

## Service #1: Patient Assessment, Education, and Screening

- I. For each patient, in accordance with the above requirements, the nurse shall assess, perform, and record in detailed medical records the following:
- A. **Complete personal health history**, in the preferred language of the patient or using an interpreter, recorded on form **TB-202**
- For all women of childbearing potential: Current pregnancy status, history of pregnancy, date of last menstrual period, and currently utilized contraceptive method
  - History of liver disease or preexisting risk factors including Human immunodeficiency virus (HIV) infection, hepatitis B virus (HBV), hepatitis C virus (HCV) or other chronic hepatitis, sexual or household contact with individuals chronically infected with viral hepatitis, chronic hemodialysis, receipt of clotting factors prior to 1987, pregnant or less than 3 months post-partum, jaundice, substance abuse, potentially hepatotoxic medications, other chronic medical conditions such as diabetes mellitus (DM), congestive heart failure (CHF), chronic kidney disease or elevated baseline liver enzymes
  - If patient was referred, document reason, date, and source of referral and obtain copies of relevant medical information
- B. **Limited physical exam (recorded in medical record)**, including, but not limited to
- Vital signs (weight, height, temperature, blood pressure)
  - Inspection of skin and eyes for jaundice
  - Inspection of mouth for lesions
  - Inspection of skin for rash
  - Palpation of enlarged cervical lymph nodes
  - Palpation of abdomen for liver tenderness
- C. **Clinical assessment** for tuberculosis disease medication toxicity for those on treatment or as a baseline for those starting treatment, in the preferred language of the patient or using an interpreter, recorded on form **TB-205**
- D. **Specimen collection** (sputum, blood or other body fluids) for laboratory procedures, as indicated, including, but not limited to
- Bacteriology - smear and culture for acid fast bacilli (AFB) as indicated
- Note: Prior to or at the initiation of therapy for TB disease, obtain three sputum specimens, 8 to 24 hours apart, for AFB smear and culture. At least one of the samples should be collected early in the morning. **(Patients with known or suspected extrapulmonary tuberculosis should be educated about sputum collection and try to produce three**

**sputum specimens prior to or at the initiation of therapy).** If sputum cannot be produced, consult the treating physician.

- Aspartate aminotransferase (AST), alanine aminotransferase (ALT), bilirubin, alkaline phosphatase, serum creatinine, complete blood count (CBC) with platelet count
- Testing for HIV infection, for patients age 13 years and older, using the opt-out method
- For patients with HIV infection, CD4<sup>+</sup> lymphocyte count should be obtained
- Patients with risk factors for Hepatitis B or C viruses should have serologic tests for these viruses. Risk factors include, but are not limited to, injection drug use, foreign birth in Asia or Africa, HIV infection.

E. Tuberculosis screening procedures performed, as indicated, and interpretation of results

- Tuberculin skin test (TST) - to be used for children under 5 years of age
- Interferon gamma release assay (IGRA) - should only be used on individuals 5 years of age and older

F. Document review of laboratory reports before placing them in the medical record

G. Referral for Chest X-Ray (CXR) as indicated

- Note in the patient's medical record the following additional information, including, but not limited to
  - Reason, date, and source of a referral to clinic
  - Reason for initial tuberculosis testing
  - Date administered, date read, and results in mm of TST and/or date specimen collected and results of IGRA
- It is recommended that children less than 5 years of age and preferred that older children and adolescents up to age 18 have both posterior-anterior and lateral views; all others should have at least posterior-anterior views. Other views or additional studies should be done by order of the treating physician.

H. **Education and counseling of the patient**, in the preferred language of the patient or using an interpreter, recorded on form **TB-203**. Patients should also be counseled on the following:

- Patients should be instructed to report immediately any possible adverse reactions and under what conditions they should stop taking their medication(s)
- Patients should be instructed to inform other physicians providing them with medical care that they are on medications that may have significant interactions with other medications
- For patients with HIV and/or chronic viral hepatitis:

- Tuberculosis treatment and potential risk of added hepatotoxicity
- How to prevent transmission of HIV and/or chronic viral hepatitis
- Encourage patients to seek consultation for evaluation and possible treatment of their HIV and/or chronic viral hepatitis infection
- For female patients of childbearing potential: counsel the patient that rifamycins may make hormonal contraceptive methods less effective, encourage the patient to add a back-up barrier method to prevent pregnancy, and emphasize the importance of avoiding pregnancy while on treatment and, for rifapentine, up to two weeks after stopping the medicine
- Provide results of all tests and procedures to the patient at the next appointment after results received and reviewed. Results requiring urgent action should be communicated by phone if an urgent clinic visit cannot be arranged for in-person communication. If a patient fails to return for follow-up of a result, attempts to locate the patient should be undertaken, to include phone calls, mailing letters, and home visits.

II. Patient's signature in accordance with agency policy, and documentation that patient received copies of privacy statement and applicable signed consents in the preferred language of the patient. If an interpreter was used, document the name of the interpreter.

A. TB forms available at: <http://www.dshs.state.tx.us/idcu/disease/tb/forms/#clinic>

- Acknowledgment of Understanding Provision of Antituberculosis Drugs Limited to Clients with MTB (**TB-409 or TB-409B**)
- Disclosure and Consent for Drug Therapy (**TB-411, TB-411A, or for LTBI: TB-415, TB-415A, TB-415B**) **Note:** A new disclosure and consent form must be signed and documented in the medical record each time a drug is changed or added
- For patients receiving directly observed therapy (DOT), review the need for special arrangements for DOT during a disaster or emergency evacuation. Document the patient's preparedness plan and review with patient monthly. Complete the Hurricane/Natural Disaster Questionnaire (**TB-209**) with the patient.

B. Other forms required

- DSHS privacy notice. Available at: <http://www.dshs.state.tx.us/hipaa/privacynotices.shtm>
- General Consent and Disclosure (L-36). Available at: [www.dshs.state.tx.us/rls/pubs/GeneralConsentForm042010.pdf](http://www.dshs.state.tx.us/rls/pubs/GeneralConsentForm042010.pdf)

C. Obtain permission from the patient and arrange for periodic follow-up information to be provided to the referring physician or primary care physician, as appropriate. If the patient does not have a primary care physician, facilitate finding a source of basic health care for the individual.