

No. \_ \_ - \_ \_ - \_ \_ \_

**TUBERCULOSIS CASE /SUSPECT REVIEW**

Conference Date: \_\_\_/\_\_\_/\_\_\_ Nurse Case Manager: \_\_\_\_\_  
Two Month: \_\_\_ or Eight Month: \_\_\_ PHN phone # (\_\_\_\_) \_\_\_\_\_

Patient Name (last, first): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_  
Race: Black White Asian/Pacific Islander Native Am Hispanic: N Y Country of Origin: \_\_\_\_\_  
Mo/Yr Arrived in US: \_\_\_/\_\_\_ Primary Language: \_\_\_\_\_ Date LHD Received Report: \_\_\_/\_\_\_/\_\_\_  
Reported by: \_\_\_\_\_ Patient Alive at Time of Report: N Y

Primary Disease Site: \_\_\_\_\_ Secondary Disease Site: \_\_\_\_\_  
Health Provider: PMD LHD BOTH Hospitalized Due to TB: N Y # of Days Hospitalized: \_\_\_\_\_  
HIV Test Result: \_\_\_ or Denies Risks: \_\_\_ TST Results in mm: \_\_\_ Date TST Done: \_\_\_/\_\_\_/\_\_\_  
Hx of Previous TB Infection: N Y Completed Treatment for LTBI: N Y Year: \_\_\_  
Hx of Previous TB Disease: N Y Year: \_\_\_ Probable Reason for Relapse: \_\_\_\_\_  
Initial CXR Date: \_\_\_/\_\_\_/\_\_\_ Reading: Normal Abnormal Cavitory: N Y (specify) \_\_\_\_\_

Is this Person a Contact to Another Case? Name Case: \_\_\_\_\_ Year of Contact: \_\_\_\_\_  
Is this Person Homeless: N Y Substance Abuse: N Y Type of SA: Injection: \_\_\_ Alcohol: \_\_\_ Other: \_\_\_\_\_  
Occupation Within the Past Two Years: \_\_\_\_\_ Presently Incarcerated: N Y (specify) \_\_\_\_\_  
Presently in Long Term Care: N Y (specify) \_\_\_\_\_

Initial Sputum Date: \_\_\_/\_\_\_/\_\_\_ Smear Result: \_\_\_\_\_ Culture Result: (specify) \_\_\_\_\_  
**Sputum Smear Conversion Date:** \_\_\_/\_\_\_/\_\_\_ Smear Conversion Occurred in \_\_\_\_\_ Weeks.  
Sputum Culture Conversion Date: \_\_\_/\_\_\_/\_\_\_ Culture Conversion Occurred in \_\_\_\_\_ Weeks.  
Current Sputum Collection Frequency: WEEKLY BI-MONTHLY MONTHLY  
Lab Used: DCLS or (specify) \_\_\_\_\_ ph # \_\_\_\_\_  
Other Bacteriology: Type of Specimen (specify): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Smear Result: \_\_\_ Culture Result: (specify) \_\_\_\_\_

Chemotherapy:			
Drug:	Dose/Freq	Start	Stop
INH	_____	___/___/___	___/___/___
RIF	_____	___/___/___	___/___/___
PZA	_____	___/___/___	___/___/___
EMB	_____	___/___/___	___/___/___

DOT Start Date: \_\_\_/\_\_\_/\_\_\_  
Number of DOT Doses Delivered to Date: \_\_\_\_\_  
If Not on DOT, Reason: \_\_\_\_\_  
Pt's admission weight \_\_\_\_\_

Drug Susceptibility Testing: Specimen Collection Date: \_\_\_/\_\_\_/\_\_\_ (Use "S" for Susceptible and "R" for Resistant)  
INH \_\_\_ RIF \_\_\_ EMB \_\_\_ PZA \_\_\_ SM \_\_\_ Other \_\_\_\_\_

Initial Subjective/Objective Information:  
Symptoms: FEVER COUGH ANOREXIA FATIGUE  
NIGHT SWEATS WT. LOSS HEMOPTYSIS  
CXR: CAVITARY ABNORMAL (NON-CAVITARY)  
(specify) \_\_\_\_\_ NORMAL  
Treatment Plan: Regimen \_\_\_\_\_;  
# \_\_\_ Doses for # \_\_\_ Months  
Infection Control Issues: INFECTIOUS? N Y

Follow Up Subjective/Objective Information:  
Symptoms: IMPROVED WORSENING UNCHANGED  
CXR: IMPROVED WORSENING UNCHANGED ND  
Sputum Collection: WEEKLY BI-MONTHLY MONTHLY  
Change in treatment plan? N Y (specify) \_\_\_\_\_  
Infection Control Issues: REMAINS INFECTIOUS? N Y  
If Not, Were 3 Consecutive Sputa Smear Negative? N Y

MANAGEMENT PLAN: (central office use)

Number of Contacts Identified: \_\_\_\_\_ # Appropriate for Testing: \_\_\_\_\_ Date First Contacts Tested: \_\_\_/\_\_\_/\_\_\_  
# Newly Infected Contacts: \_\_\_\_\_ # Contacts Started on Therapy: \_\_\_\_\_ # Contacts Completed Therapy: \_\_\_\_\_

Date of Case Closure: \_\_\_/\_\_\_/\_\_\_ Disposition Reason: COMPLETED TX MOVED DIED LOST TO FOLLOW UP  
If Moved, State Where if Known: \_\_\_\_\_ Date Case Information Transferred \_\_\_/\_\_\_/\_\_\_

**BACKGROUND/OBJECTIVE:** All TB suspects/cases whether public or private are case managed by the local health department, usually by a PHN. Monitoring various patient parameters is essential to this public health case management. Use of this form is intended to organize this management process. DTC asks that the case manager use this form for the two and eight month patient/record reviews, to help organize and document the presentation process. Further it will allow for educational discussion. Feedback and/or use of this form by nursing supervision may be helpful if used in conducting patient management/record audits. Improved patient and program outcomes are the objective.

**INSTRUCTIONS FOR USE:**

Number spacing is intended for Division of TB Control (DTC), Central Office.

At two months following the patient's report to the LHD the case manager has completed much of the information, providing a comment for each field as possible.

At the eight-month conference the patient will likely have completed therapy, therefore the case manager will likely have the form completed allowing for a thorough case review.

**SPUTUM INFORMATION:** *Always use collection dates!*

**Smear Conversion:** Many patients are initially sputum smear positive, then as specimens are reported smear negative, *consecutively*, and following the initiation of anti-tuberculous medication.

**Smear Conversion date:** The collection date of the first *consecutively* negative sputum smears in a previously sputum smear positive patient and following the initiation of anti-tuberculous medication.

**Weeks to smear conversion:** Count the number of weeks for a sputum smear positive patient to convert to sputum smear negative, following the initiation of anti-tuberculous medications.

\*\*\* First smear positive sputum collection date MINUS first *consecutively* smear negative sputum collection date (following start of anti-tuberculous therapy) = TIME TO CONVERSION (document in number of weeks). \*\*\*

\*\*\* **Do not report a smear as positive if the associated culture is negative**\*\*\*

**Culture Conversion:** Same as smear but pertains to culture.

Provide name of laboratory used for bacteriology. It is helpful to provide phone number and contact person as well.

ALL TB suspects/cases in Virginia will initially be started on IRPE (report as "RIPE"). The standard of care is directly observed therapy (DOT). Adherence for any period should not be below 80%. Obtain patient's weight at initiation of therapy and assess if dose appropriate.

All initial isolates of *M. tuberculosis* should be tested for antibiotic susceptibility. Drug regimen is usually modified once these results are available. If the isolate is fully susceptible, Ethambutol can usually discontinued.

Repeat susceptibility testing in patients who fail to respond to treatment or in whom cultures fail to convert to negative after 2 months of therapy. If resistance to one or more components of the regimen is present and particularly if resistant to both INH and Rifampin consultation with DTC's medical director is advised.

Provide initial patient subjective and objective information, i.e. patient symptoms, chest x-ray, initial treatment plan, and infection control issues. Then at time of two month case review, having reviewed the patient's clinical progress, be prepared to provide follow up clinical information and note any changes in treatment plan.

**Management Plan:** The plan will be discussed at the central office case review.

**Contacts:** Only appropriate contacts identified are reported during the case review. This those contacts to smear positive cases.

Note if any contacts are age 4 or younger, and/or those persons who are immunosuppressed.

Report outcomes of contact evaluation and TST testing.

**Case closures:** Medication completion date or patient disposition is necessary at the eight-month conference. 1) If a patient moves to another Virginia locality, the case manager transfers the patient information to that district and notifies DTC by e-mail of the transfer along with a forwarding address. DTC will make changes to database registry. 2) If a patient moves to another state or country, the case manager notifies DTC as soon as possible so an interstate notification can be sent to the next jurisdiction. The district provides the forwarding address along with complete and appropriate patient information required for adequate patient follow-up. 3) Only if a patient moves with an unknown address is the case is closed as "lost".