

MDR-TB Assessment Checklist

Start Date _____

Universal Assessment			Baseline	1	2	3	4	5	6	7	8	9	10	11	12
Date															
Weight monthly															
CBC and CMP monthly															
Sputum Results															
TB Symptoms (Specify symptom and onset date)															
Resolution of Symptoms (Specify symptom)															
Chest X-ray (q 6 months)															
HIV															
HbA1C, repeat every three months as needed															
Pregnancy, repeat as needed															
Medication Specific Assessment	Medication	Start Date	Baseline	1	2	3	4	5	6	7	8	9	10	11	12
Visual Acuity and Color Vision Assessment	Linezolid														
	Ethambutol														
	Ethionamide														
Neuropathy Screening	Linezolid														
	Isoniazid														
	Ethionamide														
	Fluoroquinolones														
	Cycloserine														
Changes in Mental Status	Cycloserine														
	Fluoroquinolones ¹														
	Clofazimine ²														
EKG	Bedaquiline														
	Clofazimine														
	Delamanid														
	Pretomanid														
Electrolytes (Ca++, K+, Mg++)	Amikacin														
	Streptomycin														
	Delamanid														
	Pretomanid														
	Bedaquiline														
Thyroid Stimulating Hormone (q 2-3 months)	Bedaquiline														
	Delamanid														
	Ethionamide														
	PAS														
Renal Function ³	Amikacin														
	Streptomycin														
	Cycloserine														
	Ethambutol														
	Fluoroquinolones														
	PAS														
Audiometry 1000 Hz to 8000 Hz	Amikacin														
	Streptomycin														
Vestibular Toxicity	Amikacin														
	Streptomycin														

Ca-Calcium K-Potassium Mg-magnesium

¹Especially high dose

²Some patients become depressed due to skin color changes

³Recommended for all drugs that require renal dose adjustment