



**San Bernardino County
Department of Public Health
Tuberculosis Control Program
Health Facility Discharge Planning Guidelines**

Discharge of a Suspect or Confirmed Tuberculosis (TB) Patient

California State Health and Safety Codes mandate that patients with confirmed or suspected TB may not be discharged or transferred without prior Department of Public Health approval, unless the patient is being transferred to another health facility due to an immediate need for a higher level of care (though the Department of Public Health still needs to be notified of the patient's transfer). In order to ensure timely and appropriate discharge, providers should notify the Department of Public Health 1 – 2 days before anticipated discharge date.

Tuberculosis Control Program (TBC) Response Plan

Weekday Discharges – Non Holiday, Monday – Friday, 8 am to 4 pm

Send a completed discharge request form by fax to (909) 387-6377 **AND** follow up with a phone call to the Discharge Coordinator in the Tuberculosis Control Program (TBC) at (800) 722-4794. Include sputum smear and culture results, radiology reports, and any other supporting documentation. TBC staff will provide a response within 24 hours.

TBC staff will review the request and notify the submitter of approval or of the need for additional information or action prior to discharge. If a patient is still infectious, a home evaluation may be required to ensure the environment is suitable. TBC staff will make a home visit within 3 working days of notice. If the patient is homeless or there is concern for non-compliance, TBC staff will interview the patient prior to discharge. This interview will take place within one working day of notification to TBC.

Holiday & Weekend Discharge

Providers may page the Public Health Duty Officer at **(909) 356-3805**. Response time will usually be within one hour. After receiving a hospital call, the duty officer will request the hospital to immediately fill out the Confidential TB Discharge Plan and fax it to TBC. If the duty officer can confirm over the phone that the case in question meets all of the criteria listed below, he/she may verbally approve the discharge, to be reviewed on the next business day by the TB Controller.

TB Criteria for Discharge

- Patient is sputum smear AFB negative x 3 sputum specimens collected equal to or greater than 8 hours apart with one sputum being in early AM, induced, a broncho-aveolar lavage, or collected post-bronchoscopy.
- Patient is on a MD prescribed regimen of treatment for TB.
- There are no immunocompromised individuals, newborns, or children under 5 years old residing at the site to which the patient is being released, unless these individuals have been medically evaluate and are on appropriate prophylactic treatment.
- The patient is returning to the same household where he/she resided prior to hospitalization.
- The patient's address and phone number are known, permitting Department of Public Health follow up.

If these criteria cannot be met, discharge cannot be approved and the patient **MUST** be held until the criteria are met.

EXPLANATION OF SELECTED QUESTIONS LISTED ON DISCHARGE REQUEST

1. COUNTRY OF ORIGIN/TRAVEL

This provides important information about the patient's risk of having TB and having drug-resistant TB.

2. Admission CXR/Current CXR:

The admission CXR provides critical information, as this might be the only clinical evidence a provider has that indicates the patient is a TB suspect. The most suspicious CXRs would show cavitary lesions in the upper lobes, but TB can also present as infiltrates or consolidation in the upper or lower lobe, as a pleural effusion, etc. Immunocompromised patients and children tend to have the least "typical" findings. The current CXR is also very important as this gives us information on the patient's progress. **PLEASE FAX ADMISSION AND/OR CURRENT CXR REPORTS.**

3. TST (tuberculin skin test):

This is important diagnostic information. Please include any information you have regarding the TST. If unknown, please check box; if the patient is anergic (anergy meaning impaired or absent ability to react to specific antigens), or probably anergic as with HIV, long term corticosteroid use, or undergoing chemotherapy, please indicate this.

4. MAJOR SITE OF DISEASE:

This tells us about the patient's possible infectiousness. TB can affect all organs of the body. TB is spread via respiratory droplets. Laryngeal and pulmonary TB are the most communicable. Extra-pulmonary TB is not a public health threat; however, it must be reported and treated appropriately to prevent dissemination.

5. HIV STATUS/HIV LABS:

HIV status and level of immune suppression profoundly affect how TB presents and how it is treated. All TB patients should be tested for HIV if their status is unknown. If a TB patient is HIV+, please provide the CD4 count and viral load.

6. CO-MORBIDITIES/COMMENTS

Many conditions besides HIV can affect how TB presents and is treated, e.g. diabetes, renal disease, auto-immune disorders. Medications for other illnesses may also interact with TB meds. Please provide information on the patient's underlying medical conditions and other medications they will be taking when discharged.

7. BACTERIOLOGY:

If the patient is going to a Skilled Nursing Facility (SNF) or other communal living situation, three negative smears are mandatory unless the patient will be in respiratory isolation in that facility. Smears should be done on consecutive days. Remember, the quality of the sputum

collection affects the quality of the smear results, an induced sputum is the most sensitive. Also, please include information regarding dates of positive smears and any classifications (1+, rare, 2+, few, etc.), if available, from the reporting lab. **PLEASE FAX ALL LABORATORY REPORTS.**

8. SENSITIVITIES:

This information is not usually available by the time a patient is discharged – it can take several weeks after a TB culture grows out before this testing can be done. However, if this information is known, the patient's medication regimen may need to be adjusted. **If drug resistant TB is suspected** – the patient has been treated for TB in the past or is failing treatment, the patient comes from an area of the world with high rates of drug resistance, or the patient is known to have been exposed to someone with drug-resistant TB) – special rapid molecular testing can be done at the California Dept of Public Health State Lab. This testing can be arranged through TBC.

9. TB MEDICATION REGIMEN:

Most TB suspects or cases need to be on the RIPE regimen: Rifampin (RIF), Isoniazid (INH), Pyzazinamide (PZA) and Ethambutol (EMB). There are other second line medications; however, they are typically not prescribed unless the patient is resistant to or cannot tolerate first line drugs. Please call TBC with any questions regarding adult or pediatric dosages and appropriate alternative regimens. Please include the start date and the dosages of all TB medications.

10. DISCHARGE PLANS:

- a) Anticipated Date of Discharge: Please give TBC at least 24-72 hours notice before a patient is to be discharged.
- b) The TBC Program needs detailed information regarding the destination of discharge. TBC may need to perform a home visit or a visit with the patient in the hospital prior to discharge.
- c) The TBC Program must be aware of the number of children, adults, and immunocompromised persons in the household; infants are of special concern due to the risk of progression to disseminated TB or TB meningitis.
- d) If discharging the patient on medication, please give or prescribe enough meds to last until the first follow up appointment with PMD or TBC.

11. WHO WILL PROVIDE TB CARE:

This information is extremely important and discharge will not be approved until a follow up appointment is made for the patient. Please provide us with the name and contact information of the physician who will be providing TB care as we are mandated by law to follow all TB cases in the county. If a patient has a PMD, please provide this information also.

Submission of the attached form for discharge request will also fulfill state requirements for disease reporting. NO ADDITIONAL FORM IS REQUIRED.

**DEPARTMENT OF PUBLIC HEALTH - TUBERCULOSIS DISCHARGE PLAN
SUSPECT / DISCHARGE REPORT FORM
Phone: (800) 722-4794 Fax: (909) 387-6377**

Hospital: _____

Phone: _____

Contact person: _____

Fax: _____

(A) SUSPECT REPORT

Date Submitted: _____

Name:	Sex:	D.O.B.:	Age:
Current Address:			Phone:
Legal Guardian:	Payor Source:	SSN:	Country of origin/travel history ¹ :
MR #:	Location:	Admit Date:	

Clinical Information

Admission CXR ² :	NEAD	ABN-Cavitary	ABN Non-cavitary	Current CXR:	Worse	Improved	No change	None
TST ³ :	Yes	Date given:	Previous HX of TB:	Yes	No	Major site of disease ⁴ :	HIV Status ⁵	
Date read:	No	Induration:						
Provide copies of HIV results, CD4 count, and Viral Load for HIV positive patients⁵.								
Why is patient a TB suspect? Symptoms CXR Other (explain)								
TB Symptoms: Cough Hemoptysis Fatigue Fever/Chills Night Sweats Wt loss Other:								
Co-morbidities/comments ⁶ :								

(B) DISCHARGE PLAN REQUEST

Date Submitted: _____

BACTERIOLOGY⁷

PULMONARY TB REQUIRES 3 CONSECUTIVE SPECIMEN SMEARS				Specimen submitted for sensitivities to laboratory ⁸				Yes	No
Specimen Date	Source	Smear	Culture	Specimen Date	Source	Smear	Culture		

TB Medication Regimen⁹

Medication	Dosage	Start Date	Medication	Dosage	Start Date
Rifampin					
INH					
PZA					
Ethambutol					
B ₆					
Pt WT/kg:	Comments:				

DISCHARGE PLANS¹⁰

Date of Discharge:	Discharge to: Home SNF	Discharge Address if not home:
Household: # of Adults	# of children	ages of children
Patient's Verbal Understanding of TB dx:	Rx for TB Meds: Yes No	# of immunocompromised
Yes No	# of days of meds	Home Isolation: Yes No
TB Care provided by ¹¹ :	Treating MD Name:	PMD Name:
Health Dept Other	Phone:	Phone:
	Appt Date:	
Final DX (if not TB):		

(C) TUBERCULOSIS CONTROL PROGRAM REVIEW

Discharge Approved:	Problems Identified:	Action required prior to approval:
Yes No	Yes No	Yes No
Comments:		
Signed:	Title:	Date: Time:
For Susan Strong, NP Tuberculosis Controller		