TB
- Groups at risk
- Stigma, fear and beliefs about TB

2. Managing and Delivering DOT

CWC _____ FNHA TB _____

- Roles and responsibilities
- Principles of delivery of DOT
- Documenting doses, side effects, field notes
- Communication plans

3. Medication for TB

CWC _____ FNHA TB _____

- Medications used for treatment of TB
- Storage of medication
- Possible side effects
- Assessing for side effects
- Strategies for dealing with side effects
- Reporting procedures for side effects
- When to hold medications
- Standard medication schedule
- Using incentives and enablers

4. Administration

CWC _____ FNHA TB _____

- Confidentiality
- Home Visits

DOT Training Successfully Completed

Date: _____

CWC Signature

FNHA TB Services Signature

September 2023

APPENDIX D: CLINICAL RESPONSIBILITIES GUIDANCE

TB Screening	CWC	LPN	RN
FNHA TB Services Recommended Activity for Community-Based Practice	<ul style="list-style-type: none"> • TB screening education • Booking appointments and explaining timelines • Read TSTs, as delegated by LPN or RN managing screening • Collect sputum as delegated by LPN/RN managing client 	<ul style="list-style-type: none"> • TB screening education • Booking appointments and explaining timelines • Place & read TSTs report positive results or symptomatic clients to RN • Order CXR as per BCCDC TB DST & TB screening form • Collect sputum as per BCCDC TB DST 	<ul style="list-style-type: none"> • Community -based TB programming in First Nations community • TB screening as per BCCDC TB DST, including symptomatic clients requiring evaluation
Refer to Higher Practice Level	<ul style="list-style-type: none"> • Clients with possible TB symptoms • All TST results to RN or LPN managing screening • Packaging, labelling and shipping sputum samples, to LPN or RN 	<ul style="list-style-type: none"> • Clients with possible TB symptoms • Positive TST results • TB physician follow-up recommendations post-screening 	<ul style="list-style-type: none"> • Clients with possible TB symptoms (refer to primary care for additional assessment) • TB physician follow-up recommendations post screening medical follow up
Training	FNHA TB Wellness Champion training or training by a nurse BCCDC Course: <ul style="list-style-type: none"> • TB Essentials • TST 	Review BCCDC: <ul style="list-style-type: none"> • TB Competencies BCCDC Courses: <ul style="list-style-type: none"> • TB Essentials • TST Utilization of <ul style="list-style-type: none"> • BCCDC TB Manual and DST • FNHA TB Programming Guide for Communities 	Review BCCDC: <ul style="list-style-type: none"> • TB Competencies BCCDC Courses: <ul style="list-style-type: none"> • TB Essentials • TST Utilization of <ul style="list-style-type: none"> • BCCDC TB Manual and DST • FNHA TB Programming Guide for Communities

APPENDIX E: SHARING EXPERTISE

Community wellness champions have a wealth of experience in their community and culture. In order to honour this wisdom and help build a partnership with the nurse, here are some questions to consider as a guide for knowledge sharing between the CWC and the nurse:

- What Nation is your community part of?
- What geographical areas does your traditional territory include?
- What language(s) are spoken by members of your community?
- What is your community's creation story?
- Do you know of the history of TB in your area that you could share?
- After watching the video on the History of TB, did you have any feelings or emotions that you would want to share with the nurse?
- What are some current community programs or gatherings where TB education might be a good fit?
- What are some of your community's strengths?

APPENDIX G: RECORD OF SUPERVISED MEDICINE(S) (PG 1)

BCCDC Record of Supervised Medicine:

www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/TB/HLTH%20832_Rev%20March%202010.pdf

20

RECORD OF SUPERVISED TB MEDICATION(S) FOR THE MONTH OF: _____

HEALTH CENTRE/UNIT: _____



BC Centre for Disease Control
Prevention and Control Services

SURNAME: _____

GIVEN NAME(S): _____

GENDER: _____ TB NUMBER: _____

DOB: _____

YYYY / MM / DD

DELIVERY METHOD CODES:

- H – Home Visit
- T – Treatment Facility visit (to a clinic, office or health facility)
- X – Patient did not keep appointment or not found on home visit
- N – No medication given because side effects reported

Record in calendar the method used to supply the patient & the medication

Isoniazid tablets 300 mg Dosage: _____ mg each time Frequency: _____		1	2	3	4	5	6	7	8	9	10	11
Pyridoxine (Vitamin B6) tablets 25 mg Dosage: _____ mg each time Frequency: _____		1	2	3	4	5	6	7	8	9	10	11
Rifampin capsules 300 mg Dosage: _____ mg each time Frequency: _____		1	2	3	4	5	6	7	8	9	10	11
Pyrazinamide tablets 500 mg Dosage: _____ mg each time Frequency: _____		1	2	3	4	5	6	7	8	9	10	11
Ethambutol tablets 400 mg Dosage: _____ mg each time Frequency: _____		1	2	3	4	5	6	7	8	9	10	11
Isoniazid Syrup 10 mg/mL: Dosage: _____ mg each time Frequency: _____		1	2	3	4	5	6	7	8	9	10	11

CONTINUED ON REVERSE SIDE OF THIS PAGE

HLTH 832 (rev: 03/10)

APPENDIX G: RECORD OF SUPERVISED MEDICINE(S) (PG 2)

BCCDC Record of Supervised Medicine:

www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/TB/HLTH%20832_Rev%20March%202010.pdf

CONTINUED FROM REVERSE SIDE OF THIS PAGE

1	2	3	4	5	6	7	8	9	10	11
Drug: _____ mg each time Dosage: _____ mg each time Frequency: _____										
1	2	3	4	5	6	7	8	9	10	11
Drug: _____ mg each time Dosage: _____ mg each time Frequency: _____										
1	2	3	4	5	6	7	8	9	10	11
Drug: _____ mg each time Dosage: _____ mg each time Frequency: _____										
1	2	3	4	5	6	7	8	9	10	11
Drug: _____ mg each time Dosage: _____ mg each time Frequency: _____										
1	2	3	4	5	6	7	8	9	10	11
Drug: _____ mg each time Dosage: _____ mg each time Frequency: _____										
1	2	3	4	5	6	7	8	9	10	11
Drug: _____ mg each time Dosage: _____ mg each time Frequency: _____										

DELIVERY METHOD CODES:
 H - Home Visit
 T - Treatment Facility visit (to a clinic, office or health facility)
 X - Patient did not keep appointment or not found on home visit
 N - No medication given
Record in calendar the method used to supply the patient & the medication

Patient Name: _____
Health Care Provider (s): _____
PLEASE PRINT
Signature: _____
DATE: _____

APPENDIX H: CLIENT INTEGRATED TB CARE BINDER

A client binder can be helpful for organizing paperwork. The Integrated TB binder can help keep all members of the health care team informed about the client's care plan, progress, and any changes that need to be made.

Here is an example of what to put in your binder with links to materials. If you would prefer this information be provided on a memory stick, please email FNHA TB services at FNHATB@fnha.ca.



- 1" binder with pocket on inside cover
- "Your TB Journey" booklet can be stored in inside pocket and cover page for front of binder
- BCCDC medication sheets for client's medicines
 - www.bccdc.ca/health-info/diseasesconditions/tuberculosis/translated-content
- Medication support record ([Appendix F](#))
- Record of supervised medication ([Appendix G](#))
- Relevant client handouts from the BCCDC
 - <http://www.bccdc.ca/health-info/diseasesconditions/tuberculosis/translated-content>

APPENDIX I: RESOURCES

Understand the basics of TB infection and disease:

www.healthlinkbc.ca/healthlinkbc-files/tuberculosis

Social support information (or refer to nurse):

www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/Client%20Resource%20List.pdf

Get up and Breathe Zoom class for lung health:

www.tbvets.org/fitness-program/

ONLINE COURSES AND LEARNING MATERIALS:

BCCDC TB courses:

www.bccdc.ca/health-professionals/education-development/tuberculosis-online-courses

TB Talks Podcast:

nccid.ca/season-2-tb-talk-podcast/#subMenuSection0

Patient Stories:

www.bccdc.ca/health-info/diseases-conditions/tuberculosis/tb-patient-stories

REVIEW TIMELINES OF CARE:

TB infection:

www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/Timeline%20of%20Care_Latent%20T_B_INH.pdf

TB disease:

www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/Timeline%20of%20Care_Active%20TB.pdf

