# Directly Observed Therapy (DOT) Weekly Log

<table>
<thead>
<tr>
<th>Week start date:  _ / _ / _ _ _ _</th>
<th>Week end date:  _ / _ / _ _ _ _</th>
<th>Case Manager (nurse): __________________________</th>
</tr>
</thead>
</table>

**Name:**

**Maven ID:**

**Phone:** (H) (W) (M)

**DOT Location:**

**Time:** ____________ AM/PM

## Weekly Medication (Dose/Frequency)

<table>
<thead>
<tr>
<th>Meds</th>
<th>INH</th>
<th>RIF</th>
<th>PZA</th>
<th>EMB</th>
<th>Moxi</th>
</tr>
</thead>
</table>

Check (√) if DOT not done (1)
Check (√) if medication side effect is reported (2)

(For CHW only) Check (√) if nurse is notified regarding (1) and/or (2)

**Comments**

Provider: Initial for each medication observed

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

**Number of DOT days observed**

**Additional Comments:** __________________________________________________________

**Signatures:** ___________________________ __________________________

(Nurse) (Community Health Worker)

☐ Scanned to MAVEN OR ☐ Faxed to MDPH 617-983-6990
Directly Observed Therapy (DOT) Weekly Log
Instructions for use

**Purpose**: The DOT log is to document (1) the current medication regimen, (2) the DOT plan, (3) the observation of TB medications, and (4) reported side effects or missed DOT and notification of these to the local public health nurse.

**Process**: The top section of the DOT log (name, schedule, medications) is completed by the local public health nurse if it is not pre-filled. The person providing the DOT initials each medication observed on the day observed. *Family members should not provide DOT.*

The DOT log is collected and scanned into MAVEN weekly to facilitate information sharing across local public health and DPH. Fax the DOT log to DPH at 617-983-6990.

To request DPH community health worker (CHW) assistance, local public health nurses can Login into MAVEN → select Care Plan/Follow-up Package → at the Outreach Requested question, select “YES”. The CHW-Supervisor will contact the local public health nurse to discuss the DOT schedule. Another alternative is to call DPH-CHW supervisors at 617-983-6970.

**DOT in >1 location and/or by >1 DOT provider:**
- DOT in the patient’s home with >1 DOT provider: keep the DOT log at the home to allow each DOT provider to document their encounter.
- DOT outside of patient’s home with 1 DOT provider: keep the DOT log with the provider.
- DOT in >1 location by >1 DOT providers: each DOT provider keeps their own DOT log to document their visit; consolidate at the end of each week.

**Weekly Medication**: Indicate the dose and frequency of each medication prescribed.
- *If the drug is not listed (i.e., not INH, RIF, PZA, EMB or Moxi), use a blank cell or cross out an unused medication and write in prescribed medication. Example*

<table>
<thead>
<tr>
<th>Meds</th>
<th>INH</th>
<th>RIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose</td>
<td>300 mg</td>
<td>500 mg</td>
</tr>
<tr>
<td>Freq</td>
<td>daily</td>
<td>daily</td>
</tr>
</tbody>
</table>

- Each DOT provider initials each medication observed on the day observed.

**Report missed DOT and/or side effects**: Use check boxes to document (a) DOT was not done for any reason and/or (b) the patient reports side effects. CHW will contact the LPH nurse to report either of these.

- **Number of DOT days observed**: Complete at end of the week.

**Scanned/Faxed to MDPH**: Check appropriate box.
- [ ] Scanned to MAVEN
- [ ] Faxed to MDPH 617-983-6990

**Questions**: Contact the Division of Global Populations at 617-983-6970.