

**NEDSS Training Exercises for**

**Module 5: Tuberculosis, TB Disease Only, & Comprehensive TB Treatment Details Tab**

**Overview:**

* This module contains three exercises, #7, 8, & 9.
* When you have finished, email your training lead your responses.

**Instructions**

**Exercise #7, the Tuberculosis tab:**

Enter data in the Initial Evaluation section.

When you get to the question “TB Symptom Screening Performed”, select YES and enter a past date.

Next, select YES to “Is patient symptomatic?”

You have been provided the following data. Enter this in the Symptom Screening Repeating Block:

Cough (persistent x3 weeks) Onset April 3, 2023

Fever/chills Onset July 1, 2023

Weight loss (>10%) Onset July 1, 2023

1. Provide a screenshot of the updated Symptom Screening Repeating Block:

*Insert screenshot here*

1. What is a quick, accurate way to enter “No” if the patient had no Medical Risk Factors noted under the Risk Factors section?
2. In the Chest Imaging section, enter any type of chest study with any date and any data results you choose. Add at least 2 and provide a screen shot of the “additional Chest Imaging” repeating block:

*Insert screenshot here*

**Exercise #8, the TB Disease ONLY tab:**

1. Enter any past date in the “Date of Illness Onset or Symptom Start Date” field. Next, indicate Pulmonary as Site of TB Disease. Provide a screenshot of this.

*Insert screenshot here*

1. Under the Initial Treatment Information section, what happens when you select the grey box “Standard Regimen (4)”?
2. In the Case Outcome section, Sputum Culture Conversion Documented sub-section, what fields are not editable if you select “No” to the question “Sputum Culture Conversion Documented?” Select all that apply:

If YES, date specimen collected for FIRSST consistently negative sputum culture

If No, reason for not documenting sputum culture conversion

*Other* if No, reason for not documenting sputum culture conversion

**Exercise #9, the Comprehensive TB Treatment Details tab:**

Enter an Initial Treatment Type as “Drug Susceptible TB (Known or Suspected). Provide dates in the Treatment Details subsection. Skip the Treatment Ordering Provider subsection.

Now, list three drugs, a start and stop date, and dosage in the Medications subsection.

1. Provide a screenshot of the drugs in the repeating block:

*Insert screenshot here*

1. If you noticed a mistake in the repeating block of drugs, what would you click on to easily delete the row?