

OKLAHOMA DEPARTMENT OF CORRECTIONS
RMP/EMB/PZA Tuberculosis Medication Regimen and Documentation

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|---|---|---|--|
| RMP (rifampin) <input type="checkbox"/> 600 mg (daily dosage) <input type="checkbox"/> 600 mg (2x weekly dosage) | EMB (ethambutol) <input type="checkbox"/> 1600 mg daily <input type="checkbox"/> 1200 mg daily <input type="checkbox"/> ____ mg daily <input type="checkbox"/> D/C after 60 doses <input type="checkbox"/> D/C after ____ | PZA (pyrazinamide) <input type="checkbox"/> 1500 mg daily <input type="checkbox"/> 1250 mg daily <input type="checkbox"/> ____ mg daily <input type="checkbox"/> D/C after 60 doses <input type="checkbox"/> D/C after ____ | Other Medication _____ _____ _____ |
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|--|--|--|---|
| Schedule: <input type="checkbox"/> Daily (7 days/week) <input type="checkbox"/> Twice- Weekly Usually Mondays and Thursdays *There must be at least 73 hours between doses | Duration/Number of Doses for Twice-Weekly Regimens <input type="checkbox"/> 6 months = 52 doses <input type="checkbox"/> 9 months = 78 doses <input type="checkbox"/> 12 months = 104 doses | Duration/Number of Doses for Daily Regimens <input type="checkbox"/> 4 mos. = 120 doses <input type="checkbox"/> 6 mos. = 180 doses <input type="checkbox"/> 9 mos. = 270 doses <input type="checkbox"/> 12 mos. = 365 doses | Medication Start Date: _____ Medication End Date: _____ Doses Completed: _____ Copy sent to Chief Medical Officer/Designee _____ |
|--|--|--|---|

| Dose # | Date | Staff Int. | Dose # | Date | Staff Int. | Dose # | Date | Staff Int. | Dose # | Date | Staff Int. | Dose # | Date | Staff Int. |
|--------|------|------------|--------|------|------------|--------|------|------------|--------|------|------------|--------|------|------------|
| 1 | | | 25 | | | 49 | | | 73 | | | 97 | | |
| 2 | | | 26 | | | 50 | | | 74 | | | 98 | | |
| 3 | | | 27 | | | 51 | | | 75 | | | 99 | | |
| 4 | | | 28 | | | 52 | | | 76 | | | 100 | | |
| 5 | | | 29 | | | 53 | | | 77 | | | 101 | | |
| 6 | | | 30 | | | 54 | | | 78 | | | 102 | | |
| 7 | | | 31 | | | 55 | | | 79 | | | 103 | | |
| 8 | | | 32 | | | 56 | | | 80 | | | 104 | | |
| 9 | | | 33 | | | 57 | | | 81 | | | 105 | | |
| 10 | | | 34 | | | 58 | | | 82 | | | 106 | | |
| 11 | | | 35 | | | 59 | | | 83 | | | 107 | | |
| 12 | | | 36 | | | 60 | | | 84 | | | 108 | | |
| 13 | | | 37 | | | 61 | | | 85 | | | 109 | | |
| 14 | | | 38 | | | 62 | | | 86 | | | 110 | | |
| 15 | | | 39 | | | 63 | | | 87 | | | 111 | | |
| 16 | | | 40 | | | 64 | | | 88 | | | 112 | | |
| 17 | | | 41 | | | 65 | | | 89 | | | 113 | | |
| 18 | | | 42 | | | 66 | | | 90 | | | 114 | | |
| 19 | | | 43 | | | 67 | | | 91 | | | 115 | | |
| 20 | | | 44 | | | 68 | | | 92 | | | 116 | | |
| 21 | | | 45 | | | 69 | | | 93 | | | 117 | | |
| 22 | | | 46 | | | 70 | | | 94 | | | 118 | | |
| 23 | | | 47 | | | 71 | | | 95 | | | 119 | | |
| 24 | | | 48 | | | 72 | | | 96 | | | 120 | | |

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|------------------------|----------------|------------------------|----------------|------------------------|----------------|
| Staff Signature | Initial | Staff Signature | Initial | Staff Signature | Initial |
| | | | | | |
| | | | | | |
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Inmate Name
(Last, First)

ODOC #