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

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.