

MDR TB CARE PLAN

Baseline	Initiation of Treatment	Month 1	Month 2	Month 3	Month 4	Month 6	Month 9	Month 12	Month 18	Month 24
CXR-PA/Lat, Compare to old films	Consider CT & alternate views			Consider CXR		CXR		CXR Consider CT	CXR	CXR Consider CT
TST/Report case										
Request/review old records	Physician assessment	Physician assessment q 1-2 wks	Physician assessment q 1-2 wks	Physician assessment q month						
Create drug-o-gram	Update drug-o-gram	Update drug-o-gram								
Review prior lab: CBC, BUN, Cr, LFT's, 24 hr Cr Cl*, Ca#, Mg#, HB, HCV, glucose		CBC, BUN, Creat, LFT's, K, Ca, Mg at least q month								
HIV screen with pre/post counseling		If positive CD4, viral load	If positive evaluate for treatment							
Baseline TSH				TSH q 3 months if on PAS and/or Ethionamide. If elevated Levothyroxine Rx						
Review prior sputum results. Repeat sputum	Sputum q a.m. x3 days smear & culture	Sputum q a.m. x3 days smear & culture	Sputum q month culture							
Review susceptibility, request extended susceptibility test [†]			Repeat susceptibility if sputum positive	Repeat q month if culture positive						
Infection control isolation	Continue until culture negative x3									
	Aminoglycoside and/or Capreomycin IV (IM) 5 day/wk	Peak/trough drug level	Peak/trough drug level		Peak/trough drug level	Δ to 3x/wk after 4-6 months if culture negative	D/C after culture neg x6-12 month			
	4-6 oral drugs	Peak drug levels 2 hrs post dose (PAS 6 hr)		Peak drug levels 2 hrs post dose (PAS 6 hr)				Peak drug levels 2 hrs post dose (PAS 6 hr)		
	DOT initiated/patient educated	Educate as needed								
	Pyridoxine 100mg	As long as ethionamide, linezolid, or cycloserine given								
Baseline weight & height	Calculate BMI	Weigh weekly	Weigh monthly							
	Nutritional assessment	Nutritional supplement as needed (no milk products, aluminum, CA, Mg containing antacids, iron or MVI's within 2 hours of fluoroquinolone)								
Audiogram/vestibular screen. Continue monthly as long as aminoglycoside/capreomycin given										
Vision screen. Continue as long as ethambutol, rifabutin, linezolid, clofazamine given										
Assess & Address {	Substance abuse/psychosocial factors influencing compliance									
	Education needs/completion of Assess & Address contact evaluation with health department									

*Repeat clearance if decreased & adjust medications (aminoglycosides, capreomycin, ethambutol, PZA, levofloxacin, cycloserine)

† For patients at high risk for MDR-TB request rapid molecular assay for drug resistance [consultation required]

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