TEXAS Health and Human Services

Texas Department of State Health Services

# Medication Layout for Video-Enabled Directly Observed Therapy (VDOT)

_____

Today is _____ (mm/dd/yyyy)

**Place Pills Here**:

| | | | | | |
|---|---|---|---|---|---|
| Name of the Pill: | _____ | _____ | _____ | _____ | _____ |
| Number : | _____ pill(s) | _____ pill(s) | _____ pill(s) | _____ pill(s) | _____ pill(s) |

If you are experiencing any of the following side effects place a (✓) check next to each side effect listed below. **STOP**, do not take medication, and contact your TB care provider at: _____ before taking any medication.

☐ Abdominal pain/heartburn
☐ Bruises, red/purple spots on skin
☐ Convulsions
☐ Dark Urine (coffee-colored)
☐ Dizzy, lightheaded
☐ Ears ringing/fullness in ears
☐ Fever/chills for >3 days
☐ Flu-like symptoms
☐ Headaches
☐ Jaundice (yellow skin/eyes)
☐ Joint pain (chronic)
☐ Light colored stools
☐ Loss of appetite
☐ Malaise/fatigue-feeling unusually tired
☐ Nausea/vomiting
☐ Numbness/tingling in hands, feet, other
☐ Skin rashes/itching
☐ Sores on lips or inside mouth
☐ Unusual bleeding (nose, gums, stool, etc.)
☐ Visual problems-changes in your vision
☐ Weakness or tiredness