Tuberculosis Discharge Planning Checklist

Patient Name: _____ Patient DOB: _____ Patient Phone#: _____
Residence:_____ Discharge location (if different): _____
Provider responsible for ongoing treatment: _____

Continuity of care of Tuberculosis patients is critical. Discharge planning should involve a PHN case manager who will be responsible for coordinating daily follow-up. All patients need a medical home and established monitoring plan prior to discharge.

TB is a reportable condition: Report all suspect or confirmed cases to the Alaska TB Program at 907-269-8000.

Isolation needs:

- ☐ Discharge potentially infectious patients only to appropriate, safe out-of-hospital settings.
- ☐ Reinforce the need to stay home until public health and the clinician determine that isolation is no longer required.
- ☐ **Do not** discharge infectious patients to congregate settings such as nursing homes, assisted living facilities, shelters, or correctional facilities (unless they will be in an airborne infection isolation room).

Medications:

- ☐ Ensure patient is tolerating appropriate anti-TB medication regimen, given at the same time each day.
- ☐ Ensure that PHN case manager has a directly observed therapy (DOT) plan in place prior to discharge.
- ☐ At discharge, supply the patient with 1-2 weeks of medications to avoid treatment interruptions.

Educate the patient:

- ☐ Reinforce infection control measures to prevent transmission to others (i.e. remain in negative pressure room, avoid contact with unexposed persons, cover mouth when coughing or sneezing, etc.).
- ☐ Collaborate with the PHN case manager to provide information about TB transmission, contact investigation, treatment, adverse reactions, DOT, adherence, expected length of therapy, and roles.
- ☐ Inform patient that PHN case manager will contact them to arrange follow-up and perform contact investigations. A PHN may call or visit the patient and initiate contact investigation during hospitalization.

Discharge Plan: finalize with the PHN case manager at least 2 business days before discharge:

- ☐ Be prepared to provide/fax the following information: face sheet, H&P, TB medication administration records (MAR), script for TB meds, sputa and pathology results, labs (HIV, CBC, creatinine, LFTs), chest x-ray and CT reports, TST or IGRA results, estimated discharge date, and date of follow-up appointment.
- ☐ Assess patient for barriers that may impact treatment (i.e. substance abuse, no access to care/insurance, beliefs, co-morbidities, housing, etc.), and collaborate with PHN case manager to address them.

Travel:

- ☐ **Patients with suspected or confirmed TB may not be able to travel on public conveyances -airplanes, busses, ferries or shuttles. Contact the Alaska TB Program for clearance.**

Notes:_____
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PHN case manager: _____ Phone: _____

Alaska TB Program contact: _____ Phone: _____