

# Tuberculosis (TB) Cases and Suspects



- Pertinent Healthy People 2010 Leading Health Indicators:**
- Substance abuse
  - Responsible sexual behavior
  - Mental health
  - Environmental quality
  - Access to health care
  - Tobacco use

**Assess**

**Nursing Practice**

1. Review referral documents when received from the Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
2. Analyze report for:
  - a. Site of disease, Date of onset, Diagnosis, Source of referral (if under private provider care, contact provider prior to home visit if contact was not already made by TB Control), Tuberculin skin test results (TST) and BCG status, Chest X-ray results, Bacteriology/laboratory results (i.e. pathology report, CSF chemistry, etc), Any medical and/or previous TB history, Symptoms and probable communicability status, Medications for TB, Other medications, Living situation/psychosocial factors, Contact referral source if insufficient/incomplete information given and client is not currently hospitalized.
2. Assess case/household per PHN Assessment criteria.

**Diagnose**

1. Verify the medical diagnosis and determine the priority of action:
  - a. Review Section/page D7 of the Public Health Nursing Practice Manual for priority of action or determine the priority in consultation with the PHNS as needed. Document priority selected.
2. Consider the client's/household's need for nursing interventions based on the medical diagnosis.
3. Consider the client's/household's need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering, and improve quality of life.

**Identify Outcomes**

**Outcome Objectives:**

1. Prevent the spread of TB within families, communities, health facilities, or other populations.
2. Cure the client of TB disease.

**Nursing Practice:**

1. Determine and document specific health needs/goals for client/contact situation.
  - a. Determine appropriate timeline for attainment of the outcomes according to the assessment and diagnoses and per the TB Control Program Manual 2003 (page 5-4 and 5-14).

**Other References**

- Health Education Materials
- Public Health Nursing Practice Manual
- LAC TB Control Manual

**Plan**

**Plan for the following Public Health Nursing Interventions:**

**1. Disease and Health Event Investigation:**

- a. Review for:
  - Symptoms, Incubation period, Source, Mode of transmission, Period of communicability, Specific treatment, Control measures, & TB Control Program Manual 2003 Chapters 3 & 4
- b. Obtain TB education and resource materials.
- c. Elicit epidemiological data.
- d. Determine onset of symptoms & current status of symptoms.
- e. Analyze actual/potential spread of disease.
- f. Determine probability of adherence & the impact of diagnosis on cultural beliefs.
- g. Provide instruction on appropriate specimen collection.
- h. Institute appropriate control measures if applicable.
- i. Document all consultations, collaborations, interventions & client encounters in medical record.

**2. Case Finding**

- a. Initiate contact investigation per Contact Investigation Standards in TB Control Program Manual 2003 (Appendix L).
- b. Explain to the client that confidentiality will be safeguarded.
- c. Administer TST, if applicable.

- d. Refer contacts for evaluation/treatment, if applicable.
- e. Initiate appropriate forms: H-289 & H-304 if applicable.
- f. Initiate source case finding for children who are Class 3/5.

**3. Health Teaching/Counseling**

- a. Educate clients/contacts regarding disease process, necessary follow-up & medication prescribed.
- b. Educate about TB and precautions needed to prevent spread of disease, if client is communicable.

**4. Referral and Follow-up**

- a. Refer all contacts for evaluation and follow-up (e.g., provider), if applicable.
- b. Refer client to community resources as needed according to identified needs.
- c. If client born in Mexico, has family in Mexico, or may be visiting there, provide client the 'Cure TB' Binational Referral Program wallet card to facilitate continuity of care in the event of an unplanned trip/move.

**5. Case Management**

- a. Notify public health center TB clinician/PMD of changes in status of client, if applicable.
- b. Initiate PHN TB Class 3/5 Assessment Form, PHN Assessment in NPMS, H-304 if indicated & H-290 Registration.
- c. Ensure client is reclassified as indicated within 3 months from the date referral was received.

- d. Ensure client who is a TB 3 completes the required treatment.
- e. Contact client by monthly home visit to ensure that client is following recommended management program unless otherwise approved by PHNS.
  - Assess for: Adherence with treatment (Count TB medication, if not on DOT), Date of last health provider/clinic visit, Current medications, Date of last refill (if private provider), Date of next healthcare provider/clinic appointment, Educational, psychosocial, & medical needs related to TB, Other non-TB related concerns, Document visit on monthly PHN TB Follow-up Form within 2 working days.

**6. Surveillance**

- a. Monitor adherence to home isolation & 'Patient Education Instructions for Home Isolation for Contagious Tuberculosis' H-3070, if applicable.
- b. Monitor adherence to recommended medical treatment, if applicable.
- c. Monitor client for complications & additional concerns until closure at least monthly & as necessary.

**Implement**

1. PHN interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions, and client/caretaker encounters on the investigation forms, and/or in the medical record/NPMS.

**Evaluate**

1. Evaluate the effectiveness of the health of the client/contact(s); e.g. document client understands disease process & prevention of transmission.
2. Determine and document action for the non-adherent client and/or if client cannot be located:
  - a. Consult with the TB clinician for non-compliant clients.
  - b. Make 2 home visit attempts to verify client's residency. If client cannot be found, consult with the PHNS for review and recommendations.
  - c. Attempt to locate the client via postal clearance and by calling emergency numbers or other contact numbers listed in the client record.
  - d. If the client is referred for district PHI follow up, contact the assigned PHI every 2 weeks until final disposition and document the client's status in the medical record.
  - e. If the client is referred for TBC PHI follow-up and a Legal Order was initiated, contact the assigned TBC PHI monthly until final disposition and document the client's status in the medical record.
3. Complete reporting forms:
  - a. Submit (H-290) registration within 14 days of receipt of the suspect referral or within timeframe agreed upon with the PHNS.
  - b. Ensure that the H-304 is dispositioned and submitted if indicated.
  - c. Submit TB Patient Clinical Summary (H-513) for closure within 7 days of closure or within timeframe agreed upon with the PHNS.
  - d. Ensure H-290 confirmation is submitted within 7 days of the final culture report from all sites within 7 days of clinical diagnosis or within timeframe agreed upon with the PHNS.
  - e. Ensure H-289 is submitted to TB Control after completion of initial screening process.
4. Assessment:
  - a. Complete PHN TB Class 3/5 Assessment Form and PHN Assessment Form.
5. Evaluate client satisfaction:
  - a. Give client satisfaction form to client for completion & submission in a pre-addressed, stamped envelope.