Consent for Treatment of Tuberculosis

(Preventive and First-Line Medications)

This is to let you know about the treatment for Tuberculosis. There can be problems and risks when taking medications for Tuberculosis.

These medications will stop the Tuberculosis germ from growing in your body. They must be taken daily for up to one year or more.

Medications	Things That May Happen:	Comments
Isoniazid (INH)	Very tired; loss of appetite; dark urine; light colored bowel movement; yellow eyes and skin; rash; tingling hands and feet; flushing; sweating or headache after a meal.	Caution: Avoid taking with food. Don't drink alcohol. Avoid using Tylenol (acetaminophen). No antacids within 2 hours.
☐ Rifampin (RIF) ☐ Rifapentine	Very tired; loss of appetite; dark urine; light colored bowel movement; yellow eyes and skin; rash; flu-like symptoms; heartburn; bruising. Will turn body fluids orange (tears, urine, sweat).	Caution: Avoid taking with food. Don't drink alcohol. Birth control pills, shots, IUD, implant or ring may not work; use another method, such as condoms. May discolor soft contact lenses.
Pyrazinamide (PZA)	Very tired; loss of appetite; dark urine; light colored bowel movement; yellow eyes and skin; joint aches; nausea; rash.	Caution: Don't drink alcohol. Avoid using Tylenol (acetaminophen).
Ethambutol (EMB)	Difficulty seeing red and green colors, they may look gray; vision changes; rash.	Caution: If you notice any vision changes, tell your health care provider immediately.
Streptomycin Injection	Dizziness; ringing in the ears or hearing loss; irregular heartbeat; muscle weakness/cramps; trouble breathing; easy bleeding/bruising; decreased urination; balance problems; renal toxicity; rash.	Caution: Avoid or reduce dose in adults over 60 years old. Soreness or hardening at the injection site; drink plenty of fluids; do not drink alcohol; avoid pregnancy.



Stop taking your medications **NOW** and report to your health care provider if you are having any of the side effects to the Tuberculosis medications. You must tell your health care provider if you do not feel well, take any other medicines, or you are pregnant. **If you experience difficulty breathing, lasting more than 30 minutes go to an urgent care or emergency room.**

I have read this form or have had it explained to me. I have had an opportunity to ask my health care provider questions about my treatment. I understand the benefits and risks of taking these medications. I agree to take my Tuberculosis medications as directed.

Name of client (Print)	Date of birth	Today's date
Signature of client		
Name of health care provider	Phone # (Office)	Cell phone #