

**MEDICATION ORDERS**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Pt ID #: \_\_\_\_\_  
 Male  Female

**Snohomish Health District  
 Tuberculosis Control**

**MEDICAL ALLERGIES:**

**MEDICAL CONDITIONS:**

**WEIGHT:** \_\_\_\_\_ LB KG

**OTHER MEDICATIONS:**

- Isoniazid \_\_\_\_\_ mg po QD
- Rifampin \_\_\_\_\_ mg po QD
- Pyrazinamide \_\_\_\_\_ mg po QD
- Ethambutol \_\_\_\_\_ mg po QD
- Pyridoxine \_\_\_\_\_ mg po QD
- Administer in a single daily dose, Monday-Friday under direct observation for \_\_\_\_\_ doses
- Rifamate (INH 150 mg/RIF 300 mg) \_\_\_\_\_ caps may be used to provide INH/RIF component of regimen
- To complete isoniazid dose, add Isoniazid \_\_\_\_\_ mg per dose to Rifamate capsules

Other

Signature \_\_\_\_\_