

**Texas Department of State Health Services  
TB Case and Suspect Management Plan**

Patient's Name: \_\_\_\_\_

Initial Report Date: \_\_\_\_\_

Nurse Case Manager: \_\_\_\_\_

Case Management Team: \_\_\_\_\_

**Directions:** Blank boxes indicate week(s) TB service is to be provided. *Document date and initials of the provider in the appropriate box when the task is completed.* Document comments in progress notes.

| <b>Action Interval:</b>                  |   | <b>0</b>     | <b>2</b>   | <b>4</b>   | <b>8</b>   | <b>12</b>  | <b>16</b>  | <b>20</b>  | <b>24</b>  | <b>26</b>  |
|--|---|--------------|------------|------------|------------|------------|------------|------------|------------|------------|
| <b>Date:</b>                             |   | <b>Begin</b> | <b>Wks</b> |
| <b>Responsibility</b>                    | Assign nurse case manager; establish team; document in client's record  |              |            |            |            |            |            |            |            |            |
| <b>Medical Evaluation</b>                | Obtain medical history; document on TB-202  |              |            |            |            |            |            |            |            |            |
|  | Obtain release (L-30); request previous medical records   |              |            |            |            |            |            |            |            |            |
|  | MD evaluation   |              |            |            |            |            |            |            |            |            |
|  | RN evaluation   |              |            |            |            |            |            |            |            |            |
|  | Mantoux skin test (if not previously done)  |              |            |            |            |            |            |            |            |            |
|  | Chest X-ray   |              |            |            |            |            |            |            |            |            |
|  | Supervised sputum for AFB smear/culture according to protocol   |              |            |            |            |            |            |            |            |            |
|  | HIV testing, unless patient has knowledge of HIV+ status or has documented negative HIV test result within 14 days of TB diagnosis  |              |            |            |            |            |            |            |            |            |
|  | Nutritional assessment  |              |            |            |            |            |            |            |            |            |
| <b>Treatment</b>                         | Drug regimen according to protocol or specific order  |              |            |            |            |            |            |            |            |            |
|  | Initiate DOT on all cases/suspects: Daily X2 weeks, 2X/week (Mon/Thurs or Tues/Fri) or 3X/week (Mon/Wed/Fri) until completion of adequate therapy; document DOT on TB-206                       |              |            |            |            |            |            |            |            |            |
|  | Pyrazinamide X2 months and ethambutol X2 months (or until susceptibilities are reported and client's organism is known to be pan sensitive)   |              |            |            |            |            |            |            |            |            |
|  | Vitamin B6 (if pregnant, diabetic, at risk for peripheral neuropathy)   |              |            |            |            |            |            |            |            |            |
|  | Obtain Informed Consent form TB-411 (TB-411A, if Spanish speaking, only) initially and for any drugs added to regimen.  |              |            |            |            |            |            |            |            |            |
| <b>Consultation</b>                      | Obtain expert consult for drug resistant cases, complicated adult/pediatric cases or client who remains symptomatic or sputum positive after 2 months therapy; written consult in client record |              |            |            |            |            |            |            |            |            |
| <b>Toxicity/<br/>Clinical Assessment</b> | Clinical assessment according to protocol; document (TB-205 and progress note as appropriate)   |              |            |            |            |            |            |            |            |            |
|  | Visual acuity (Snellen) and color discrimination (Ishihara Plates) initially and monthly if on EMB or rifabutin; document (TB-205)  |              |            |            |            |            |            |            |            |            |
|  | Hearing sweep check initially and monthly if on amikacin, capreomycin, kanamycin or streptomycin; document (TB-205)   |              |            |            |            |            |            |            |            |            |

## TB Case and Suspect Management Plan for Outpatient Care

|   |   | Action<br>Interval: | 0<br>Begin | 2<br>Wks | 4<br>Wks | 8<br>Wks | 12<br>Wks | 16<br>Wks | 20<br>Wks | 24<br>Wks | 26<br>Wks |
|---|---|---------------------|------------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|
|   |   | Date:               |            |          |          |          |           |           |           |           |           |
| <b>Adherence</b>                                    | Issue Order to Implement Measures for a Client With Tuberculosis form TB-410 (TB-410A, if Spanish speaking, only) on all cases/suspects   |                     |            |          |          |          |           |           |           |           |           |
|   | Follow-up missed appointments within 1 working day; initiate court-ordered management according to TDH policy (see TB Policy Manual, Section 5) and notify Regional office                              |                     |            |          |          |          |           |           |           |           |           |
|   | Evaluate barriers to treatment  |                     |            |          |          |          |           |           |           |           |           |
| <b>Isolation</b>                                    | Conduct <b>site visit</b> to assess living situation.   |                     |            |          |          |          |           |           |           |           |           |
|   | Institute isolation in congregate living situation or home and exclude from work or school, if infectious   |                     |            |          |          |          |           |           |           |           |           |
|   | Discontinue congregate setting isolation or allow to return to work/school following at least 2 wks appropriate therapy, 3 consecutive negative smears on different days and an improvement of symptoms |                     |            |          |          |          |           |           |           |           |           |
| <b>Education</b>                                    | Appropriate client education provided initially and monthly per protocol; written instructions and monthly review of medication side effects, document on TB-203  |                     |            |          |          |          |           |           |           |           |           |
| <b>Public Health/<br/>Contact<br/>Investigation</b> | Interview case/suspect and contacts; plan contact investigation using the "Concentric Circle" approach  |                     |            |          |          |          |           |           |           |           |           |
|   | Initiate contact investigation within 3 working days; interview and evaluate (skin test/reading, CXR, medical evaluation); document on TB-340   |                     |            |          |          |          |           |           |           |           |           |
|   | Expand contact investigation according to CDC guidelines and local criteria for expansion.  |                     |            |          |          |          |           |           |           |           |           |
|   | Provide second skin test 8-10 weeks after break in contact with the case to all contacts who were skin test negative on the initial test; document on TB-340  |                     |            |          |          |          |           |           |           |           |           |
|   | Provide education and counseling for contacts   |                     |            |          |          |          |           |           |           |           |           |
| <b>Reporting</b>                                    | Report suspect/case to state designated case registry within 1 working day of notification  |                     |            |          |          |          |           |           |           |           |           |
|   | Submit TB-400A and TB-400B (all data fields complete) within 7 days of diagnosis; submit TB-400B at least quarterly and at the time of closure  |                     |            |          |          |          |           |           |           |           |           |
|   | Submit TB-340 within 14 working days of initiating contact investigation and after second testing of negative contacts is complete  |                     |            |          |          |          |           |           |           |           |           |
| <b>Quality<br/>Assurance<br/>Review</b>             | Clinical supervisor or TB Program Manager reviews and evaluates contact investigation   |                     |            |          |          |          |           |           |           |           |           |
|   | Team review of client record  |                     |            |          |          |          |           |           |           |           |           |
| <b>Social Services</b>                              | Enroll in Medicaid, if eligible; make appropriate referrals to drug/alcohol treatment programs, nutritional support programs, and refer for HIV services, if necessary                                  |                     |            |          |          |          |           |           |           |           |           |

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

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