



# RIFAMPIN SIDE EFFECTS MONITORING CHECKLIST

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
SFN 61533 (8-2018)

## Client Information

Client Name:		Date of Birth:	
Address:	City:	State:	ZIP Code:

Patient undergoing RIF preventive therapy should be advised to discontinue medication and seek medical attention immediately upon development of any of the listed signs/symptoms.

## Signs/Symptoms

	1 <sup>st</sup> Month		2 <sup>nd</sup> Month		3 <sup>rd</sup> Month		4 <sup>th</sup> Month	
	YES	NO	YES	NO	YES	NO	YES	NO
Less appetite or no appetite for food								
An upset stomach or stomach cramps								
Nausea or vomiting								
Cola-colored urine or light stools								
Easy bruising or bleeding								
Rash or itching								
Yellowing skin or eyes								
Severe weakness or tiredness								
Fever								
Head or body aches								
Dizziness								
Other (specify):								

**Note:** It is normal if your urine, saliva or tears become orange-colored. Soft contact lenses may become stained.

## Completion of Treatment

Treatment Start Date:
Treatment Completion Date:

## Agency/Facility Submitting Report

Agency/Facility Submitting Report:	
Nurse Signature:	Date:
Comments:	



Fax completed form to 701.328.0356

