STANDING ORDERS FOR MONITORING HEPATOTOXICITY OF ANTITUBERCULAR THERAPY FOR ALL ACTIVE AND LATENT TB PATIENTS

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TO: All WV Local Health Departments

FROM: Matthew Simmons, MD
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1. Obtain baseline liver function test (LFT) before beginning therapy. HIV status should also be determined at this time.
2. Provide extensive education to the patient, along with printed material, regarding symptoms to report (anorexia, nausea, vomiting, darkened urine, jaundice, malaise, elevated temperature and abdominal tenderness) and to the danger of alcohol and acetaminophen intake.
3. Dispense medication as ordered, either DOT, or if self-administered never giving more than a 30 day supply.
4. Provide a monthly "eyes on" nursing assessment for symptoms of toxicity and compliance with treatment.
5. Obtain a monthly LFT at nurse assessment and more frequently if nurse thinks it is appropriate due to findings.
6. Review all abnormal nursing assessments and questionable LFT findings with WV-DTBE and/or clinician.
7. Assessment of liver blood profiles should trigger the following responses:

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- Elevation of LDH alone, without any other liver function test abnormalities, does not warrant cessation of medication
- Any elevation of bilirubin and/or alkaline phosphatase requires cessation of medication and consultation with the clinician
- Minor elevation in ALT, AST, and GGT, up to three times the upper limits of normal, and the patient is asymptomatic, does not warrant cessation of medication. The medication should be continued unless there are clinical indications to do otherwise and then consultation with WV-DTBE and/or the clinician should be obtained. If these enzymatic levels are between three and five times the upper limits of normal, then medication should be withheld and consultation with the clinician should be obtained to determine if further therapy is advised.

8. Provide proper documentation of all LFT reports, nursing assessments and follow-up in patient chart.
9. Follow above criteria unless otherwise instructed by clinician.

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