Texas Department of State Health Services

Documenting TB Isolation and Restriction Status

***Directions**: TB isolation and restriction status should be evaluated initially and weekly until all restrictions are removed. Therefore, complete this form at initial intake and complete a new version of this form every five business days (weekly) throughout course of care when making any decisions on TB isolation and restrictions. For references, see: DSHS Tuberculosis Isolation and Restrictions Implementation Guide.*

Name of Patient: _____DOB:

Health Department: _____

Name of Nurse Case Manager: _____

Name of TB Provider/TB Physician: _____

Section I: Date and Time of Evaluation, Patient Plans

Date of Evaluation: _____

Timing of Evaluation:

☐ Initial ☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Other:_____

Where does the patient plan to stay (where will the patient be sleeping) this week?
Include the address and location type (e.g., home). This will be referred to as the "stay location".

Places the patient needs to travel/visit initially/this week:

☐ Work: _____

☐ School: _____

☐ Volunteer: _____

☐ Childcare: _____

☐ Transportation/Travel plans: _____

☐ Medical/Dental appointment:_____

☐ Other:_____

_____

☐ No plans to leave the "stay location"

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Section 2: TB Isolation and Restriction Status

Document patient's TB isolation and restriction status until released.

Step 1: Determine if TB Isolation is Indicated.

☐ Yes, isolation is indicated. Date placed in TB isolation: _____

- ☐ Patient has known or suspected pulmonary or laryngeal TB (circle which one).
- ☐ Patient has extrapulmonary TB and pulmonary disease is not yet ruled out.
- ☐ Patient is not adherent to or tolerant of therapy.

☐ No, isolation is not indicated. Select reason, and **do not continue** with this form unless status changes.

- ☐ Child is under age 10 years old and does not have cavitation on chest imaging; if sputum was collected, was not AFB smear positive.
- ☐ Patient has extrapulmonary TB and pulmonary disease has been ruled out.

Step 2: If Isolation is Indicated, Assign Restriction Level.

Ensure patient understands the restriction levels. *NOTE: Restriction level may change during the TB isolation period; document when changes occur. For example, document if a patient moves from extensive to moderate level restrictions after starting ATT and again when the patient later moves from moderate to low-level restrictions if applicable.*

	☐ Extensive	☐ Moderate	☐ Low
List places that patient can travel to or visit, specifying any masking or infection control measures, if needed.			
List any places the patient should NOT travel to or visit.			

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Step 3: Release from TB Isolation and Restrictions When Criteria are Met.

Complete #1 if patient must have negative bacteriology results before releasing.

1. Patient needs at least three negative AFB sputum smear results and at least 5 ATT doses and:

☐ Is released. Date of release: _____.

- ☐ Lives in, works, or visits a High-Risk Transmission Setting (Table 3) and 3 consecutive sputum collected 8-24 hours apart are AFB smear negative; patient has symptom improvement and is adherent to therapy.
- ☐ Other, specify: _____

☐ Is not released; will continue to evaluate weekly.

- ☐ Lives in, works, or visits a High-Risk Transmission Setting (Table 3) and does not have 3 consecutive negative AFB sputum collected 8-24 hours apart and symptom improvement.
- ☐ Non-adherent to therapy.
- ☐ Not tolerating ATT.
- ☐ Other, specify: _____

Complete #2-4 as applicable if patient is eligible for release based on number of ATT doses.

2. Patient has had 5 ATT doses and:

☐ Is released. Date of release: _____.

- ☐ Never had a positive AFB sputum smear result, adherent to DOT, tolerant of ATT, no worsening symptoms.
- ☐ AFB sputum smear positive but does not live in, work or visit in High-Risk Transmission Settings (correctional facilities, in-patient facilities, high-risk outpatient settings, homeless shelters, and refugee camps or rescue missions [Table 3]) **AND** does not live, work, or frequent Other Congregate Settings with Risk of TB Transmission (Table 4) **AND** is on ATT to which they are likely susceptible; **AND** baseline TB signs and symptoms are not worsening **AND** not likely to expose children under age 5 or immunocompromised individuals.

☐ Is not released – will continue to evaluate weekly.

- ☐ Lives in, works, or visits a High-Risk Transmission Setting (Table 3).
- ☐ Lives, works, frequents Other Congregate Settings with Risk of TB Transmission (Table 4).
- ☐ DR-TB is not ruled out (risk factors/further testing pending); patient is not on ATT for DR-TB.
- ☐ Baseline TB signs and symptoms worsening.
- ☐ Is in contact with a child under age 5 years or immunocompromised individual.
- ☐ Other:_____

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3. Patient has had 10-14 ATT doses and:

☐ Is released. Date of release: _____.

- ☐ Does not live in, work or visit a High-Risk Transmission Setting (Table 3).
- ☐ Lives, works, or frequents Other Congregate Settings with Risk of TB Transmission (Table 4) and the Health Department Provider has determined patient can be released.
- ☐ Had delayed but subsequent improvement of baseline TB signs and symptoms.
- ☐ Other:_____

☐ Is not released – will continue to evaluate weekly.

- ☐ Lives in, works, or visits a High-Risk Transmission Setting (Table 3).
- ☐ Lives, works, or frequents Other Congregate Settings with Risk of TB Transmission (Table 4) and the Health Department Provider has determined that TB isolation and restrictions should be extended past 14 ATT doses (will re-assess weekly until fully released).
- ☐ DR-TB is not ruled out (risk factors/further testing pending); patient is not on ATT for DR-TB.
- ☐ Baseline TB signs and symptoms worsening.
- ☐ Other:_____

4. Patient has had over 10-14 ATT doses and a consultation* is needed to release:

Name/title of Consultant: _____ Date of Consult: _____

☐ Is released. Date of release: _____.

- ☐ Does not live in, work, or visit a High-Risk Transmission Setting (Table 3) but had slow TB symptom improvement; consultant recommended release from TB isolation and restrictions at this point.
- ☐ Lives, works, frequents Other Congregate Settings with Risk of TB Transmission (Table 4) and remains AFB sputum smear positive; consultant recommends release from TB isolation and restrictions at this point.
- ☐ Other, specify:

☐ Is not released; will continue to evaluate weekly based on consultation.

**Consultation should occur with the treating TB physician or provider, and may include a DSHS regional medical director, local health authority, DSHS TB Section, or a DSHS recognized TB medical consultant.*