OKLAHOMA DEPARTMENT OF CORRECTIONS INH/B6 Tuberculosis Medication Regimen and Documentation

INH (isoniazid)	B6 (pyridoxine)	Other Medication	Schedule:		Duration/Number of Doses
□ 300 mg	□ 50 mg		☐ Daily (7 days/week)		for Twice-Weekly Regimens
(daily dosage)	(daily dosage)		☐ Twice- Weekly		
□ 900 mg	□ 100 mg		Usually Mondays and Thursdays *There must be at least 73 hours between doses.		☐ 6 months = 52 doses
(2x weekly dosage)	(2x weekly dosage)				
Medication Start Date:		Medication End Date:		Doses Completed:	
Opening Interchange Completed Date:		Assign completed "Ope	ening Interchange" to	Chief Medical O	fficer/Designee for signature.

		DOSES AD	MINISTERED		
Doses	Date	Staff Int.	Doses	Date	Staff Int.
Administered			Administered		
1			27		
2			28		
3			29		
4			30		
5			31		
6			32		
7			33		
8			34		
9			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		

		DOSES MISSED Reason Missed		
Date	Staff Int.	Reason Missed		
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Staff Signature	Initial

Staff Signature	Initial

Staff Signature	Initial

Inmate Name
(Last, First)

ODOC Number