Health Sciences Centre
Winnipeg
A Shared Health facility

PHYSICIAN'S ORDER SHEET

ADULT STANDARD ORDERS FOR TUBERCULOSIS TREATMENT

These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

■ *Standard orders. If not in agreement with an order, cross out and initial.* ☐ *Requires a check (✓) for activation.*

Drug Allergies ► **See Clinical Circumstances Sheet**

ORDER TRANSCRIBED AND ACTIVATED

DATE TIME

Patient's Height _____

Patient's Weight _____

R MEDICATION ORDERS
TO BE INITIATED OR DISCONTINUED

TEST DONE

DATE TIME

_____ _____

DIRECTLY OBSERVED THERAPY (DOT) MEDICATIONS

☐ **isoniazid** _____ mg PO daily
(5 mg/kg maximum dose 300 mg)

☐ **rifAMPin** _____ mg PO daily
(10 mg/kg) (usual dose 600 mg)

☐ **pyrazinamide** _____ mg PO daily*
(25 mg/kg maximum dose 2000 mg)
(Not to exceed 30 mg/kg of baseline weight in pregnancy)

☐ **ethambutol** _____ mg PO daily*
(15 mg/kg maximum dose 1600 mg)
(Not to exceed 25 mg/kg of baseline weight in pregnancy)

☐ **vitamin B6** (pyridoxine) _____ mg PO daily
(usual dose 25 mg)

☐ Other _____

☐ Other _____

*** pyrazinamide and ethambutol require renal dosing for patients with renal failure or on dialysis. Pregnancy dose restriction.**

PHYSICIAN'S SIGNATURE _____ MD

PRINTED NAME _____ MD

GENERIC EQUIVALENT AUTHORIZED

GENERAL ORDERS

ADMIT PATIENT

☐ Teaching ☐ Non-teaching

Under Dr. _____

Diagnosis _____

☐ Isolation ☐ Airborne Precautions
☐ Other _____

Vital Signs ☐ Once a day x 3 then, 2 times per week (Monday & Thursday)
☐ Other _____

Diet ☐ Standard
☐ Other _____

Activities ☐ As tolerated
☐ Encourage ambulation
☐ Other _____

■ Record height and weight (above)

■ ethambutol eye test is recommended prior to the first dose of ethambutol if it is ordered

CONSULTS

■ **Download PPH TB Services Referral Form** from the WRHA Population and Public Health Tuberculosis Prevention and Management Extranet Site.

■ Tuberculosis Nurse Clinician Fax Number 204-787-2436

Yes	No	N/A	
☐	☐	☐	Physiotherapy
☐	☐	☐	Occupational Therapy
☐	☐	☐	Social Worker
☐	☐	☐	Home Care
☐	☐	☐	Respiratory Therapy _____

☐ Other _____

☐ Other _____

DIAGNOSTIC IMAGING

■ Chest X-ray
(Requisition completed)

☐ Computed Tomography (CT)
(Requisition completed)

N/A = Not Applicable

TRANSCRIBED: REVIEWER:

☐ FAXED DATE: TIME: INITIALS:

GUIDELINES FOR USE

1. To individualize the orders:
   - Check (✓) the order(s) you wish to activate, where empty boxes ☐ are provided.
   - Add other orders in blank spaces provided.
   - If not in agreement with the standard orders cross out and initial the order.
2. Complete Alternate Level of Care (ALC) Form if both of the answers in the boxes below are NO.

Admission for Tuberculosis Treatment Proposed Tool		
If this patient had adequate housing, social support and was able to travel for clinic visits would he/she require admission for medical reasons?	☐ Yes	☐ No
If this patient had adequate housing, social support and was able to travel to clinic visits would he/she require admission for psychiatric reasons (including addictions)?	☐ Yes	☐ No
Yes to any of the questions: admission required from a medical point of view		

4. The Standard Order form is placed in the Physician Order Form section of the health record

TRANSCRIPTION OF ORDERS

1. Transcribe the orders onto the MAR and Kardex. Arrow across and initial at the bottom of the order sheet.
2. Additional orders written on this form or on standard facility order form are transcribed in the appropriate time frame.
3. Enter your signature, date and time when the orders have been transcribed. RN/LPN verification required as per HSC protocol.
4. Process medication orders, treatments and tests.

Suggested pyrazinamide doses, using whole tablets, for adults weighing 40 - 90 kilograms

	Weight (kg)*		
	40 - 55	**56 - 75**	**76 - 90**
Daily, mg (mg/kg)	1,000 (18.2 - 25.0)	1,500 (20.0 - 26.8)	2,000† (22.2 - 26.3)
Three times weekly, mg (mg/kg)	1,500 (27.3 - 37.5)	2,500 (33.3 - 44.6)	3,000† (33.3 - 39.5)
Twice weekly, mg (mg/kg)	2,000 (36.4 - 50.0)	3,000 (40.0 - 53.6)	4,000† (44.4 - 52.6)

* Based on estimated lean body weight
† Maximum dose regardless of weight

Suggested ethambutol doses, using whole tablets, for adults weighing 40 - 90 kilograms

	Weight (kg)*		
	40 - 55	**56 - 75**	**76 - 90**
Daily, mg (mg/kg)	800 (14.5 - 20.0)	1,000 (16.0 - 21.4)	1,600† (17.8 - 21.1)
Three times weekly, mg (mg/kg)	1,200 (21.8 - 30.0)	2,000 (26.7 - 35.7)	2,400† (26.7 - 31.6)
Twice weekly, mg (mg/kg)	2,000 (36.4 - 50.0)	2,800 (37.3 - 50.0)	4,000† (44.4 - 52.6)

* Based on estimated lean body weight
† Maximum dose regardless of weight

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TEST DONE

GENERAL ORDERS

DATE TIME

_____ _____

LABORATORY (if not completed in Emergency Department)

- ■ Lytes (Na, K, Cl, CO_2) — ■ Now _____ ☐ Other _____
- ■ Liver Function Tests (ALT, AST, T Bili) — ■ Now _____ ■ Biweekly Monday & Thursday x 2 weeks then reassess_____ ☐ Other _____
- ■ CBC — ■ Now _____ ■ Biweekly Monday & Thursday x 2 weeks then reassess_____ ☐ Other _____
- ■ HgbA1C
- ■ HIV
- ■ Hepatitis B & C
- ■ Diagnostic sputum for AFB (acid-fast bacilli) minimally q1h x 3
- ☐ Contact Respiratory Therapy for sputum induction x 3 if patient is unable to produce sputum. Use Hypertonic Saline solution (7% diluted with 4 mL of sterile H_2O)
- ☐ Other _____

PHYSICIAN'S SIGNATURE _____ MD

PRINTED NAME _____ MD

GENERIC EQUIVALENT AUTHORIZED

TRANSCRIBED: REVIEWER:

☐ FAXED DATE: TIME: INITIALS: