

Complex Case Discussion:  
Reports from the Field

Wanda Revercomb, RN – Central Shenandoah  
Beverly Thomas – Three Rivers

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Let's practice!  
How happy are you to be here?.....

1. Not so happy
2. Happy
3. Very happy
4. Blissfully happy

0% 0% 0% 0%

1 2 3 4

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I don't have access, Now what?



Wanda Revercomb RN  
Central Shenandoah District  
Harrisonburg Health Department

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Mr. R

- ▶ 45 y/o Mexican poultry worker
- ▶ Fever, fatigue knee and thigh pain for 3 days: admitted to Rockingham Memorial Hospital
- ▶ Transferred to University of Virginia, Charlottesville same day
- ▶ Sepsis with rapid decline, intubated
- ▶ HIV negative
- ▶ Diabetic, newly diagnosed
- ▶ History of positive TST
- ▶ CXR – cavitory, rt. mid lung
- ▶ Report to Harrisonburg TB program

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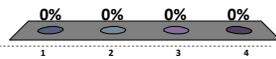
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What would you do next?

Epi1:knee and thigh pain, sepsis, cavitory CXR.

1. Call UVA for more detail
2. Call Local HD NCM
3. Watch and wait
4. Attempt to contact family



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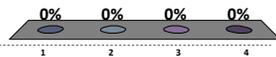
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What would you do next?

Severe non-pitting foot and ankle edema, dark discoloration at base of wound

1. Notify the Home Health Agency
2. Transport to ER
3. Call UVA
4. Watch and wait



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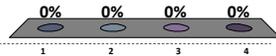
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What would you do?

Sputum culture conversion not documented.....

1. Continue to attempt sputum induction
2. Make no further attempts to collect sputum
3. Perform SDL's
4. Document clinical improvement



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Priorities are everywhere,  
Which way should I go?

Beverly Thomas RN  
New River District  
Northumberland Health Department



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Mr. B

- ▶ 59 y/o American born Veteran
- ▶ Multiple Substance use (ETOH, Cocaine, THC)
- ▶ Lung CA (stage IV) with brain metastasis, Hepatitis B and C, Kidney Failure, anemia, clostridium difficile
- ▶ Admitted through VA ER: loss of consciousness with fall, No s/s of TB? Sputa + AFB (Sputa AFB 30 days earlier negative)
- ▶ Chest CT - large cavitory mass
- ▶ RIPE started
- ▶ Initial information received and on medical record with contact investigation initiated
- ▶ VA was ready to discharge him

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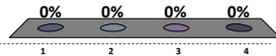
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What would you do first?

- 1. Ensure all high risk contacts have been found and evaluated
- 2. Try to get DST results
- 3. Discuss impending discharge with hospital
- 4. Establish contact with the team of other caregivers



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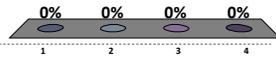
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How would you proceed with the contact investigation?

- 1. Re-interview the patient
- 2. Be happy with the closest contacts I found and take a breath
- 3. Hunt down the runaway contacts
- 4. Look for more vulnerable contacts only



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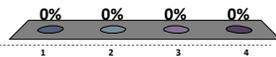
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What would you do first to facilitate discharge?

- 1. Do a home assessment
- 2. Contact ICP at VA to discuss discharge plan
- 3. Advocate for alternative placement
- 4. Refuse discharge due to continued infectiousness



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