

# **Tuberculosis Hospital Admission/Discharge Process**

**Created by:**

**Jenelle Partridge RN, BN**

**Manager of Patient Care GH6 | HSC Winnipeg**

**Shared Health**

Location: General Hospital | Green Owl Level 6, GH624

Mail: GH624 - 820 Sherbrook St, Winnipeg MB R3A 1R9

Phone: 204-787-7184

Cell: 204-619-1042

## **Contents**

WRHA Tuberculosis Services Switchboard.....	2
Provincial Communicable Disease Coordinators.....	2
Tuberculosis Admission Process.....	3
Process for Patients Admitted with Existing Tuberculosis and/or on Treatment.....	4
WRHA Indigenous Health.....	5
Tuberculosis Discharge Process.....	6
Home Isolation.....	8
TV/Telephone for Patients with Tuberculosis.....	9
Diagnostic Specimen for Tuberculosis Diagnosis (AFB).....	10
Follow-up Specimen for Tuberculosis (AFB).....	11
Notification Process When Patient's with Active Tuberculosis Leave the Hospital Against Medical Advice (AMA)/Absent Without Leave (AWOL)....	12
Appendix A.....	13
Appendix B.....	16

**WRHA Population and Public Health  
Tuberculosis Services Switchboard**

Phone: 204-940-2274

Fax: 204-957-0884

Mon – Fri 8:30 AM – 4:30 PM

**Public Health Tuberculosis (TB) Communicable Disease Coordinators (CDC):**

WRHA Population and Public Health (PPH) TB- CDC

1)First Nations and Inuit Health (FNIH) clients: 204-795-2657

2)WRHA clients: 204-795-2407

3)Other regions clients: 204-795-2237

**Other Regions' CDCs:**

<b>RHA</b>	<b>PHONE NUMBERS</b>	<b>FAX NUMBERS</b>	<b>ADDRESS</b>
<b>Northern RHA</b> <ul style="list-style-type: none"> <li>• Burntwood</li> <li>• Norman</li> </ul>	(204) 778-1514	204-788-1741	867 Thompson Drive S Thompson MB R8N 1Z4
<b>Prairie Mountain</b> <ul style="list-style-type: none"> <li>• Brandon</li> <li>• Parkland</li> <li>• Assiniboine</li> <li>• Neepawa</li> </ul>	(204) 476-7832	Central Intake (204)759-4033	Box 1240 485 Hospital St. Neepawa Health Unit Neepawa, MB ROJ 1H0
<b>Interlake-Eastern</b> <ul style="list-style-type: none"> <li>• North Eastman</li> </ul>	(204)467-4781	(204) 467-4783	589 3 <sup>rd</sup> Ave. South Stonewall MB ROC2Z0
<b>Southern-Health</b> <ul style="list-style-type: none"> <li>• Steinbach</li> <li>• South Eastman</li> <li>• Central</li> </ul>	(204)-346-7029	(204)346-1046	Southern Eastman Health 365 Reimer Avenue Steinbach, MB R5G 0R9
	204-822-2659	204-822-2649	3-3- Stephen St. Morden, MB R6M 2G3
	204-428-2753	Central Intake (204)428-2734	Southern-Health 180 Centenaire Dr. Southport, MB ROH 1N1
<b>Churchill</b>	(204)-675-8327	(204) 675-8370	162 La Verendrye Avenue Churchill, MB ROB 0E0

# Tuberculosis Admission Process

## Once a TB diagnosis is made:

- Complete the *Referral to Population and Public Health Tuberculosis Services* and fax to WRHA PPH TB Services (204-957-0844)
- The form can be found at:  
<https://professionals.wrha.mb.ca/old/extranet/publichealth/files/TBReferralFrm5-23-19.pdf> If the TB diagnosis is made based on clinical findings and not from lab specimen (i.e., clinical case of TB):
  - Complete the *Manitoba Health Clinical Notification of Reportable Diseases and Conditions* form (ensure type of TB noted in Diagnosis i.e.: pulmonary, lymph node, etc.) and fax to 204-948-3044  
Form can be found at:  
[https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu\\_0013.pdf](https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf)
- Review 'Off ward expectations for TB patients' with the patient and 'sign in & sign out' sheet.
- Physician to complete the *Standing Orders for Tuberculosis Treatment*
- Notify hospital site Infection Prevention and Control Practitioner

Once unit staff report the patient to WRHA PPH TB Services via the steps above, a Public Health Nurse (PHN) from TB Services will be assigned to the patient. The PHN will visit the patient during the hospital admission to begin the public health case management and contact investigation as appropriate. The PHN will leave their business card (including contact information) with the unit staff.

Airborne Precautions may only be discontinued by the Attending Physician and/or Infection Prevention and Control physician (may consider consultation to Respiriology).

See TB Specific Disease Protocol: [TB Protocol.pdf \(wrha.mb.ca\)](#)

The RSOPD TB Nurse Clinician can be called as a resource (204-787-8033).

## If your patient is from Nunavut:

- Notify Kivalliq Inuit Services (KIS) 204-989-1020
- Notify Regional TB Case Manager/Government of Nunavut/Department of Health:
  - [Tel:1-867-645-2171](tel:1-867-645-2171) ext 1505
  - Work Cell: 1-867-645-7941
  - Fax: 1-867-645-2409

## **Patients admitted with existing Tuberculosis and/or on treatment**

If your patient is admitted and has an **existing TB diagnosis and/or is on TB treatment** please contact WRHA PPH Services (204-940-2274), hospital site Infection Prevention and Control Practitioner, and the TB nurse clinician (204-787-8033) and notify them of patient's admission.

\*\*See contact list for Other Regions' CDCs

## **WRHA Indigenous Health**

WRHA Indigenous Health works with Regional programs and facilities in helping identify, develop and implement culturally safe environments, practices and services.

WRHA Indigenous Health also provides a range of services for staff, community members, patients and patients' families through its Patient Services, Workforce Development and Cultural Initiatives programs.

<https://www.wrha.mb.ca/indigenous-health/>

You may consider a referral to WHRA Indigenous Health for these services:

- Language Interpretation
- Resource Coordination
- Advocacy
- Discharge Planning
- Spiritual/Cultural Care
- Patient Resources
- Indigenous Medical Transportation Coverage

The Indigenous Health Patient Referral Form can be found at:

<https://wrha.mb.ca/files/indigenous-health-patient-referral-form.pdf>

# Tuberculosis Discharge Process

Once it is determined the patient can be discharged:

- Notify the assigned PHN as soon as a decision is made regarding discharge date by faxing PPH TB Services (204-957-0884) a written discharge order from the physician with direction regarding isolation requirements (*example: 'Discharge on home isolation for X amount of days'; 'Discharge home no isolation required'*). A phone call to the PHN is not needed when a discharge order is faxed. NOTE: PPH TB Services requires 2 business days' notice to arrange for Home Isolation and Directly Observed Treatment (DOT) in the community, the physician however may decide to discharge the patient prior to DOT being arranged. The PHN will liaise with the unit staff to facilitate discharge as appropriate.
- Physician to complete *Manitoba Active/Suspected TB Prescription* (<https://www.gov.mb.ca/health/publichealth/docs/activetb.pdf>), this must include:
  - Hospital inpatient doses received
  - Blister pack checked off
- Prescription to be faxed to The Prescription Shop for patient's residing within the WRHA and Other Regions OR to Spirit Rx Services or Shawano Pharmacy for FNIHB patients residing on reserve as noted on the prescription form, as well as to the TB nurse clinician 204-957-0884.
- Requisition for follow-up bloodwork faxed to WRHA PPH TB Services (204-957-0844) or Communicable Disease Coordinator of other region if applicable (ensure physician name who will be following patient post discharge is on requisition).
- All other non-Tuberculosis medications should be prescribed on discharge med rec and given to patient or faxed to their choice of pharmacy (TB meds to be crossed out).
- Ensure follow-up appointment arranged for Respiratory Outpatient Department per physician order (usually 6 weeks)
  - Phone: 204-787-1771
  - ☎ Fax: 204-787-1770

**If your patient is from Nunavut:**

- Notify Kivalliq Inuit Services (KIS) 204-989-1020
- Ensure discharge summary and copy of discharge prescription is faxed to KIS 204-989-5212
- Notify Regional TB Case Manager/Government of Nunavut/Department of Health:
  - Tel:1-867-645-2171 ext 1505
  - Work Cell: 1-867-645-7941
  - Fax: 1-867-645-2409
- All TB meds going to Nunavut are sent to Northmart Pharmacy Iqaluit:
  - Phone: 861-975-3535
  - Fax: 867-793-4373
  - Please request delivery to home community

*\*\*If patient is not admitted under Respiriology please consider consult to Respiriology and TB Nurse Clinician to assist with discharge prescription/TB medication order*



## Home Isolation

Once TB diagnosis is confirmed, the unit staff fax (204-957-0844) the *Referral to Population and Public Health Tuberculosis Services* to WRHA PPH TB Services and indicate whether Home Isolation Assessment is required (yes, no or unknown).

The PHN will complete the Home Isolation Assessment and document on Referral the outcome of the assessment as appropriate.

Prior to discharge, unit staff to fax WRHA PPH TB Services (204-957-0884) a written discharge order from the physician with direction regarding isolation requirements (*example: 'Discharge on home isolation for X amount of days'*).

NOTE: WRHA PPH TB Services requires 2 business days' notice to arrange for Home Isolation and DOT in the community. The PHN will liaise with the unit staff to facilitate discharge as appropriate.

The *Population and Public Health Referral to TB Services* form can be found at: [TBReferralFrm5-23-19.pdf \(wrha.mb.ca\)](#)

See the WHRA Practice Guideline *Home Isolation for Persons with Respiratory Tuberculosis Disease*: <https://professionals.wrha.mb.ca/old/extranet/publichealth/files/HomeIsoTBPrtcGdl.pdf>

## **TV/Telephone for Patients with Tuberculosis**

Patients diagnosed with TB may be eligible to receive free phone and/or TV during their hospital admission. The WRHA PHN will assess this during their first visit. For Nunavut clients, KIS should be consulted for these services in addition to identifying the need for other incentives/ enablers.

## **Diagnostic Specimen Collection for TB Diagnosis (AFB)**

There are three ways to collect respiratory/sputum specimens for detection of Mycobacterium Tuberculosis:

- Spontaneous sputum expectoration – 3 specimens must be provided, minimum 1 hour apart
- Induced sputum production, 3 specimens must be provided (minimum 1 hour apart)
- Bronchoscopy

## Follow-up Specimen for Tuberculosis (AFB)

Follow-up sputum is collected to test for AFB on days 12, 13 and 14 of TB treatment.

If the sputum results are AFB smear positive, do a repeat sputum collection for AFB after 7 more days of treatment (days 19, 20, 21).

Continue repeating sputum AFB every 7 days of treatment until smear negative, if remaining in hospital for medical instability, consider discharging home without isolation after 21 days of medication if physician deems medically stable

Per Respiratory/ID current best practice states that if the patient cannot produce sputum for **follow-up** AFB smears, DO NOT induce sputum. The patient is considered non-infectious.

Airborne Precautions may only be discontinued by the Attending Physician and/or Infection Prevention and Control.

Patient's with Multi-Drug Resistant (MDR) TB or Extreme Drug Resistant (XDR) TB:

- Remain on Airborne Precautions throughout entire hospital admission
- During entire admission, repeat sputum AFB collection every 7 days until three negative sputum CULTURES have been obtained

See TB Specific Disease Protocol:

[https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/TB\\_Protocol.pdf](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/TB_Protocol.pdf)

*\*Should the first or second sputum AFB come back positive, there is no need to collect further samples, continue with repeating sputum AFB collection every 7 days until smear negative*

*\*\*Occasionally a physician may decide to discharge a patient with a smear positive AFB, this is based on physician discretion and must be ordered with direction regarding home isolation requirements.*

*Patients who have sputum which is smear negative, but culture + MTB need to be isolated for 5 days in hospital, if unable to isolate at home. This includes FNIH patients also.*

**Notification process when patients with active Tuberculosis leave  
the hospital against  
medical advice (AMA) /  
absent without leave (AWOL)**

The following individuals should be notified if a patient admitted with probable or confirmed active TB disease leaves the hospital AMA or AWOL:

1. Attending physician
2. Manager of Patient Care or Nursing Supervisor
3. WRHA PPH TB Services 204-940-2274 (leave a message if call not answered)
4. TB Nurse Clinician 204-787-8033 (leave a message if call not answered)
5. Hospital site Infection Prevention and Control Practitioner

\*If the patient returns to the ward please notify above individuals

# **Appendix A**

Off Ward Expectations for Patients with Tuberculosis (TB) Requiring Airborne Precautions

Sign In & Out Sheet for Patients with Tuberculosis Requiring Airborne Precautions

## OFF WARD EXPECTATIONS FOR PATIENTS WITH TUBERCULOSIS (TB) REQUIRING AIRBORNE PRECAUTIONS

- Always wear a surgical/procedure mask over your mouth and nose when you leave your room
  - Use a new mask every time
  - Limit time off ward to 20 minutes and sign in and out at the front desk each time
  - Do not visit other areas of the hospital which include:
    - o The cafeteria/dining areas
    - o Children's Hospital
    - o Other wards/units
    - o Gift shops/mini mart
  - Your mask may be removed when you are outside and far away from other people
  - Mask must be put back on before coming back into hospital and/or you are around other people
- Perform hand hygiene before putting on mask and before and after removing mask

The nurse has showed me how to wear my mask and where to find them. I understand the information above and agree to follow the listed expectations.

Signed: Patient \_\_\_\_\_.

Nurse \_\_\_\_\_.

Date \_\_\_\_\_.





## **Appendix B**

Adult Standard Orders for Tuberculosis Treatment

Adult 14 Day Scheduled Medications Medication Administration Record (MAR)



**PHYSICIAN'S ORDER SHEET**

**ADULT STANDARD ORDERS FOR TUBERCULOSIS TREATMENT**

*These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.*

■ *Standard orders. If not in agreement with an order, cross out and initial.* □ *Requires a check (✓) for activation.*

Drug Allergies ▶ <b>See Clinical Circumstances Sheet</b>	ORDER TRANSCRIBED AND ACTIVATED	DATE	TIME
		Patient's Height _____	
		Patient's Weight _____	

<b>%</b> <b>MEDICATION ORDERS</b> TO BE INITIATED OR DISCONTINUED	<b>p</b>	TEST DONE	<b>GENERAL ORDERS</b>
			<b>PAGE 1 OF 2</b>

DATE _____	TIME _____
<b>DIRECTLY OBSERVED THERAPY (DOT) MEDICATIONS</b>	
<input type="checkbox"/> <b>isoniazid</b> _____ mg PO daily (5 mg/kg maximum dose 300 mg)	
<input type="checkbox"/> <b>rifAMPin</b> _____ mg PO daily (10 mg/kg) (usual dose 600 mg)	
<input type="checkbox"/> <b>pyrazinamide</b> _____ mg PO daily* (25 mg/kg maximum dose 2000 mg) (Not to exceed 30 mg/kg of baseline weight in pregnancy)	
<input type="checkbox"/> <b>ethambutol</b> _____ mg PO daily* (15 mg/kg maximum dose 1600 mg) (Not to exceed 25 mg/kg of baseline weight in pregnancy)	
<input type="checkbox"/> <b>vitamin B6</b> (pyridoxine) _____ mg PO daily (usual dose 25 mg)	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	

\* pyrazinamide and ethambutol require renal dosing for patients with renal failure or on dialysis. Pregnancy dose restriction.

PHYSICIAN'S SIGNATURE _____	MD
PRINTED NAME _____	MD
GENERIC EQUIVALENT AUTHORIZED	

**ADMIT PATIENT**

Teaching  Non-teaching

Under Dr. \_\_\_\_\_

Diagnosis \_\_\_\_\_

Isolation  Airborne Precautions  
 Other \_\_\_\_\_

Vital Signs  Once a day x 3 then, 2 times per week (Monday & Thursday)  
 Other \_\_\_\_\_

Diet  Standard  
 Other \_\_\_\_\_

Activities  As tolerated  
 Encourage ambulation  
 Other \_\_\_\_\_

■ Record height and weight (above)

■ ethambutol eye test is recommended prior to the first dose of ethambutol if it is ordered

**CONSULTS**

■ **Download PPH TB Services Referral Form** from the WRHA Population and Public Health Tuberculosis Prevention and Management Extranet Site.

■ Tuberculosis Nurse Clinician Fax Number 204-787-2436

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Worker
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Therapy _____
<input type="checkbox"/>	Other _____		
<input type="checkbox"/>	Other _____		

**DIAGNOSTIC IMAGING**

■ Chest X-ray  
(Requisition completed)

Computed Tomography (CT)  
(Requisition completed)

N/A = Not Applicable

TRANSCRIBED: _____	REVIEWER: _____
<input type="checkbox"/> FAXED DATE: _____	TIME: _____ INITIALS: _____

## GUIDELINES FOR USE

- To individualize the orders:
  - Check (✓) the order(s) you wish to activate, where empty  boxes are provided.
  - Add other orders in blank spaces provided.
  - If not in agreement with the standard orders cross out and initial the order.
- Complete Alternate Level of Care (ALC) Form if both of the answers in the boxes below are NO.

<b>Admission for Tuberculosis Treatment Proposed Tool</b>	
If this patient had adequate housing, social support and was able to travel for clinic visits would he/she require admission for medical reasons? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this patient had adequate housing, social support and was able to travel to clinic visits would he/she require admission for psychiatric reasons (including addictions)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Yes to any of the questions: admission required from a medical point of view</b>	

- The Standard Order form is placed in the Physician Order Form section of the health record

## TRANSCRIPTION OF ORDERS

- Transcribe the orders onto the MAR and Kardex. Arrow across and initial at the bottom of the order sheet.
- Additional orders written on this form or on standard facility order form are transcribed in the appropriate time frame.
- Enter your signature, date and time when the orders have been transcribed. RN/LPN verification required as per HSC protocol.
- Process medication orders, treatments and tests.

### Suggested pyrazinamide doses, using whole tablets, for adults weighing 40 - 90 kilograms

	<b>Weight (kg)*</b>		
	<b>40-55</b>	<b>56-75</b>	<b>76-90</b>
Daily, mg (mg/kg)	1,000 (18.2 - 25.0)	1,500 (20.0 - 26.8)	2,000† (22.2 - 26.3)
Three times weekly, mg (mg/kg)	1,500 (27.3 - 37.5)	2,500 (33.3 - 44.6)	3,000† (33.3 - 39.5)
Twice weekly, mg (mg/kg)	2,000 (36.4 - 50.0)	3,000 (40.0 - 53.6)	4,000† (44.4 - 52.6)

\* Based on estimated lean body weight  
 † Maximum dose regardless of weight

### Suggested ethambutol doses, using whole tablets, for adults weighing 40 - 90 kilograms

	<b>Weight (kg)*</b>		
	<b>40-55</b>	<b>56-75</b>	<b>76-90</b>
Daily, mg (mg/kg)	800 (14.5 - 20.0)	1,000 (16.0 - 21.4)	1,600† (17.8 - 21.1)
Three times weekly, mg (mg/kg)	1,200 (21.8 - 30.0)	2,000 (26.7 - 35.7)	2,400† (26.7 - 31.6)
Twice weekly, mg (mg/kg)	2,000 (36.4 - 50.0)	2,800 (37.3 - 50.0)	4,000† (44.4 - 52.6)

\* Based on estimated lean body weight  
 † Maximum dose regardless of weight



**ADULT STANDARD ORDERS FOR TUBERCULOSIS TREATMENT**

*These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards.  
 Patient allergy and contraindications must be considered when completing these orders.*

Standard orders. If not in agreement with an order, cross out and initial.  Requires a check (✓) for activation.

Drug Allergies <b>▶ See Clinical Circumstances Sheet</b>	ORDER TRANSCRIBED AND ACTIVATED	DATE _____ TIME _____ Patient's Height _____ Patient's Weight _____
--	--	---

<b>% MEDICATION ORDERS</b> TO BE INITIATED OR DISCONTINUED	<b>P</b> TEST DONE	<b>GENERAL ORDERS</b> <span style="float: right;">PAGE 2 OF 2</span>
---	-----------------------	---

DATE	TIME
_____              	_____ 

**LABORATORY** (if not completed in Emergency Department)

Lytes (Na, K, Cl, CO<sub>2</sub>)  Now \_\_\_\_\_  
 Other \_\_\_\_\_

Liver Function Tests (ALT, AST, T Bili)  Now \_\_\_\_\_  
 Biweekly Monday & Thursday  
x 2 weeks then reassess \_\_\_\_\_  
 Other \_\_\_\_\_

CBC  Now \_\_\_\_\_  
 Biweekly Monday & Thursday  
x 2 weeks then reassess \_\_\_\_\_  
 Other \_\_\_\_\_

HgbA1C

HIV

Hepatitis B & C

Diagnostic sputum for AFB (acid-fast bacilli) minimally q1h x 3

Contact Respiratory Therapy for sputum induction x 3 if patient is unable to produce sputum. Use Hypertonic Saline solution (7% diluted with 4 mL of sterile H<sub>2</sub>O)

Other \_\_\_\_\_

PHYSICIAN'S SIGNATURE _____ MD  PRINTED NAME _____ MD GENERIC EQUIVALENT AUTHORIZED	TRANSCRIBED: _____ REVIEWER: _____  <input type="checkbox"/> FAXED DATE: _____ TIME: _____ INITIALS: _____
--	--



**ADULT 14-DAY SCHEDULED MEDICATIONS  
MEDICATION ADMINISTRATION RECORD (MAR)**

**TUBERCULOSIS**

KEY D/C = discontinued

Wt \_\_\_\_\_

ALLERGIES: See Clinical Circumstances Sheet	DATE: MONTH YEAR 20															
	Time	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	
<b>SCHEDULED MEDICATIONS</b>																
Date Ordered (DD/MONTH/YY) _____ Reordered _____																
<input type="checkbox"/> <b>isoniazid</b> _____ mg PO daily (5 mg/kg maximum dose 300 mg)																
<input type="checkbox"/> Recopied																
<b>TRANSCRIBER</b> _____ / _____ <b>NURSE</b>																
Date Ordered (DD/MONTH/YY) _____ Reordered _____																
<input type="checkbox"/> <b>rifAMPin</b> _____ mg PO daily (10 mg/kg)(usual dose 600 mg)																
<input type="checkbox"/> Recopied																
<b>TRANSCRIBER</b> _____ / _____ <b>NURSE</b>																
Date Ordered (DD/MONTH/YY) _____ Reordered _____																
<input type="checkbox"/> <b>pyrazinamide</b> _____ mg PO daily (25 mg/kg maximum dose 2000 mg) (Not to exceed 30 mg/kg of baseline weight in pregnancy)																
<input type="checkbox"/> Recopied																
<b>TRANSCRIBER</b> _____ / _____ <b>NURSE</b>																
Date Ordered (DD/MONTH/YY) _____ Reordered _____																
<input type="checkbox"/> <b>ethambutol</b> _____ mg PO daily (15 mg/kg maximum dose 1600 mg) (Not to exceed 25 mg/kg of baseline weight in pregnancy)																
<input type="checkbox"/> Recopied																
<b>TRANSCRIBER</b> _____ / _____ <b>NURSE</b>																

