

TUBERCULOSIS CLINIC (TC)

PATIENTS WHO SHOULD BE ENROLLED:

- Patients who meet the criteria for treatment for Latent Tuberculosis Infection as outlined in HSB 15.03.18, *Identification and Management of Latent Tuberculosis Infection and Tuberculosis Infection*.
- Patients diagnosed with active tuberculosis

If the clinician is undecided as to whether to enroll a patient in this clinic the Regional Medical Director may be consulted.

NOTE: Inmates diagnosed with active tuberculosis shall be placed on Medical Hold for a minimum of four months and seen by the attending Physician every month or as frequently as deemed necessary until:

- AFB smears are negative,
- resolution or improvement of chest X-Ray lesions and
- improvement of clinical symptoms

BASELINE HISTORY AND PROCEDURES:

Document data on the following forms:

- DC4-719, *Tuberculosis/INH Treatment for Latent Tuberculosis*
- DC4-701F, *Chronic Illness Clinic*
- DC4-730, *Problem List*

Baseline history will include an assessment of risk factors:

- Current signs and/or symptoms
- Tuberculin Skin Test result and conversion date
- History of close contact with active tuberculosis cases
- Co-morbidities (Human Immunodeficiency Virus, Diabetes, Hepatitis etc...)
- Smoking history
- History of any previous treatment
- Pertinent medical and surgical history

Physical examination will include evaluation and documentation of:

- Vital signs including weight
- Hearing Screening
- Vision Screening
- Respiratory system
- Indication of extra-pulmonary tuberculosis such as enlarged lymph nodes

Baseline Procedures will include:

- HIV Test
- Chest x-ray
- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)

If clinically indicated:

- Airborne Infection Isolation Room
- Sputum specimen for AFB smear/NAA(MTD)/culture

TREATMENT RECOMMENDATIONS:

See HSB 15.03.18, *Identification and Management of Latent Tuberculosis Infection and Tuberculosis Infection*

NOTE: Inmates who exhibit problems taking the medication (e.g. elevation of AST or ALT, visual symptoms or other adverse reactions) will have the medication discontinued and an immediate referral to the clinician will be made.

EDUCATION:

Education will include:

- Disease Process
- Benefits of treatment
- Adherence to treatment
- Medication side effects
- Regular follow up exams
- Healthy diet

FOLLOW-UP VISITS:

Schedule patients monthly with nurse and as clinically indicated with the clinician.

At the completion of therapy, the nurse will refer the inmate to the clinician for a final chronic illness clinic visit. The purpose of this visit is to complete a final review of the inmate's clinical status including appropriate changes in the medical grade profile and to document the counseling regarding signs and symptoms of tuberculosis.

At each Chronic Clinic visit the nurse or clinician shall document:

- Review of the record (labs, treatment records, MARs, etc...)
- Evaluate the control of the disease
- Current status of the patient compared with the previous Chronic Clinic visit
- Provide education as outlined above

Document follow-up visits on forms:

- DC4-719, *Tuberculosis/INH Treatment for Latent Tuberculosis*
- DC4-701F, *Chronic Illness Clinic*
- DC4-730, *Problem List*

Physical examination at every Chronic Clinic Visit will include at a minimum an evaluation and documentation of:

- Vital signs including weight
- Vision Acuity- if prescribed Ethambutol
- Vision Screening for Red/Green Color or blindness - if prescribed Ethambutol

- Respiratory system
- Inquiry of current signs and symptoms

Procedures:

- CMP per clinician order
 - Monthly if patient (HIV+), or has chronic hepatitis, or pregnant, or postpartum in the first (3) three months, CMP

If clinically indicated:

- Sputum specimen for AFB smear/NAA(MTD)/culture
- Airborne Infection Isolation Room

GOAL:

- Cure the individual patient
Minimize the transmission of *Mycobacterium tuberculosis*

This Health Services Bulletin Appendix Supersedes prior revision dates:

01/2015