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|  | Division of Community and Public Health        |                     |
|                                                                                   | Section: <b>Appendices</b>                     | Revised<br>May 2020 |
|                                                                                   | Appendix: 3.05 Checklist for Active TB Disease | Page 1 of 1         |

### Checklist for Active Disease Cases

| INITIAL WORKUP                                                                                                                                                  | YES            | NO             | N/A            | Notes          |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| <a href="#">CD-1</a> Completed                                                                                                                                  |                |                |                |                |                |                |
| Conduct patient interview, within three days, wearing an N95 mask                                                                                               |                |                |                |                |                |                |
| Complete TB History ( <a href="#">TBC-10</a> ) PDF fillable form                                                                                                |                |                |                |                |                |                |
| CD-1 & TB History Form faxed/secure email to state TB nurse                                                                                                     |                |                |                |                |                |                |
| Isolate per the CDC recommendations ( <a href="#">CDC Core Curriculum on Tuberculosis-Infection Control, Chapter 7 Infection Control, page 192, Table 7.2</a> ) |                |                |                |                |                |                |
| Contact/source case investigation initiated using the Contact Worksheet ( <a href="#">TBC-13</a> )                                                              |                |                |                |                |                |                |
| Patient education provided on isolation procedures as needed, in client's primary language and documented                                                       |                |                |                |                |                |                |
| Admission note completed                                                                                                                                        |                |                |                |                |                |                |
| Sputum sent to the State Public Health Laboratory for smear culture & drug susceptibility (SPHL must receive within 72 hours of collection)                     |                |                |                |                |                |                |
| Diagnostic services arranged, if needed                                                                                                                         |                |                |                |                |                |                |
| HIV testing completed and results entered into WebSurv or faxed to State TB Nurse                                                                               |                |                |                |                |                |                |
| Baseline eye and color vision exam; LFT if applicable                                                                                                           |                |                |                |                |                |                |
| Prescriptions obtained and faxed to State Contract Pharmacy, along with the TB Medication Request (TBC-8)                                                       |                |                |                |                |                |                |
| DOT initiated using the TB Medication Record ( <a href="#">TBC-16</a> )                                                                                         |                |                |                |                |                |                |
| Contact Worksheet (TBC-13) faxed to state TB Epidemiologist                                                                                                     |                |                |                |                |                |                |
| <a href="#">TB Cohort Presentation Form</a> started                                                                                                             |                |                |                |                |                |                |
| <b>DURING TREATMENT:</b>                                                                                                                                        | <b>Month 1</b> | <b>Month 2</b> | <b>Month 3</b> | <b>Month 4</b> | <b>Month 5</b> | <b>Month 6</b> |
| Assess & document on TBC-1                                                                                                                                      |                |                |                |                |                |                |
| LFT, if indicated                                                                                                                                               |                |                |                |                |                |                |
| DOT (# of doses this month)                                                                                                                                     |                |                |                |                |                |                |
| Sputum submitted                                                                                                                                                |                |                |                |                |                |                |
| TB Medication Record (TBC-16) sent to state TB nurse monthly                                                                                                    |                |                |                |                |                |                |
| <b>COMPLETION OF TREATMENT:</b>                                                                                                                                 | <b>YES</b>     | <b>NO</b>      | <b>Notes</b>   |                |                |                |
| Completion of therapy documented (including length of treatment and # of doses received)                                                                        |                |                |                |                |                |                |
| <b>COMPLETION LETTER TO CLIENT</b>                                                                                                                              |                |                |                |                |                |                |
| State TB nurse notified                                                                                                                                         |                |                |                |                |                |                |