

Instructions for Families of Children with Active Tuberculosis

Your child has been found to have active TB disease. This means that the TB germ is growing in an area of your child's body and could make him/her more sick if we don't start (and finish) good treatment. The treatment required is usually 3 to 4 different medicines for at least six months.

Where did your child get TB infection?

All children who have TB infection got it from another person – usually an adult with a cough. It is critical that the source of your child's TB germ be found as soon as possible to prevent others from getting sick. You should help to arrange for all other family members and people who care for your child to be skin tested immediately. This can be done by private doctors or through the health department. People who have positive skin tests or who have symptoms of TB will need chest x-rays to see if they have active TB.

We are required by law to report cases of TB to the public health department immediately. They are required to follow-up on cases to prevent the spread of this disease in our communities. You will be contacted by a public health nurse or TB outreach worker.

When visiting the hospital, masks should be worn by family members whose TB status is unknown.

Medications:

Drug name:	Your child will get:	# of tablets or capsules	Special notes:
INH (Isoniazid)	100 mg tablets	_____	Can be broken in half
	300 mg tablets	_____	
Rifampin	150 mg capsules	_____	Can open capsule into food
	300 mg capsules	_____	
Pyrazinamide	500 mg tablets	_____	Can be broken in half
Ethambutol	100 mg tablets	_____	Can be broken in half
	400 mg tablets	_____	
Pyridoxine (vit B6)	25 mg tablets	_____	Kids over 12, poor diet, or breastfed babies

Important:

TB is a dangerous disease because the germ that causes it has the ability to outsmart humans quickly, especially if people do not take the medications as they are prescribed. When doses are missed, the germ becomes resistant to the medications we use and the treatment can fail. This is why we monitor medications and appointments so carefully.

PLEASE BRING ALL YOUR CHILD'S MEDICATIONS TO EVERY VISIT!

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Monitoring Therapy (DOT)

For all children with tuberculosis, we request that the public health department assist with giving the medications. This is called “directly observed therapy” or DOT. The use of DOT has been proven to help patients finish their TB medicines without delay or problems.

You will be asked to be at home at the times and on the days agreed to with the nurse or case manager. You must try to cooperate and work closely with the health department workers, who have an obligation to help your child recover from TB.

Most of the TB medicines are not available in liquid. We have found that the best way to give the medicines is to crush the tablets and open the capsules into food.

To give the medications:

If your child cannot take the pill whole:

- Crush pills or open capsules.
- Put the contents into something sweet and thick, such as chocolate pudding, banana baby food, jam, or anything your child likes.
- Give all the medicines all at once and close to the same time each day

Side effects:

Tell the doctor if your child is taking any other medications. There can be drug interactions with some of the TB drugs. These are some of the common side effects associated with TB medicines:

- People who take rifampin get orange urine, tears, and saliva.
- Nausea, diarrhea, and occasional vomiting can occur, but usually gets better after a week or so. Numbness or tingling of the fingers or toes sometimes occurs. Let us know if this happens.
- Allergic reactions - Call immediately if a rash develops and stop taking the medications until you discuss the reaction with the doctor.
- There is a small risk of hepatitis (liver inflammation) with INH and rifampin, but it is very rare in kids. **Please call us and stop the medication if you notice poor appetite, decreased energy, belly pain, vomiting or other concerning symptoms for more than a couple days.**
- People can get an eye problem called optic neuritis with ethambutal (EMB) which affects vision. This is extremely rare-to-nonexistent in children. Watch for any trouble with your child's vision (eye-rubbing, trouble picking up small objects, etc.).

Plan for follow-up:

We will follow-up with your child regularly, with exams and x-rays as needed, until the disease is cured.

Contact:

Phone #: