

MEDICATION TRACKER

3 Months of Daily Isoniazid Plus Rifampin (3HR) for Latent Tuberculosis (TB) Infection

Patient Name: _____

Your Medication Schedule (Providers: Indicate the appropriate number of pills)

Medicine	Number of pills per dose	Frequency	Duration	Doses
Isoniazid: _____ mg	TOTAL: _____	Once a day	3 months	90
Rifampin: _____ mg	Isoniazid: _____			
	Rifampin: _____			

Normal Side Effects

Most people can take their TB medicines without any problems. The rifampin medicine may cause your urine (pee), saliva, tears, or sweat to appear an orange-red color. This is normal and the color may fade over time. When taking isoniazid, your doctor may have you take vitamin B6 with your medication.

STOP taking your medicine and CALL your TB doctor or nurse right away if you have:

- | | | |
|--|------------------------------|--|
| Less appetite, or no appetite for food | Easy bruising or bleeding | Head or body aches |
| An upset stomach or stomach cramps | Rash or itching | Dizziness |
| Nausea or vomiting | Yellowing skin or eyes | Tingling or numbness in your hands or feet |
| Severe diarrhea or light-colored stools (poop) | Severe weakness or tiredness | |
| Brown, tea-colored, or cola-colored urine | Fever | |

Please talk to your doctor or nurse if you have any questions or concerns about treatment for latent TB infection.

Doctor/Clinic Contact Information

Name of the staff caring for you: _____ Phone: _____

Address: _____ Hours: _____

Keeping Track of Your Treatment

On the table below, check the box and write the date to show when you took your medicine.

Doses 1–30								
Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
1			11			21		
2			12			22		
3			13			23		
4			14			24		
5			15			25		
6			16			26		
7			17			27		
8			18			28		
9			19			29		
10			20			30		

Doses 31–60

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
31			41			51		
32			42			52		
33			43			53		
34			44			54		
35			45			55		
36			46			56		
37			47			57		
38			48			58		
39			49			59		
40			50			60		

Doses 61–90

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
61			71			81		
62			72			82		
63			73			83		
64			74			84		
65			75			85		
66			76			86		
67			77			87		
68			78			88		
69			79			89		
70			80			90		



www.cdc.gov/tb