Directly Observed Therapy: Assessment/Re-Assessment Tool

The Local Public Health nurse can assess new patients to determine if the criteria for DOT are met. Complete the form at least monthly to assess the need for continued DOT.

Patient Name: ____________________________ DOB:__________ MAVEN ID:__________

Date of Adherence Assessment __________________________

Criteria for DOT

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>Drug resistance: MDR-TB (resistant to INH +RIF), or RIF resistant*</td>
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<tr>
<td>Child or adolescent &lt;19 years of age*</td>
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<tr>
<td>Currently homeless*</td>
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<td>Previous episode of TB</td>
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<td>History of treatment non-adherence</td>
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<td>Intermittent therapy (includes short-course INH-Rifapentine)*</td>
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<td>Sputum smear-positive*</td>
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<td>Difficulty taking pills independently due to mental, emotional, or physical instability*</td>
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<td>Unlikely to take medications on their own*</td>
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<tr>
<td>Additional considerations at re-assessment</td>
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<td>Missed clinic appointment without notice</td>
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<td>Missed scheduled DOT visit without notice</td>
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<td>Provider concerns about possible side effects</td>
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<td>Has trouble remembering medication(s)</td>
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<tr>
<td>Severely compromised immunity</td>
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</table>

Initial assessment → Start DOT if patient meets any criteria.
Re-assessment → Continuing DOT is strongly recommended if patient meets any of the starred criteria or re-assessment considerations.

Recommendation

☐ Start/Continue DOT

☐ Reduce DOT to ________ per week

☐ Use pill box

☐ Self-administered therapy

Comments: __________________________________________________________

_______________________________________________________________________

Local Public Health nurse or DOT provider signature:__________________________________
Directly Observed Therapy: Criteria and Recommendations for Use

**What is DOT?**
Directly Observed Therapy (DOT) is a practice whereby a health care worker watches the patient swallow prescribed TB medication(s). DOT is an important strategy to help patients complete treatment for tuberculosis disease or latent tuberculosis infection.

**Who should be on DOT?**
*All patients should be considered for DOT because it is difficult to reliably predict which patients will be adherent with treatment.*

**DOT is the standard of care** for any patient with suspected or confirmed TB disease who meets any of the following criteria:

- Has TB that is resistant to isoniazid (INH) and rifampin (RIF) [MDR-TB] or RIF
- Is a child or adolescent < 19 years of age
- Is currently homeless
- Has had a previous episode of TB
- Has a history of treatment non-adherence
- Is receiving intermittent therapy
- Is sputum smear-positive (should be on DOT until conversion to smear-negative)
- Has difficulty taking pills independently due to mental, emotional, or physical instability
- Is unlikely to take medications on their own

**DOPT is recommended** for any contact to an infectious TB case who:

- Is a child or adolescent < 19 years of age
- Is on 12 weekly doses of INH and rifapentine (RPT)
- Has severely compromised immunity
- Is a documented converter (contact who converted a tuberculin skin test or blood test according to CDC criteria)
- Has difficulty taking pills independently due to mental, emotional, or physical instability
- Is unlikely to take medications on their own

**How long should a patient’s treatment be by DOT?**
For some patients, DOT is needed for the duration of treatment. For others, DOT may be reduced to a combination of DOT and self-administered therapy or fully self-administered therapy.

The Local Public Health nurse/Direct Case Manager can use the DOT Assessment/Re-Assessment Tool to review criteria for starting and continuing treatment by DOT.