

Consensus Guidelines for Patients with Confirmed or Suspected Mycobacterium Tuberculosis (TB) - approved by ID, IP, PH

	Outpatient Setting ¹	Inpatient Setting ²
Physician	<p>Patient suspected of having TBⁱ</p> <ol style="list-style-type: none"> 1. Place surgical mask on patient immediately. 2. Ensure the Confidential Morbidity Report (CMR)³ form is completed and faxed to the Department of Public Health (DPH). 3. Notify DPH at 805.385.9451, after hours call 805.214.7057. 4. Notify Infection Preventionist at 652.3383. <p>Patient confirmed has having TB (Positive PPD or Quantiferon test with a positive chest-x-ray, with or without signs or symptoms of active TB).</p> <ol style="list-style-type: none"> 1. Place surgical mask on patient immediately. 2. Complete and send CMR form. 3. Notify DPH 4. Notify Infection Preventionist at 652.3383. 5. Notify the DPH when the patient <ol style="list-style-type: none"> a. Fails to keep an appointment b. Relocates without transferring care c. Discontinues care. 	<p><u>On Admission:</u></p> <p>Obtain 3 AFB sputums⁴ ordered 8 hours apart, with one specimen being the first sputum of the day.</p> <p><u>During Hospitalization:</u></p> <ol style="list-style-type: none"> 1. Can rule out TB by: <ol style="list-style-type: none"> a. 3 negative AFB sputums obtained 8 hours apart or b. 2 negative GeneXpert sputum tests that are negative for mTB or **1 AFB specimen obtained via bronchoscopy negative by GeneXpert for mTB may substitute for one sputum in either scenario above.** 2. Notifies and provides written treatment plan to DPH once TB confirmed. 3. Consider only urgent or emergent candidates for surgery, elective cases should be postponed until negative sputums. <p><u>Before Transfer to Another Facility:</u></p> <p>Notifies and provides written treatment plan to DPH.</p> <p><u>At Discharge:</u></p> <p>Discharge education to include patient’s understanding of diagnosis, risk of transmission, public health implications, treatment plan and follow up appointments.</p>
Nurse	<ol style="list-style-type: none"> 1. Ensure surgical mask is on the patient at all times. 2. Instruct patient on cough technique and need to wear mask. 3. If the patient is transferred to another healthcare facility, notify admitting facility of the need for 	<ol style="list-style-type: none"> 1. Place patient in airborne precautions; place patient in a negative pressure room, if all of the negative pressure rooms are occupied by patients with airborne precautions, place the patient in a private room with a HEPA filter between the patient and the door. 2. Put surgical mask on patient until the patient transferred to negative

¹ ALL healthcare workers should wear a N95 mask or respirator when in the patient’s room.

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³ http://vcportal.ventura.org/VCHCA/Public%20Health/Communicable%20Diseases/cdph110b-tb-only-10-2111_vcph_re.pdf

⁴ Sputum specimens must be at least 3ml or greater, but preferably over 5ml, for submission to the lab.

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	airborne precautions.	pressure room. 3. Ensure patient understands the need to wear a mask while out of the negative pressure room and practices good cough technique. 4. Patients requiring surgery should be recovered in a negative pressure room. 5. Maintain isolation until discontinuation order written by physician. ⁱⁱ 6. Discharge education to include patient's understanding of diagnosis, risk of transmission, public health implications, treatment plan and follow up appointments.
Infection Preventionist	1. Serve as a resource to healthcare team. 2. Communicates to appropriate individuals. 3. Act as liaison with the DPH.	1. Serve as a resource to healthcare team. 2. Communicates to appropriate individuals (Facilities, case managers and others) of patient admission. 3. Ensure appropriate signage outside of patient room. 4. Act as liaison with the DPH. 5. Completes and sends mandatory forms as required to the DPH.
Respiratory Therapy		1. Induces sputum if necessary. 2. Reinforces patient education. 3. If unable to induce sputum within 60 minutes, contact supervisor.
Facilities		Checks and records pressures in the negative pressure room occupied by a confirmed or suspected TB patient.
Case Managers		1. Assist IP with obtaining information from patient and family. 2. Ensures discharge protocol is followed. 3. Reinforces discharge education.
DPH – TB 805.385.9451 805.214.7057 after hours		1. Reviews written treatment plan within 24 hours of receipt (Monday – Friday). 2. Approves the written treatment plan.

****For extra-pulmonary TB (suspected or confirmed), patient will need 3 negative AFB sputums UNLESS they have no signs or symptoms of pulmonary TB and negative chest imaging.****

ⁱ Risk factors for TB include: Symptoms (night sweats, unexplained weight loss, productive cough, fever hemoptysis), History (HIV positive, IV drug use, alcohol abuse, homeless, contact with an active TB infection, immunosuppressed) Radiological evidence (chest x-ray)

ⁱⁱ The highest risks for healthcare associated TB transmission is when patients with unrecognized TB disease are not promptly handled with appropriate airborne precautions or when patients are removed from airborne isolation too soon.