

Texas Department of State Health Services Drug-Resistant Tuberculosis Monitoring Program

Case Conference Presentation Script Outline

New patient Presentation	
Patient Information <i>(help the audience understand who your patient is, why they may have DR TB, and what it may be like to manage them due to age, or social issues or language, etc.)</i>	
- Age, sex, and race - Site of Disease - Type of suspected or confirmed resistance - Explain how the patient came into your care - Any relevant demographic information that may be important to understand the present illness, i.e., born in a high-incidence country for TB Discuss the following patient history: - Chief complaint, TB signs and symptoms and onset date - History of present illness - Relevant hospitalization history or is the patient still hospitalized? - Past Medical History (PMH): History of treatment for TB infection or disease, give details if known. - Medical risk factors and drug-resistant risk factors - Any other medical conditions	
Diagnostics <i>(focus on how diagnosis happens and what is needed)</i>	
- What did initial radiology or pathology show, cavitary or non-cavitary - Bacteriology confirming diagnosis, smear, culture, PCR or NAAT, Xpert result, rpoB alert - MDDR results if known - Discuss pending diagnostics, i.e., DSTs, or MIC	
Treatment <i>(tell us about their medication journey from start to what they are on as of today)</i>	
- RIPE treatment and dates - Has DR-TB treatment begun? Describe treatment regimen, DOT or VDOT - Compliance with treatment - Any changes to treatment? If so reason and changes made. - Treatment interruptions and reasons - Admission and or discharge from TCID. Specify the reason and date	
Toxicity Assessments <i>(don't focus on dates; tell us how the patient is doing)</i>	
- Date of baseline toxicity assessments - Discuss findings to the following, if abnormal discuss interventions taken to correct	- ECG with QTC result - Mental Health Assessment - Visual Acuity and Ishihara - Peripheral neuropathy - Any other issues, i.e., tendon pain, nausea/vomiting, etc.
Challenges <i>(be organized and succinct; what is a known or possible challenge you foresee?)</i>	
- Discuss current challenges - Engage the audience on any recommendations or guidance needed to assist address challenges	
Plan <i>(describe the current plan of care)</i>	
Discuss current plans for the patient i.e., admit to TCID, change to VDOT, submit consult, etc.	
Contact investigation <i>(summarize what the audience needs to know: are there many contacts being identified? Has first-round testing been done? Any high-risk contacts?)</i>	
- Genotype matches, if so discuss - First-round results, treatment recommendations, and any challenges	

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Quarterly Updates	
Patient Information (<i>summarize since we've already heard about this patient</i>)	
- Age, sex, and race - Site of Disease - Type of suspected or confirmed resistance Provide a brief patient summary. Keep it short-no more than 3 sentences. - Discuss # of months on treatment, i.e., 3rd month of treatment - Remind the audience how the diagnosis happened. Avoid giving entire medical history.	
Diagnostics (<i>focus on the updates since last presentation</i>)	
- Are CXR's improving, worsening or stable - Has the patient required further diagnostics from the routine diagnostics, i.e., bronchoscopy, surgery, etc. If so, explain the reason. - DST results and did these confirm MDDR results? - For pulmonary cases, discuss the date of smear and culture conversion and at what month of treatment this occurred. Any concerns about conversion? - Provide updates on any DSTs, MDDR, or other diagnostics not previously discussed.	
Treatment (<i>updates or changes only!</i>)	
- Describe current treatment regimen, DOT or VDOT - Elaborate on any treatment changes made with the date and reason - Compliance with treatment - Treatment interruptions, if yes specify.	
Toxicity Assessments (<i>don't focus as much on dates, but summarize the status</i>)	
- Are monthly toxicity assessments occurring? If no, explain why not and what the plan is to resume - Date of most recent toxicity assessments - Discuss any abnormal findings and interventions taken to correct	- ECG with QTC result - Mental Health Assessment - Visual Acuity and Ishihara - Peripheral neuropathy - Any other issues, i.e., tendon pain, nausea/vomiting, etc.
Challenges (<i>be organized and succinct</i>)	
- Discuss resolved or current challenges - Any lessons learned? - Continue to engage the audience on any recommendations or guidance needed to address challenges	
Plan (<i>describe current plan of care</i>)	
- Discuss current plans for the patient i.e., admit/discharge from TCID, complete therapy - Discuss if a patient is on target for completion of therapy and date. - When known, discuss the post-treatment follow-up plan.	
Contact Investigation	
- Progress in completing 1st rounds and or 2nd rounds - Any conversions? - Discuss CI issues/challenges and plans to complete CI	

Reminders when presenting:

- Public Health Regions (PHR) or Local Health Departments (LHD) will begin all presentations. If patient is at the Texas Center for Infectious Disease (TCID), TCID will provide updates.
- Remember to introduce yourself and provide patient's event ID number at the beginning of each presentation.