**Active Medication Log**

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| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Facility patient ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | EMR ID#: \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_ \_\_ \_\_ |

***Instructions:*** *Record all medication changes (e.g. medication stopped or has a change in dose) on a new line.*

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| **Drug abbreviations:**  Isoniazid (H)  Rifampicin (R)  Ethambutol (E)  Pyrazinamide (Z)  Streptomycin (S)  Amikacin (Am) | Kanamycin (Km)  Capreomycin (Cm)  Levofloxacin (Lfx)  Moxifloxacin (Mfx)  Prothionamide (Pto)  Ethionamide (Eto)  Cycloserine (Cs) | Terizidone (Trd)  Para-aminosalicylic acid (PAS)  Bedaquiline (Bdq)  Delamanid (Dlm)  Linezolid (Lzd)  Clofazimine (Cfz)  Imipenem/Cilastatin (Imp/Cln)  Amoxicillin/clavulanate (Amx/Clv)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\*Reason for medication change (Anti-TB drugs):**  1. planned change (e.g. dose change, end of injectable, end of treatment)  2. adverse event (e.g.changes due to contraindications)  3. reintroduction/replacement of stopped drug  4. resistance to drug  5. drug supply or drug administration issue  6. pregnancy  7. other:\_\_\_\_\_\_\_\_\_\_\_\_  **\*\*Reason for drug administration (non-TB drugs or concomitant medication):**  1. Adverse event  2. Comorbidity  3. Severe condition of patient  4. Other medical or treatment related \_\_\_\_\_\_\_\_\_\_\_\_ | **AE ID#:** Write AE ID # (see AE form) if change is related to an AE, otherwise write "NA" |

**Anti-TB drugs**

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|  | **Anti-TB drug** | **Total daily dose (mg)** | **Route**  **(Oral (PO), Intramuscular (IM), Intravenous (IV), Inhalation)** | **Schedule**  **(6 days per week, 7 days per week, every other day, 3 days per week, other)** | **Additional Instructions** | **Start date**  DD / MMM / YYYY | **Stop date**  DD / MMM / YYYY | **Reason for medication change\*** | **AE ID#** |
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**Concomitant medication log**

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|  | **Drug Name** | **Drug Quantity (units)** | **Formulation** | **Route** | **Frequency** | **Start date**  DD / MMM / YYYY | **Stop date**  DD / MMM / YYYY | **Reason for drug administration\*\*** | **AE ID#** |
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