GUIDELINES FOR DISCHARGE OF TUBERCULOSIS PATIENTS AND SUSPECTS

- General Considerations
- Sputum Smear Positive Pulmonary Tuberculosis and Laryngeal Tuberculosis
- Pulmonary Tuberculosis with Negative Sputum Smears and/or Extra-pulmonary Tuberculosis

General Considerations

Many tuberculosis (TB) patients are never hospitalized. The greatest risk of transmission occurs prior to initiation of treatment. Seventy-five percent of all people who are acid fast bacillus (AFB) sputum smear positive will remain so for at least 2 weeks, with the majority remaining positive for 4 to 6 weeks. Therefore, while it is realized that it is generally not practical or necessary to keep all patients hospitalized until 3 consecutive sputum smear are negative, other considerations must be evaluated. These include the likelihood the patient will adhere to treatment and isolation precautions; the likelihood of transmission to others (which includes not only the infectiousness of the patient but the number of new contacts); and the likelihood and severity of disease in those who may become infected.

Infectiousness is related to several clinical characteristics: pulmonary or laryngeal involvement; symptoms of cough or sneeze; positive sputum smear; cavitation on chest x-ray; length of appropriate therapy; and ability and willingness to cover the mouth when coughing or sneezing. In general, a person with TB likely is infectious if cough is present, sputum smears are positive, and therapy either has just started or is not eliciting a clinical response. However, the risk of transmission from a person with TB on appropriate therapy showing clinical improvement (reduction of cough, fever, and AFB on smear; and improvement in chest x-ray) is substantially reduced after 2 weeks on therapy.
Sputum Smear Positive Pulmonary Tuberculosis and Laryngeal Tuberculosis

A. Criteria for discharge to home, with no high risk individuals\( ^{\dagger} \) in the home:

1. The patient has been started on an appropriate\( ^{\ddagger} \) multiple drug regimen and is tolerating medications.
2. The patient is medically stable and able to care for self.
3. The patient understands and can comply with home isolation (i.e., will not leave home or have unexposed visitors without wearing a mask, and has adequate support for meals and other essentials of daily living).
4. A plan for ongoing follow up and treatment has been established\( ^{\mathcal{I}} \), directly observed therapy (DOT) considered, and discharge approval obtained from SFDPH TB Control Program.

B. Criteria for discharge to home, with high risk individuals in the home:

1. The patient has been on an appropriate\( ^{\ddagger} \) multiple drug regimen for 1 week, or longer if indicated.
2. The patient is medically stable and is clinically improving.
3. a) If the high risk individuals already have been exposed to the patient, then 3 consecutive sputum AFB smears taken on different mornings must show a decrease in numbers of AFB.
   b) If a previously unexposed high risk individual enters the household while the patient is hospitalized, then 3 consecutive sputum AFB smears taken on different mornings must be negative.
4. All previously exposed high-risk individuals, including immunocompromised individuals and children less than 5 years of age, have been evaluated and/or started on window prophylaxis.
5. The patient understands and can comply with home isolation (i.e., will not leave home or have unexposed visitors without wearing a mask, and has adequate support for meals and other essentials of daily living).
6. A plan for ongoing follow up and treatment has been established\( ^{\mathcal{I}} \), directly observed therapy (DOT) considered, and discharge approval obtained from SFDPH TB Control Program.
C. Criteria for discharge to a high-risk setting (e.g., prison, jail, hospital, skilled nursing facility, nursing home, HIV communal housing, drug treatment program, homeless shelter, migrant camp, dormitory, or other group setting)\textsuperscript{v}:

1. The patient has been on an appropriate\textsuperscript{ii} multiple drug regimen for at least 2 weeks (14 daily doses) or longer.
2. The patient is medically stable and is clinically improving.
3. The patient has had sputum AFB smear conversion (3 consecutive negative sputum AFB smears taken on 3 different mornings).
4. A plan for ongoing follow up and treatment has been established\textsuperscript{iii}, directly observed therapy (DOT) considered, and discharge approval obtained from SFDPH TB Control Program.

Pulmonary Tuberculosis with Negative Sputum Smears and/or Extra-pulmonary Tuberculosis

A. Criteria for discharge:

1. The patient has been started on an appropriate\textsuperscript{ii} multiple drug regimen.
2. The patient is medically stable.
3. If the patient has pulmonary TB, he/she has had at least 3 consecutive sputum AFB smears on different days that have been negative.
4. A plan for ongoing follow up and treatment has been established\textsuperscript{iii}, directly observed therapy (DOT) considered, and discharge approval obtained from SFDPH TB Control Program.
5. If being discharged to a high risk setting, the patient has received at least 5 days of an appropriate\textsuperscript{ii} multiple drug regimen, and discharge approval obtained from SFDPH TB Control Program.
References


\[\text{i} \quad \text{The decision as to whether or not high risk individuals are in the household should be based on Disease Control Investigator (DCI) assessment, and includes children less than 5 years of age and immunocompromised people (those with HIV infection, diabetes mellitus, hematologic malignancy, end stage renal disease, chronic under-nutrition; or those who have a history of prolonged steroid therapy, immunosuppressive therapy, intravenous drug use, or substantial rapid weight loss). Of these, children less than 5 years of age and those with HIV infection are considered highest risk.}\]

\[\text{ii} \quad \text{The regimen should be consistent with the most recent American Thoracic Society/CDC guidelines (see reference A).}\]

\[\text{iii} \quad \text{The plan should include the physician who will provide follow up care, date(s) of follow up appointments, the prescription or dispensing of sufficient medications until the next appointment, and Directly Observed Therapy (DOT) if needed. Refer to SF GOTCH form: Tuberculosis Discharge, Treatment, and Follow-up Plan.}\]

\[\text{iv} \quad \text{See reference C for a full explanation of what constitutes high vs. low risk settings.}\]
Tuberculosis Discharge, Treatment, and Follow-up Plan

MANDATORY REPORT! Per state law Health and Safety Code Sections 121361(a)(1) and 121362, this form must be completed for each patient with active or suspected TB. Approval of the treatment plan by the TB Control Office must occur prior to transfer or discharge. Please contact the TB Control Office at least 24 hours prior the anticipated discharge time.

Section A: Patient Information

Pt. Name: ____________________________________ Alias (if any): ______________ Gender: ☐ Male ☐ Female ☐ Trans
Address: _______________________________________
Primary language: _______________________________ Race/Ethnicity: ______________ Date of Birth: ___/____/_______
Country of Origin: _____________________________ Date Arrived (in the US): ___/____/________
Occupation: ___________________________ Emergency Contact: ____________________________ Phone: (____) ____________
Medical Insurance: ____________________________ Medical Home: ______________ Last 4 digits of SS# (VA only) ____

Section B: Hospital Information

Date of Admission: _____/_____/______ Medical Record No.: _______________________________
Institution/Hospital: ___________________________ Resident/Attending: ___________________________
Unit/Floor/Location: ____________________________ Provider Contact: (____) ____________ (pager/cell/phone)

Section C: Patient TB Information

Status: ☐ Confirmed ☐ Suspected (Date of TB Diagnosis: ___/____/_____; Symptom Onset: ___/____/____)
Reported to Health Dept: ___/___/______ ☐ Has not reported to the health department
Immunocompromised: ☐ Yes ☐ No Psychiatric Evaluation: ☐ Yes ☐ No
Substance Abuse: ☐ Yes ☐ No Psychiatric Disability: ☐ Yes ☐ No
Homeless: ☐ Yes ☐ No Cognitive Deficit: ☐ Yes ☐ No
Referrals made for above (i.e. psychiatric, substance abuse, homelessness/social services): ___________________________

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last PPD/TST</td>
<td></td>
<td>☐ Pos. ___ mm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Neg.</td>
</tr>
<tr>
<td>QFT/IGRA</td>
<td></td>
<td>☐ Pos.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Neg.</td>
</tr>
<tr>
<td>Initial CXR</td>
<td></td>
<td>Normal: ☐ Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cavitary: ☐ Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No.</td>
</tr>
<tr>
<td>Most Recent CXR</td>
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<td>Normal: ☐ Yes</td>
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<tr>
<td></td>
<td></td>
<td>☐ No.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cavitary: ☐ Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No.</td>
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</tbody>
</table>

On treatment for active TB? ☐ Yes. ☐ No.
On treatment for latent TB? ☐ Yes. ☐ No.
Site of disease: ☐ Pulmonary ☐ Extrapulmonary (specify): __________________________

Bacteriology

<table>
<thead>
<tr>
<th>Date</th>
<th>Source</th>
<th>AFB Smear Results</th>
<th>NAAT/PCR</th>
<th>AFB Culture Results (Organism Identified)</th>
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</table>
Section D: Discharge Information

Drug Regimen

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Other medication</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rifampin</td>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Isoniazid</td>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. B6</td>
<td>10.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relevant Inpatient Testing

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Result</th>
<th>Test Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Creatinine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient’s weight: _____ lbs. Date: ___/___/___ Anticipated discharge date: ___/___/___

Discharge to:  ❑ Home  ❑ Shelter  ❑ SNF  ❑ Jail/Prison  ❑ Other (specify) ________________________________

The decision to discharge this patient to a congregate setting is based on the discretion of the public health department, clinical improvement and*:

❑ Three negative sputum smears for AFB if initially smear positive, patient has had 2 weeks of anti-TB treatment, and has no contact with high-risk patients
❑ At least 5 days of treatment if initially has three smear negative AFB and has no contact with high-risk patients
❑ Other (specify) _____________________________________________________________________

If discharged home, ensure that there are no high-risk contacts and contact Public Health Department if needed.

Primary Medical Provider: (PRINT) __________________________ Follow-up appointment: (___/___/___)

Address/Institution: __________________________________________________________________________

Primary Medical Provider Phone (____) __________________ Fax (____) _______________________

TB Meds Supplied by  ❑ TB Clinic  ❑ Hospital/SNF

Expected adherence to medication: ❑ Good  ❑ Intermediate  ❑ Poor

Any anticipated future travel: ❑ Yes  ❑ No  If yes, where: __________________________

Hospital Discharge Planner: ______________________________________ Phone (____) __________________

Fax Reply To: __________________________________________ Phone (____) _______________________

Completed By: __________________________________________ Phone (____) _______________________

Name  Title  Date

*If your clinic has GeneXpert, criteria may vary

Fax this form to Julie Higashi, M.D., PhD, TB Controller, Deputy Health Officer at fax # (415) 206-4565
Discharge Checklist

Patients with active or suspected tuberculosis can only be discharged after ALL of the following have been completed.

Tel. (415) 206-8524  Fax (415) 206-4565

Patient Last Name                        First                               Middle                 DOB: mm / dd / yyyy

- Medical records faxed to TB Control:
  o Physician notes (including H&P, Pulmonary/Infectious Disease Consult notes)
  o Medication list (including non-TB medications)
  o TB medication dosages and MAR of TB meds
  o Results from diagnostic tests (AFB smear/culture, molecular tests, pathology)
  o Radiology (CT, CXR)– both reports AND images burned onto a CD
  o Documented weight and labs (CBC, comp metabolic, HIV, hepatitis, HbA1c or fasting glucose, uric acid, QFT or PPD)

- Fax the following information to TB Control:
  o Patient contact, address, and locating information (please verify with patient)
  o Completed “Tuberculosis Discharge, Treatment, and Follow-up Plan” (can be found at: http://sfcdcp.org/tbhospitaldischarge.html)
  o Discharge checklist

- Patient seen at TB Clinic (if at SFGH) and/or met with TB control staff
- Educate the patient about their condition and plan
- Final Approval obtained from TB Control to discharge patient (you will receive confirmation by completed form/call within 24 hours. Note that patients that live out of SF county may require >24 hours for final discharge approval.)

- TB medication prescription- please only dispense what is instructed by TB Control

If you have any questions regarding procedures, please contact the San Francisco Tuberculosis Control Program and ask for the lead Disease Control Investigator (DCI).

FOR DPH USE ONLY

- DCI Patient intake performed
- High risk contacts evaluated and started on treatment
- Discharge plan reviewed/approved by TB controller
- Follow-up appointment arranged

Signature                                Date Approved

MD Checklist. Updated: 25 January 2016