



TB Clinical Care Services

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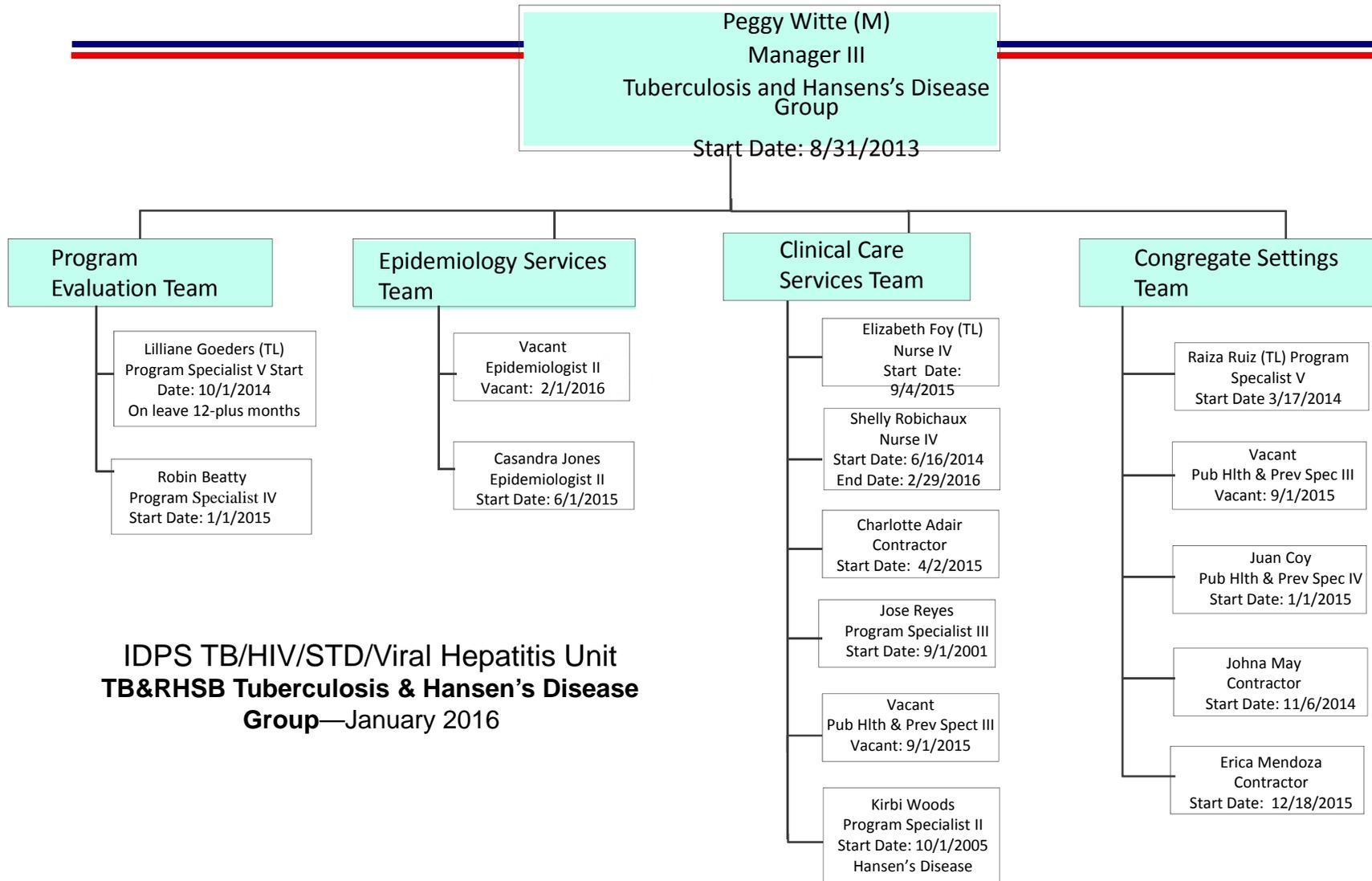
PHONE: 512-533-3144

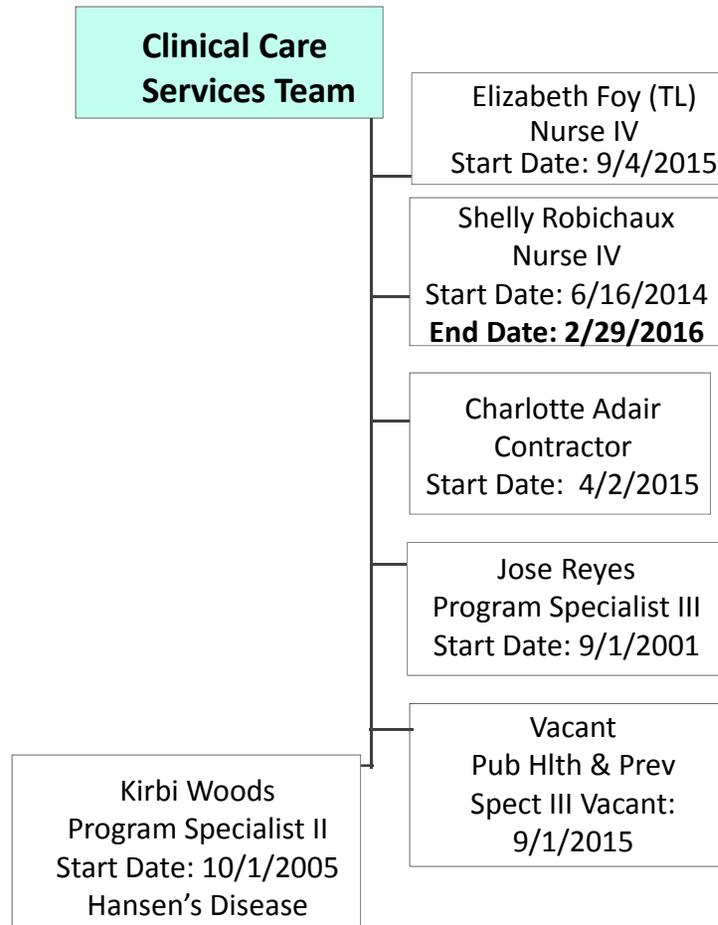
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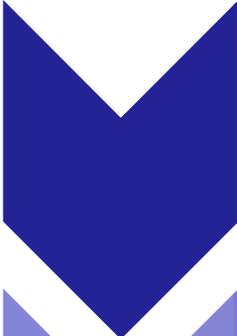


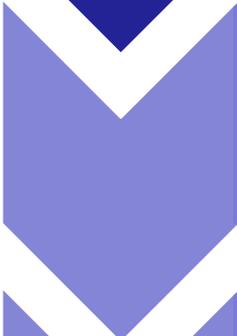
Cross Team Coordination

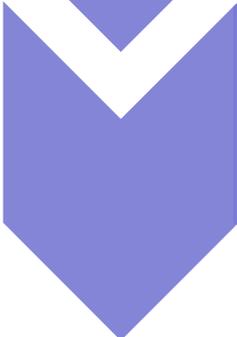
- Medical/Clinical
 - Lisa Cornelius, M.D. - medical consultation, clinical questions, SDOs
 - Charlotte Adair, N.P. (contract nurse) - TB manual development
- Epidemiology
 - Casandra Jones -TB alerts, genotyping
- Congregate Settings / Targeted Testing
 - Raiza Ruiz – technical assistance and guidance
- Programmatic
 - Tomas Rodriguez - CDC,DQMQ flight notifications, Do Not Board (DNB), Be On the Lookout (BOLO)
- Program Evaluation
 - Robin Beatty - Cohort Review, Drug Resistant Cases data entry



Clinical Care Team Core Services

- 
- Nurse Consultation

- 
- Standing Delegation Orders (SDOs)

- 
- Drug Resistant Program



Nurse Consultation

Respond to phone and email inquiries

- Research issues and provide guidance

Educate public/private entities

- Provide guidance to private physician offices, LHDs/HSRs, and congregate settings.

TB Alerts

- Nurse case management consults
- Coordinate with DSHS laboratory and pharmacy



Examples of Nurse Consultation Questions

- Can we release this patient from home isolation?
- Is this client's treatment considered complete?
- What can we use for incentives and enablers?
- How do I convert my client's doses into daily dose equivalents?
- I think the physician prescribed too low of a dose for my pediatric patient. Please, confirm my calculation.
- What is the best way to administer medications to my pediatric patient?



Heartland Consultation

Required for the following:

- Client is a contact to a case of MDR-TB or XDR-TB.
- Client has laboratory-confirmed drug resistance or is suspected to have drug resistant-TB.
- Client has positive sputum cultures for *M.tb* after 4 months of appropriate therapy for TB disease and is deemed a treatment failure.
- Client has been prescribed a 2nd line medication.



Heartland Consultation

- Please do not contact the Heartland physicians directly
- To request a consult, send an email to the Heartland Nurse Consultants:
 - **Catalina Navarro**
Catalina.Navarro@uthct.edu
 - **Debbie Onofre**
Debbie.Onofre@uthct.edu



Heartland Consultation

All requests for consults from Heartland should include:

- the specific question to be answered,
- adequate information regarding the history, physical, and diagnostic test results, and
- cc: to the regional TB Program Manager, the Regional Medical Director, and the TB and Refugee Health Services Branch Nurse Consultant.



If not a required consult and

- the question involves “what is the process for this?”
- the question involves a “difficult patient”
- assistance is needed for a “complex situation”
- Brainstorming assistance is needed for a “next step”
- SDO technical assistance is needed

Please contact the Regional TB Program first. If further assistance is needed, contact the DSHS nurse consultant.



Standing Delegation Orders (SDOs)

- Physician's orders or instructions for the care of an individual in a HSR clinic.
- Allows for a nurse or other personnel work under a physician's orders to legally provide clinical services.
- In Texas the SDOs written for HSR clinics serve as another tool to aid local health departments on their policies and procedures in TB.



Drug Resistance Program

- Drug Resistance
 - tracking 2nd line medication requests
 - ensuring expert physician consult obtained
 - Monthly reports of drug resistant cases are sent to all TB Program managers

- ITEAMS support
 - management of pharmacy orders for TB meds



Drug Resistance Program Policy

- **Policy Number TB-4002**

<http://www.dshs.state.tx.us/idcu/disease/tb/policies/>

- **Purpose**

The purpose of this policy is to define drug resistance for *Mycobacterium tuberculosis* complex and to specify the concentrations of first- and second-line antituberculous drugs tested at DSHS laboratories.



Drug Resistance Program Functional Elements

- Monitor, evaluate and promote programs and activities
- Promote prevention
- Ensure successful identification, location and treatment of DR-TB
- Provide technical assistance and education to health professionals.
- Collect, analyze, report and respond to data on DR-TB cases
- Develop relationships and promote communication among health departments, private providers, consultants and laboratories.



Drug Resistance Program Reporting

TX DSHS TB Work Plan – Unit G

- Complete and submit form TB-400 on all newly diagnosed drug resistant cases within five (5) days of notification to the DSHS Tuberculosis Services Branch.
- Submit an updated form TB-400 every ninety (90) days for all drug resistant cases until completion of treatment to DSHS Tuberculosis Services Branch.
- Submit within seventy-two (72) hours of notification any changes in case management, drug resistance patterns, or change of residence of all drug resistant TB cases to DSHS Tuberculosis Services Branch.



Drug Resistance Program Reporting

TX DSHS TB Work Plan – Unit C

Medical Consults

- Obtain consultation from a DSHS recognized expert physician consultant within 3 days of laboratory notification for all TB cases whose *M. TB* organisms are resistant to isoniazid and/or rifampin or shows a resistance to any drug on the drug susceptibility panel in accordance to TB 4002 policy.
- Provide written documentation the consultation occurred and the consultant's recommendations were followed or a justification for deviations from the advice of the consultant shall be maintained in the patient's record and a copy of the consult must be sent to the DSHS Tuberculosis Services Branch within twenty-four hours.



Second Line TB Medications

levofloxacin (NDC 50458092050) Levaquin 250 mg tablet 50	Must have medical expert consult and TB program approval on first order
levofloxacin (NDC 50458092550) Levaquin 500 mg tablet 50	
levofloxacin (NDC 50458093020) Levaquin 750 mg tablet 20	
linezolid (NDC 00009513502) Zyvox 600 mg tablet 20	
moxifloxacin (NDC 00085173301) Avelox 400 mg tablet 30	
capastat sulfate (NDC 17478008050) Capreomycin 1 gm/10ml vial	
amikacin sulfate (NDC 00703904003) Amikan vial 250 mg/ml vial	



Second Line TB Medications Approval Process

- Provider enters the initial order(s) for second line tuberculosis drug in DSHS Pharmacy system
- DSHS Pharmacy will contact the TB Branch for second line drug approval
- TB Service Branch will consider the approval and medication will be released once we have the required patient information
- If the patient is Drug-Resistant the Provider will upload to the PHIN a copy of the DSHS Pharmacy order, TB400 A & B Report, and a copy of the TB expert medical consult letter/email recommending a second line drug medication
- If patient is not drug-resistant the Provider will upload to the PHIN a copy of the pharmacy order and a copy of a doctor's note indicating the medical necessity for the second line drug(s)



Drug Resistance Program Reporting

1. Submit all lab reports and TB expert consults and TB 400s to the Drug-Resistant Program via the PHIN.

Folder: HIV and TB Files/Central-TB/Drug Resistance

2. Email Robin Beatty robin.beatty@dshs.state.tx.us with the file name and password



Drug Resistance Program Monthly Report

Monthly Report

- The Drug-Resistant TB Monthly Reports are uploaded to the PHIN: HIV and TB Files/Central-TB/Drug Resistance folder
- A notification is sent to each local and regional TB program manager and registrar
- Please review the Drug-Resistant TB Monthly Report for complete and accurate patient information



TB Resources

- TB Standing Delegation Orders
 - <http://www.dshs.state.tx.us/idcu/disease/tb/policies/>
- TB Frequently Asked Questions (FAQ)
 - <http://www.dshs.state.tx.us/idcu/disease/tb/faqs/>
- TB Forms
 - <http://www.dshs.state.tx.us/idcu/disease/tb/forms/>
- CDC Tuberculosis info page
 - <http://www.cdc.gov/tb>



Questions?