

MEDICATION TRACKER

4 Months of Daily Rifampin (4R) 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
Rifampin: mg	TOTAL:	Once a day	4 months	120

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.

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 | Fever |
| An upset stomach or stomach cramps | Rash or itching | Head or body aches |
| Nausea or vomiting | Yellowing skin or eyes | Dizziness |
| Cola-colored urine or light stools | Severe weakness or tiredness | |

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		



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

www.cdc.gov/tb

CS345844-A | 301335

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		

Doses 91–120

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
91			101			111		
92			102			112		
93			103			113		
94			104			114		
95			105			115		
96			106			116		
97			107			117		
98			108			118		
99			109			119		
100			110			120		