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

| INH (isoniazid) | B6 (pyridoxine) | Priftin (rifapentine) | Other Medication | Schedule: | Duration/Number of Doses for Twice-Weekly Regimens |
|---|---|---|---|---|---|
| ❑ 300 mg (daily dosage)<br>❑ 900 mg (2x weekly dosage)<br>❑ 900 mg (1x weekly dosage) | ❑ 50 mg (daily dosage)<br>❑ 100 mg (2x weekly dosage)<br>❑ 50 mg (1x weekly dosage) | ❑ 900 mg (1x weekly dosage) | _____<br>_____<br>_____ | ❑ Daily (7 days/week)<br>❑ Once - Weekly Usually on Thursdays<br>❑ Twice- Weekly Usually Mondays and Thursdays<br>***There must be at least 73 hours between doses.** | ❑ 6 months = 52 doses<br>❑ 12 weeks = 12 doses |

Medication Start Date: _____ Medication End Date: _____ Doses Completed: _____

Opening Interchange Completed Date: _____ Assign completed "Opening Interchange" to Chief Medical Officer/Designee for signature.

| DOSES ADMINISTERED | | | | | |
|---|---|---|---|---|---|
| Doses Administered | Date | Staff Int. | Doses Administered | Date | Staff Int. |
| 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 |
|---|---|---|
| Date | Staff Int. | Reason Missed |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Staff Signature | Initial |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Staff Signature | Initial |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Staff Signature | Initial |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Inmate Name
(Last, First)

ODOC Number