



Monitoring & Treatment Timeline for Drug-Susceptible Tuberculosis															
	Initial Phase (wks)									Continuation Phase (mo)				Post-Tx (mo)	
	0	1	2	3	4	5	6	7	8	3	4	5	6	12	18
Medications															
INH															
RIF															
PZA															
EMB ¹															
Vit B6 ²															
	Initial Phase (wks)									Continuation Phase (mo)				Post-Tx (mo)	
	0	1	2	3	4	5	6	7	8	3	4	5	6	12	18
Sputa ^{3 4}	x3		x3		x2				x2				x2	x2	x2
Chest X-ray	x1								x1				x1	x1	x1
Blood Tests ⁵ CBC, Metabolic panel, Uric acid, HIV	x1														
Visual Testing ⁶ Snellen/Ishihara	x1				x1				x1						
Minimum Provider Visits	x1								x1				x1	x1	x1
Directly Observed Therapy (DOT)	_____ Monday through Friday _____														
INH: Isoniazid RIF: Rifampin PZA: Pyrazinamide EMB: Ethambutol Vit B6: Pyridoxine															

¹ EMB can be discontinued when organism is known to be fully susceptible.

² Pyridoxine (Vit B6) administration (25 mg/day) is indicated for individuals who have a higher risk of peripheral neurotoxicity from INH because of pregnancy or underlying medical conditions (e.g. nutritional deficiency, diabetes, HIV infection, renal failure, alcoholism, illicit drug use).

³ If smear positive, obtain 3 sputa every 2 weeks until 3 consecutive smears are negative, then 2 sputa every month until culture negative. If smear negative, obtain 2 sputa monthly until culture negative.

⁴ Collect 2 sputa by 8 weeks to document culture conversion has taken place, as this may determine treatment duration.

⁵ Additional monitoring needed if there are baseline abnormalities or as indicated by underlying medical conditions.

⁶ Visual testing should be performed monthly if patient remains on EMB.