Texas Department of State Health Services

Patient Assessments During TB Isolation and Restrictions

Decisions to release a patient from TB isolation and restrictions, or transition to lower or higher restriction levels, should be made based on the setting where the patient is being released, contacts they are around, the patient's tolerance of and adherence to an effective anti-TB therapy (ATT), as well as their clinical assessment. This form is intended to document the clinical assessment (e.g., improvement or worsening of a cough, weight loss or weight gain, etc.). The authorized licensed nurse, licensed healthcare provider (LHP) or LHP's designee may perform this assessment at least weekly (every five days), and document results until patient is released from TB isolation and restrictions. *Complete a new form weekly until fully released*.

Patient's Name: _____ Date of Birth: _____

Assessment performed by: _____ Title:_____

Assessment Date:_____

Date	Interval of Assessment*	Weight Lbs	Disposition (*include when patient is placed in TB isolation, restriction level, and date removed*)
	Baseline**		
	Week 1		
	Week 2		
	Week 3		
	Week 4**		
	Week 5		
	Week 6		
	Week 7		
	Week 8**		

**Assessments should occur at least weekly while under TB isolation and restrictions.*
***Timeframe when weight is required, unless otherwise requested by the LHP.*

Tuberculosis Signs and Symptoms			
TB Signs/Symptoms	**Baseline**	**Weekly**	**Upon Release from TB Isolation and Restrictions**
Cough	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Fever	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Chills	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Night Sweats	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Hemoptysis	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Loss of appetite	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Other:	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Other:	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐

Patient's clinical status during this assessment: ☐ Stable ☐ Improving ☐ Worsening

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Mental Health Check-In			
Use this section to document a baseline and weekly mental health check-in during TB isolation and restrictions. Document any interventions and communication with the licensed healthcare provider when indicated. Interventions for services can include **https://findhelp.org/**, **https://www.211.org/about-us/your-local-211** or other local services.			
Questions	**Baseline**	**Weekly**	**Notes and Interventions to Assessment Findings**
Are you having feelings of sadness, anger, depression, anxiety?	No ☐ Yes ☐	No ☐ Yes ☐	
Are you feeling stable/able to address your needs during your TB isolation and restriction period?	No ☐ Yes ☐	No ☐ Yes ☐	
Do you have any physical needs (e.g., food delivery, needs for housing, etc.)?	No ☐ Yes ☐	No ☐ Yes ☐	
Do you have any social needs (e.g., mental health services, substance use recovery, childcare, etc.)?	No ☐ Yes ☐	No ☐ Yes ☐	
Other:			

Document any additional notes regarding mental health evaluation, including interventions to mental-health check-in status: