Texas Department of State Health Services
TB Case and Suspect Management Plan

Patient's Name:_____ **Initial Report Date:** _____

Nurse Case Manager: _____ **Case Management Team:**_____

Directions: Blank boxes indicate week(s) TB service is to be provided. ***Document date and initials of the provider in the appropriate box when the task is completed.*** Document comments in progress notes.

Action: **Interval:**		**0** **Begin**	**2** **Wks**	**4** **Wks**	**8** **Wks**	**12** **Wks**	**16** **Wks**	**20** **Wks**	**24** **Wks**	**26** **Wks**
Date		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Responsibility	Assign nurse case manager; establish team; document in client's record									
Medical Evaluation	Obtain medical history; document on TB-202									
	Obtain release (L-30); request previous medical records									
	MD evaluation									
	RN evaluation									
	Mantoux skin test (if not previously done)									
	Chest X-ray									
	Supervised sputum for AFB smear/culture according to protocol									
	HIV testing, unless patient has knowledge of HIV+ status or has documented negative HIV test result within 14 days of TB diagnosis									
	Nutritional assessment									
Treatment	Drug regimen according to protocol or specific order									
	Initiate DOT on all cases/suspects: Daily X2 weeks, 2X/week (Mon/Thurs or Tues/Fri) or 3X/week (Mon/Wed/Fri) until completion of adequate therapy; document DOT on TB-206									
	Pyrazinamide X2 months and ethambutol X2 months (or until susceptibilities are reported and client's organism is known to be pan sensitive)									
	Vitamin B6 (if pregnant, diabetic, at risk for peripheral neuropathy)									
	Obtain Informed Consent form TB-411 (TB-411A, if Spanish speaking, only) initially and for any drugs added to regimen.									
Consultation	Obtain expert consult for drug resistant cases, complicated adult/pediatric cases or client who remains symptomatic or sputum positive after 2 months therapy; written consult in client record									
Toxicity/ Clinical Assessment	Clinical assessment according to protocol; document (TB-205 and progress note as appropriate)									
	Visual acuity (Snellen) and color discrimination (Ishihara Plates) initially and monthly if on EMB or rifabutin; document (TB-205)									
	Hearing sweep check initially and monthly if on amikacin, capreomycin, kanamycin or streptomycin; document (TB-205)									

TB Case and Suspect Management Plan for Outpatient Care

Action: Interval:		0 Begin	2 Wks	4 Wks	8 Wks	12 Wks	16 Wks	20 Wks	24 Wks	26 Wks
Date		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Adherence	Issue Order to Implement Measures for a Client With Tuberculosis form TB-410 (TB-410A, if Spanish speaking, only) on all cases/suspects									
	Follow-up missed appointments within 1 working day; initiate court-ordered management according to TDH policy (see TB Policy Manual, Section 5) and notify Regional office									
	Evaluate barriers to treatment									
Isolation	Conduct **site visit** to assess living situation.									
	Institute isolation in congregate living situation or home and exclude from work or school, if infectious									
	Discontinue congregate setting isolation or allow to return to work/school following at least 2 wks appropriate therapy, 3 consecutive negative smears on different days and an improvement of symptoms									
Education	Appropriate client education provided initially and monthly per protocol; written instructions and monthly review of medication side effects, document on TB-203									
Public Health/ Contact Investigation	Interview case/suspect and contacts; plan contact investigation using the "Concentric Circle" approach									
	Initiate contact investigation within 3 working days; interview and evaluate (skin test/reading, CXR, medical evaluation); document on TB-340									
	Expand contact investigation according to CDC guidelines and local criteria for expansion.									
	Provide second skin test 8-10 weeks after break in contact with the case to all contacts who were skin test negative on the initial test; document on TB-340									
	Provide education and counseling for contacts									
Reporting	Report suspect/case to state designated case registry within 1 working day of notification									
	Submit TB-400A and TB-400B (all data fields complete) within 7 days of diagnosis; submit TB-400B at least quarterly and at the time of closure									
	Submit TB-340 within 14 working days of initiating contact investigation and after second testing of negative contacts is complete									
Quality Assurance Review	Clinical supervisor or TB Program Manager reviews and evaluates contact investigation									
	Team review of client record									
Social Services	Enroll in Medicaid, if eligible; make appropriate referrals to drug/alcohol treatment programs, nutritional support programs, and refer for HIV services, if necessary									

PRINTED NAME:_____ **SIGNATURE:**_____ **INITIALS:**_____

PRINTED NAME:_____ **SIGNATURE:**_____ **INITIALS:**_____

PRINTED NAME:_____ **SIGNATURE:**_____ **INITIALS:**_____