

West Virginia Department of Health and Human Resources - Division of TB Elimination
CLINICAL PATHWAY FOR MANAGING TB CASES AND SUSPECT CASES

PATIENT:		DOB:		
VISIT	TASK	DATE	INITIAL	COMMENTS
	LHD first made aware of patient			
	Verbal report to WV-DTBE within 24 hours			
	Hospital D/C date (if applicable)			
	Consult with WV-DTBE regarding any questions or findings during entire process. <u>A suspect case is treated as an active case until TB is ruled out</u>			
INITIAL VISIT	Obtain Medical history with TB -105 form			
	Determine if diabetic or has other immunocompromised condition			
	Plan for future care including need for Directly Observed Therapy (DOT) and clinic visits (Track DOT and case management on TB-150 for billing purposes)			
	Provide HIV counseling and testing (if not already done)			
	Place PPD or obtain T-SPOT for suspects (if not already done)			
	Obtain baseline LFT test if not already done			
	Obtain baseline vision acuity testing and red/green color blindness testing			
	Weigh _____			
	Collect and send first sputum specimen for Acid Fast Bacilli (AFB) smear & culture to WV Office of Laboratory Services (OLS). Provide pt. with 2 to 3 more sputum containers with instructions on collection and mailing of specimen(Written collection instructions may be found on OLS website)			
	Obtain prescriptions from either private doctor or TB clinician			
	Provide educational materials about TB: provide contact numbers for LHD			
	Educate on TB medications/hepatotoxicity/ side effects. Have patient sign consent form TB-106			
	Administer medications (will use DOT for every dose) and document on TB-107			
	Obtain recent CXR and any old films and have sent to WV-DTBE (keep if clinic is within a week)			
	Obtain or complete the reporting form TB-34 and forward to WV-DTBE. Include all information you are aware of at this time. More information may be added as you obtain. (A TB-34 is to be completed for any patient starting TB meds, either suspect or confirmed.)			
Obtain information for your contact investigation (CI). (To begin within 3 days). Document on TB-1001 form. (If a suspect case, may want to wait for NAAT/Probe/culture report. You may discuss with WV-DTBE)				

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VISIT	TASK	DATE	INITIAL	COMMENT
DAY 2	Continue DOT and assessment, document on TB-107			
	Ensure 2 nd sputum collected and sent			
	Continue CI information gathering			
DAY 3	Continue DOT and assessment, document on TB-107			
	Ensure 3 rd sputum collected and sent			
	Continue CI information gathering			
DAY 4	Read PPD if applicable			
	Continue DOT and assessment, document on TB-107			
	Continue CI information gathering. Actual testing should have begun by now.			
DAYS 5-14	Continue DOT and assessment and document on TB-107			
	Continue CI. Make home visit and also environmental assessments of other sites as indicated (workplace, social gatherings, i.e.: bars, church, etc.) within the first week			
WEEK 3	Continue DOT and assessment, document on TB-107			
	Obtain sputum samples following <i>Sputum Collection Standing Orders</i>			
WEEK 4	Continue DOT and assessment, document on TB-107			
	Obtain monthly LFT			
	Obtain monthly visual acuity and red/green color blindness testing			
WEEKS 5-8	Continue DOT and assessment, document on TB-107			
	Obtain LFT collection and monitoring following <i>Hepatotoxicity Standing Orders</i>			
	Obtain monthly visual acuity and red/green color blindness test at 8 weeks			
	Continue sputum collection per <i>Sputum Collection Standing Orders</i>			
	Observe for sputum conversion by 8 weeks			
This ends the initial phase of therapy				
WEEK 9 through COMPLETION OF THERAPY (COT)	Continue DOT and assessment, document on TB-107			
	Continue sputum collection following <i>Sputum Collection Standing Orders</i>			
	Continue LFT collection and monitoring following <i>Hepatotoxicity Standing Orders</i>			
	Document date of Sputum Conversion			
	Remember to consult with WV-DTBE regarding any questions or findings during entire process			
	Report Completion of Therapy (COT) to WV-DTBE			

**CLINICAL PATHWAY FOR MANAGING TB CASES AND SUSPECT CASES
MEDICAL EVALUATION DATA**

DATE	CLINIC/PHYSICIAN	INITIAL	COMMENT

Be prepared for each Chest Diagnostic Clinic. Have all records in order and be prepared to assist clinician. Complete TB-1006 at the close of Chest Diagnostic Clinic and submit to WV-DTBE. FAX# 304-558-1825.

CXR AND OTHER RADIOLOGIC STUDIES DATA

DATE	TEST AND LOCATION	INITIAL	FINDINGS/COMMENT

Document each radiologic test, the location taken, the date of test and findings. Complete TB-1007 at the close of Chest X-ray Clinic and submit to WV-DTBE. FAX# 304-558-1825. Ensure that a TB-9 is kept current and submitted for each CXR to WV-DTBE.

LFT AND CBC RESULTS

DATE	TEST	WNL	ABNORMAL	INITIAL	COMMENTS

Document each lab test. Follow Hepatotoxicity Standing Orders for monitoring.

Nurse Signature:	Initials:
Nurse Signature:	Initials:
Nurse Signature:	Initials: