

Patient Name: _____
 DOB: _____ MRN: _____
 Address: _____
 Phone: _____
 Alternate phone: _____

Submitting Facility: _____
 Submitted by: _____
 Phone: _____
 Fax: _____

DISCHARGE/TRANSFER PLAN

Date of Admission: _____ Planned Discharge/Transfer Date: _____
 To be Discharged/Transferred to: Home Shelter SNF Jail/Prison Residential Facility Other _____
 Address: _____ Tel# () _____
 At Discharge address are there: Children < 5 years Elderly Immunocompromised None
 Patient's follow-up appointment date: _____ Are finances a barrier to TB Treatment? Yes No
 MD who has agreed to assume care: _____ Tel# () _____
 How many days of TB medications will patient have in hand at discharge/release? _____
Patient MUST have enough medication to last until follow-up appointment.

PHYSICIAN'S DIAGNOSIS

Active TB TB Suspect Pulmonary Extra pulmonary (site) _____
 Symptoms: Fatigue Cough (duration _____) Weight loss (_____ lbs.)
 Fever Night sweats Hemoptysis Other _____

If asymptomatic, reason for evaluation

<i>Date obtained</i>	<i>Source</i>	<i>AFB smear</i>	<i>Culture M.TB</i>	<i>GeneXpert</i>	Other Tests		
					PPD Date:	Results:	mm
					IGRA Result Date:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
					Chest X-ray (Attach Report)	<input type="checkbox"/> Cavitary <input type="checkbox"/> UNK <input type="checkbox"/> Infiltrate <input type="checkbox"/> Negative	
PCR: <input type="checkbox"/> Pos MTB <input type="checkbox"/> Neg <input type="checkbox"/> Pend <input type="checkbox"/> Not Done Sensitive to all drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify: _____					Risk Factors: Immunocompromised? <input type="checkbox"/> Yes <input type="checkbox"/> No IVDU? <input type="checkbox"/> Yes <input type="checkbox"/> No ETOH? <input type="checkbox"/> Yes <input type="checkbox"/> No Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TB TREATMENT

Medications	Dosage	Date Started	Date Stopped	Reason for D/C
INH		/ /	/ /	
Rifampin		/ /	/ /	
Ethambutol		/ /	/ /	
Pyrazinamide		/ /	/ /	
		/ /	/ /	

Tuberculosis Control Program use only:

Problems/Action: _____

 Reviewed by: _____ Date Reviewed: ____/____/____
 Approved by: _____ Date approved: ____/____/____

Discharge Approved
 YES
 NO
 Date: ____/____/____

Legal Aspects of TB Reporting

Ventura County stories of lost or unrecognized TB cases abound. Two cases in the first three months of 1996 had been classically symptomatic for close to a year.

Both had been to physicians repeatedly for non-resolving cough. One had an unrelated surgery, under general anesthesia, just weeks before she became a TB suspect. Both were abundantly smear positive for AFB on voluntary sputum collections.

Another case, in 1994, was diagnosed as a TB suspect, placed on medication and promptly lost to follow-up. The physician did not report. Many months later, gravely ill, with hemoptysis, a cavitary chest X-ray, and 4+ AFB on sputum smear, the patient was admitted to a local hospital. He hadn't been able to afford the anti-TB medications nor the office visits.

These are the kinds of stories that motivated revisions of the Health and Safety Code (H&S) and the California Code of Regulations (CCR), Title 17.

Who reports and when

H&S Code, Section 121362 now says in part that health care providers, health facilities, and clinics (providing outpatient treatment for TB disease) shall promptly report to the Local Health Officer (LHO) when:

1. There are reasonable grounds to believe a person has TB.
2. A TB patient ceases TB treatment, including when the patient:
 - a. Fails to keep an appointment.
 - b. Relocates without transferring care.
 - c. Discontinues care.

Continuity of care

H&S Code Section 121361 describes the framework for the discharge/transfer plan, to be approved by the LHO before a TB case/suspect may be released from a health care facility.

Health Facilities

- A. Before discharge or release
 1. Notification and written treatment plan received by LHO
 2. LHO must review within 24 hours receipt of the plan during business week
 3. LHO approves written treatment plan
- B. Before transfer to another health facility
 1. Notification and written treatment plan received by LHO
 2. LHO must review within 24 hours of receipt of plan during business week
 3. LHO approves written plan treatment plan

C. Before transfer to a general acute hospital when there is an immediate need for a higher level of care

1. Notification & written treatment plan received by LHO.
2. (No approval required prior to transfer to higher level of care).

D. Before transfer to a correctional institution (state or local detention facility)

1. Notification & written treatment plan received by LHO unless this poses a threat to community or TB patient.
2. (Receiving facility will approve transfer.)

CCR Title 17, Section 2500 has changed TB to **24 hours** reporting status (within one working day). Section 2505 (On laboratories) now says in part; any result suggestive of TB (such as smear positivity) shall be reported to the County Health Officer in writing within 24 hours; when culture positive laboratory is to submit a culture from the primary isolate to the (Ventura County) Public Health Laboratory; if there are no susceptibility results on a strain obtained from the same patient within the previous 3 months the laboratory shall perform or refer for susceptibility testing.

Susceptibility results are to be reported to the County Health Officer within 24 hours; if there is resistance to at least INH and rifampin, one culture or subculture is to be submitted to the Public Health Laboratory.

Ventura County TB control has developed a FAXable form to facilitate TB reporting and to expedite the approval of the discharge plan. ***Please copy this form (see reverse) as needed or call our offices for a master copy at (805) 385-9451***

Working together we can identify TB suspects early, foster adherence to the treatment regimen, prevent acquired drug resistance, shorten the period of communicability and reduce TB transmission in Ventura County.