

Texas Department of State Health Services TB Standing Delegation Orders (SDOs)  
Question and Answer session 8/29/2014

1. **Question:** Can individuals with a professional license who are contracted to provide directly observed therapy (DOT) (for example, a licensed LVN or RN) sign the Non-licensed staff DOT agreement? Does additional documentation need to be recorded that this individual is licensed and providing these services?

**Answer:**

*Health Service Regions*

The non-licensed SDOs do not prevent individuals with a professional license from performing DOT or signing the Tuberculosis Directly Observed Therapy Services Provided by Non-Licensed Staff SDO. Health service regions (HSR) may make minor adjustments to all SDOs in order to meet regional TB Program needs. However, changes made to the SDOs by a HSR may only expand or further define the scope of the SDO; changes made must not provide for less restrictive guidance or diverge from Texas Department of State Health Services (DSHS) TB and Refugee Health Services guidelines.

*Local Health Departments*

The SDOs are shared with local health department (LHD) TB programs as a resource document only. Local health departments can edit the SDOs to meet individual program needs. If edits are made to the Texas DSHS SDOs, the document will then be under the authority of the LHD medical director and references to DSHS should be removed.

2. **Question:** The *Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses* SDO requires that initial or continuing evaluation of competence relevant to TB clinical services be completed within 12 months prior to signing and providing TB clinical services under this SDO. Will the Texas DSHS TB and Refugee Health Services Branch provide an outline or list of standards to measure clinical competencies?

**Answer:**

*Health Service Regions and Local Health Departments*

Texas DSHS TB and Refugee Health Services Branch does not currently have an outline or list of standards to measure clinical competencies. Each HSR working in cooperation with their regional medical director should develop and have in place competencies for clinical and non-clinical staff. The SDO requires that these competencies be completed within 12 months prior to signing and providing TB clinical services under this SDO.

3. **Question:** In January of 2014, it was recommended that all clients with TB disease and TB infection should have their albumin levels monitored as part of the routine lab work and toxicity checks. Who will pay for the albumin lab test?

**Answer**

*Health Service Regions and Local Health Departments*

Update: The Texas DSHS TB and Refugee Health Services Branch will pay for monitoring of albumin levels for all clients with TB disease and TB infection **if** specimen is submitted to DSHS

South Texas Laboratory for testing. Please follow DSHS Laboratory Testing Services Manual for specimen collection and submission at [http://www.dshs.state.tx.us/lab/mrs\\_specimens.shtm#Sub](http://www.dshs.state.tx.us/lab/mrs_specimens.shtm#Sub). To ensure payment is directed to Texas DSHS TB and Refugee Health Services Branch, please check “TB Elimination” in the payer source section (section 4) of Form 40-A

4. **Question:** *Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses* SDO page 21 #2 states.

2. *For clients age 13 years and older, screen for diabetes with a random plasma glucose. If program resources allow, the A1C or a 2-hour plasma glucose value after a 75-g oral glucose tolerance test should be used for diabetes screening.*

- *Routine testing of children <13 years old is not recommended.*
- *Diabetes is diagnosed at a glucose  $\geq 200$  mg/dl. For those clients, referral should be made for diabetes evaluation, as resources allow. Provide basic diabetes information regarding the impact of diabetes on TB and the client’s overall health.*

If a physician orders an HA1C for an individual client or as a result of the random glucose screening will the TB program pay for it?

**Follow-up Questions:** Who will pay for the random blood glucose test? Are we using glucometers for the random blood glucose test?

**Answer:**

*Health Service Regions and Local Health Departments*

Update: Beginning September 1, 2014, The Texas DSHSTB and Refugee Health Services Branch will pay for random blood glucose testing for all clients with TB disease and TB infection **if** specimen is submitted to DSHS South Texas Laboratory for testing. Please follow DSHS Laboratory Testing Services Manual for specimen collection and submission at [http://www.dshs.state.tx.us/lab/mrs\\_specimens.shtm#Sub](http://www.dshs.state.tx.us/lab/mrs_specimens.shtm#Sub). To ensure payment is directed to Texas DSHS TB and Refugee Health Services Branch, please check “TB Elimination” in the payer source section (section 4) of Form 40-A.

Blood glucose monitoring should be performed in conjunction with all other baseline lab work at the start of care per the *Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses* SDO. The Texas DSHS TB and Refugee Health Services Branch will not provide glucometers for random blood glucose testing; the test should be performed via venipuncture in conjunction with the baseline lab work.

*Health Service Regions*

If the situation occurs that a physician orders an HA1C for an individual client or as a result of the random glucose screening, please contact the Texas DSHS TB and Refugee Health Services Branch and we will work with you on an individual basis.

*Local Health Departments*

If the situation occurs that a physician orders an HA1C for an individual client or as a result of the random glucose screening, LHDs may use their existing resources to cover the cost of testing.

5. **Question:** What is the responsibility of the LHDs using the SDO?

**Answer:**

*Health Service Regions and Local Health Departments*

The SDOs are shared with local health department (LHD) TB programs as a resource document only. Local health departments can edit the SDOs to meet individual program needs. If edits are made to the Texas DSHS SDOs, the document will then be under the authority of the LHD medical director and references to DSHS should be removed. However, changes made to the SDOs may only expand or further define the scope of the SDO; changes made must not provide for less restrictive guidance or diverge from Texas DSHS TB and Refugee Health Services Branch guidelines.

6. **Question:** Can you please clarify the language on page 28, #2 and #3 on the Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses SDOs?

**Answer:**

*Health Service Regions and Local Health Departments*

Statement #2 is referring to clients who have a positive initial AFB smear. Statement #3 is referring to all clients. The goal for all clients is to have two consecutive specimens (at least one month apart) negative on culture. This would include clients who have positive initial AFB smears (as referenced in statement #2).

2. For clients who have positive initial AFB smears at the time of diagnosis, collect three sputum specimens, with at least one specimen collection in early morning and if possible, another specimen collection observed, for AFB smear every two weeks until three consecutive specimens are negative on AFB smear.
3. For all clients, collect up to three sputum specimens, with at least one specimen collection in early morning and, if possible, another specimen collection observed, for AFB smear and culture at least once a month until two consecutive specimens (at least one month apart) are negative on culture.

7. **Question:** Why does the *Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses SDOs* list the following medication regime first over the standard INH treatment for TBI

b. For clients with TB infection (see ATTACHMENT 7, Table 5):

- i. INH/RPT (by DOT) = 11 or 12 doses administered within 16 weeks; doses must be separated by  $\geq 72$  hours to be counted.

**Answer:**

*Health Service Regions and Local Health Departments*

This is the treatment protocol recommended by the 2012 Texas TB Expert Panel and approved by DSHS.

8. **Question:** The CDC recommends a PA and Lateral chest x-ray for clients up to age 5 years.

Page 26 of the Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses SDOs states that a PA and Lateral chest x-ray be performed on all clients up to age 18 years.

**Answer:**

*Health Service Regions and Local Health Departments*

This SDO is written specifically for Texas and is based on a recommendation from the Heartland National TB Center and approved by DSHS. The Texas DSHS TB and Refugee Health Services Branch acknowledges that this recommendation is a deviation from the CDC guidance.

9. **Question:** Page 26 of the Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses SDOs specifies what clients should receive an initial chest x-ray, but does not include a recommendation for a client who is a known positive and has already been treated for TB disease or TB infection, but is not part of a contact investigation.

**Answer:**

*Health Service Regions and Local Health Departments*

Any specific client population or individualized client care recommendation that is not included in the Texas DSHS TB SDOs should be referred to the local physician or HSR regional medical director for review and written medical orders.

10. **Question:** Does Page 26 of the Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses SDOs specify how to handle contacts that have documentation of a positive PPD? Can we go ahead and do a chest x-ray?

**Answer:**

*Health Service Regions and Local Health Departments*

Yes, clients who are contacts to a TB case and have documentation of a prior positive TB screening test should receive an initial chest x-ray. Please refer to recommendation 3B on page 26 of the SDO.

11. **Question:** If a LHD is adopting the Texas DSHS TB SDOs as our own, how should we edit the document?

**Answer:**

*Local Health Departments*

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12. **Question:** Page 3, # 8 of the Tuberculosis Directly Observed Therapy Services Provided by Non-Licensed Staff SDOs states:

8. *If this is the first TB DOT visit for the client, do not provide the TB DOT medication to the client. Immediately notify your supervisor or the nurse responsible for management of the TB client for instructions.*

Does this statement refer back to the fact that the nurse should be the one to provide the initial dose of DOT?

**Answer:**

*Health Service Regions and Local Health Departments*

Yes, this statement is meant to inform the DOT worker that the first dose of TB medication should be provided by the *nurse responsible for management of the TB client* and not provided by the DOT provider.

13. **Question:** Dr. Starke stated in his presentation at the recent *Key Topics for Nurses in TB Clinical Practice* meeting that he has made the recommendation to the American Academy of Pediatrics (AAP) that pediatric patients diagnosed with TBI should be treated with Rifampin. Why doesn't the Texas DSHS SDO have that recommendation?

**Answer:**

*Health Service Regions and Local Health Departments*

Although Dr. Starke has made a recommendation to the AAP, the recommendation has not yet been published by the AAP. The Texas DSHS SDOs for pediatric patients reflect the current recommendations by the AAP. Updates to the Texas DSHS SDOs will be considered as new recommendations are published.

14. **Question:** Can my regional medical director sign these now or should we wait for the little edits found in this call?

**Answer:**

*Health Service Regions and Local Health Departments*

The Texas DSHS TB and Refugee Health Services Branch will correct minor typos discovered today and post the updated documents on the website (8/26/14).