

**Texas Department of State Health Services
Tuberculosis Education/Counseling Record**

NAME: _____ D.O.B.: ____/____/____ SS#: ____/____/____

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| <p>Instructions:</p> <ol style="list-style-type: none"> 1. Provide appropriate Education/Counseling to ALL TB clients. 2. Each client must have an education/counseling plan based on individual assessment and need. 3. This tool serves as a guideline but education/counseling should not be limited to this information only. 4. Initial each box as education/counseling is performed. 5. The (Y) indicates when instruction should occur. 6. Standardized printed materials (in client's preferred language, if available) are provided to client on the initial visit. 7. Staff providing client education must be familiar with reference information listed in the TB standing delegation orders. | <p>Language used for education/ counseling:</p> <p>Interpreter names:</p> <p>Comments:</p> | | | | | | | | | |
| | Initial Visit | 1 Mo Date | 2 Mo Date | 3 Mo Date | 4 Mo Date | 5 Mo Date | 6 Mo Date | 7 Mo Date | 8 Mo Date | 9 Mo Date |
| <p>TRANSMISSION/PATHOGENESIS:</p> <ul style="list-style-type: none"> • Signs/symptoms of TB disease • Airborne disease / Shared airspace • Infectiousness of case • PPD(+) 2-10 weeks after initial infection • TB infection vs. disease | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| <p>INFECTION CONTROL MEASURES: <input type="checkbox"/></p> <ul style="list-style-type: none"> • Proper use of masks and tissues • Isolation/return to work after 3 negative smears, clinically improved, DOT for 2 weeks • Sputum collection | Y | Y | Y | Y | | | | | | |
| <p>EVALUATION:</p> <ul style="list-style-type: none"> • PPD testing/significance, CXR results, other tests | Y | | | | | | Y | | | Y |
| <p>HIGH RISK GROUPS/FACTORS:</p> <ul style="list-style-type: none"> • Diabetics, Silicosis, HIV+, Gastric resection • Alcohol/drug abuse (IVDU), Underweight • Corticosteroids, TNF-alpha antagonists • Foreign born, Resident of correctional or long term care facility | Y | Y | Y | | | | | | | |
| <p>MEDICATION:</p> <ul style="list-style-type: none"> • Possible side effects, actions to take if side effects occur • Increased risk of side effects if post-partum, alcohol abuse, kidney or liver disease • Benefits = cure of disease or prevention of disease • Administration = dosage/frequency, length of treatment, DOT/DOPT | Y | Y | Y | | | | | | | |
| <p>DRUG INTERACTIONS:</p> <ul style="list-style-type: none"> • INH: Tylenol, anticoagulants, valium, carbamazepines, disulfiram, haldol, ketoconazole, dilantin, theophyllin, valproate • Rifampin: anticoagulants, antidepressants, beta-blockers, oral contraceptives, corticosteroids, protease inhibitors, delavirdine, efavirenz, digoxin, diltiazem, fluconazole, itraconazole, haloperidol, methadone, dilantin, verapamil, tetracyclines, trimethoprim-sulfa, chloramphenicol | Y | | | | | | | | | |
| <p>ADHERENCE:</p> <ul style="list-style-type: none"> • Case = control order, quarantine, MDR-TB, death • LTBI = disease later, DOPT | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| <p>RATIONALE FOR DOT/DOPT:</p> <ul style="list-style-type: none"> • Assure compliance and adherence • DOT = prevents drug resistance and is Standard of Care • DOPT = age <5, HIV+, contacts to MDR-TB, other high risk | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

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| RATIONALE FOR MONTHLY MONITORING: <ul style="list-style-type: none"> • Assess improvement/worsening of symptoms • Toxicity/symptom review, LFTs/other lab per protocol • Medication refill | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| LAB RESULTS: <ul style="list-style-type: none"> • LFTs/other lab per protocol • Sputum per protocol • Evaluation of sputum conversion | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| HIV <ul style="list-style-type: none"> • Affect of HIV infection on progression to TB disease • HIV post test counseling | Y | | | | | | | | | |
| SPUTUM/SPECIMEN COLLECTION: <input type="checkbox"/> <ul style="list-style-type: none"> • Early morning specimen, One supervised monthly • Weekly, till 3 consecutive negative smears • Monthly, till 2 consecutive months negative cultures • Collect outdoors or in room with negative air pressure | Y | Y | Y | Y | Y | | | | | |
| CONTACT INVESTIGATION: <input type="checkbox"/> <ul style="list-style-type: none"> • Rationale = find new disease, detection and treatment of LTBI • 2nd testing of negative contacts, 8-10 weeks after break in contact • Concentric circle approach | Y | | Y | | | | | | | |
| CONSENTS/AUTHORIZATIONS: <ul style="list-style-type: none"> • Consents explained • Copies given to patient | Y | | | | | | | | | |
| PROVIDER INFORMATION: <ul style="list-style-type: none"> • Clinic address/phone number • Nurse case manager 's name/phone number | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
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| | | | | | | | | | | |
| Provider Initials: | | | | | | | | | | |
| Interpreter Initials: | | | | | | | | | | |
| Next Appointment: | | | | | | | | | | |

- Provided at Indicated Month
- Cases/Suspects Only

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|-------------------------------------|---------------------------|-----------------|-------------|
| PROVIDER NAME (Please Print) | PROVIDER SIGNATURE | INITIALS | DATE |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |