

## TUBERCULIN SKIN TEST (TST) HIGHLIGHTS

### Complete the health history

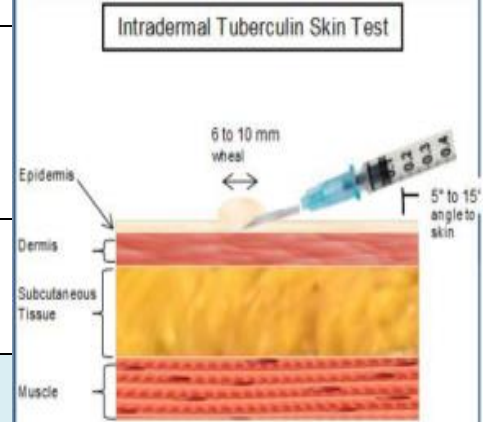
<b>Do NOT administer if patient has</b>	<ul style="list-style-type: none"> <li>History of previous severe or blistering reaction to Tuberculin</li> <li>Documented history of active tuberculosis. Documented history of previous positive TST</li> <li>Extensive burns or eczema over the TST site. A major viral infection</li> <li>Vaccination with live attenuated BCG in the past 4 weeks</li> </ul>
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### Preparation for the administration of TST

<b>Prepare patient</b>	<ul style="list-style-type: none"> <li>A trained health care worker must administer the TST</li> <li>Provide patient specific education. Observe patient for 15 minutes post-injection</li> </ul>
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### Administration of the test

<b>Supplies</b>	Gather supplies including:		
	Tuberculin syringe with 26 or 27 gauge ¼ to ½ needle	alcohol swabs	gauze or cotton ball
	5 Tuberculin Units of purified protein derivative (5-TU) (0.1 mL)	anaphylaxis kit	health record
	<ul style="list-style-type: none"> <li>Do not preload syringes. Do not inject air into vial</li> </ul>		
<b>Locate the injection site</b>	<ul style="list-style-type: none"> <li>Use inner aspect of forearm, palm side up of non-dominant arm, about 10 cm (4 inches) below the elbow</li> <li>Avoid areas with palpable muscle margins, visible veins, heavy hair, tendons abrasions, swelling, eczema, rashes, burns, lesions, tattoos</li> <li>Perform hand hygiene; don gloves. Do not use anesthetic cream</li> <li>Cleanse site with alcohol swab in a circular motion</li> </ul>		
<b>Inject the tuberculin</b>	<ul style="list-style-type: none"> <li>Position the bevel of needle facing up. Hold injection site skin taut</li> <li>Insert needle at a 5° to 15° angle until entire bevel is under the skin</li> <li>Do not aspirate. Slowly inject tuberculin</li> </ul>		



### Assessment for wheal at the injection site

<b>Check the injection site</b>	<ul style="list-style-type: none"> <li>A 6-10 mm diameter wheal should form (see picture above)</li> <li>It is common to see a drop of blood (use cotton ball to gently blot any blood)</li> <li>If significant amount of liquid runs out of site, or no wheal is seen, repeat injection (repeat TST on opposite forearm or the same forearm, 10 cm from previous site)</li> <li>Wheal typically disappears in 10-15 minutes (a clearly visible wheal that quickly disappears is fine)</li> </ul>
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<b>Advise the patient</b>	<ul style="list-style-type: none"> <li>Do not press or scratch the injection site. Do not cover with an adhesive bandage. Do not apply creams or lotions to the injection site</li> <li>Minor discomfort or itchiness at the site may occur. Use cool cloths or ice to decrease discomfort if necessary</li> </ul>
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<b>Document</b>	Document in the health record after administering the TST: <ul style="list-style-type: none"> <li>Date and time of injection, dose, name of the product, manufacturer, lot number, site and route of injection, any issues with administration of TST, name and title of person administering the TST</li> </ul>
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### Reading the Tuberculin Skin Test (TST)

<b>Who can read TST</b>	<ul style="list-style-type: none"> <li>Measurement of the TST can be performed by a health care worker if it is within their job description</li> <li>Measurements of the TST must be completed within 48-72 hours post injection</li> </ul>
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<b>Gather supplies</b>	<ul style="list-style-type: none"> <li>Caliper or flexible ruler, pen and patient health record for documentation</li> </ul>
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<b>Inspect TST site</b>	<ul style="list-style-type: none"> <li>Seat the patient. Support the forearm with elbow slightly flexed. Ensure good lighting</li> <li><b>Perform hand hygiene.</b> Don gloves if contact with blood or body fluid anticipated</li> <li>Note induration (soft tissue swelling that should be measured)</li> </ul>
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<b>Palpate for induration</b>	<ul style="list-style-type: none"> <li>Run fingers directly over TST site (induration) using direct palpation. Take note of induration borders</li> </ul>
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### Preparation for reading the TST

<b>Mark induration borders</b>	<ul style="list-style-type: none"> <li>Mark the widest lateral induration border with a pen</li> <li>Read across, not up and down</li> <li>Do not measure redness of soft swelling</li> <li><b>Pen method:</b> move the tip of the pen at a 45 degree angle laterally towards the test site. The tip will stop at the edge of the induration</li> </ul>
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<b>Measure induration</b>	<ul style="list-style-type: none"> <li>Place the "0" on the ruler inside the left-sided pen marking, and read the measurement to the inside of the right-sided pen marking</li> </ul>
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<b>Document</b>	<ul style="list-style-type: none"> <li>Record the date and measurement (in mm only). Do not record as positive or negative</li> <li>If no induration noted, record "0 mm". Document any adverse reactions</li> <li>Communicate all results to the patient's prescribing care provider for interpretation</li> </ul>
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<b>Advise patient</b>	<ul style="list-style-type: none"> <li>Provide the patient with TST results. Provide patient with any follow-up that may be necessary</li> </ul>
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<b>Follow-up</b>	<ul style="list-style-type: none"> <li>Patients with 0 mm result benefit from repeat TSTs if re-exposed to infectious TB in the future</li> <li>Patients with positive TST results will never require a repeat TST</li> <li>Patients with severe blistering should NOT receive repeat TST and require careful assessment as there may be an induration and the test cannot be repeated</li> <li>Patients with TST more than or equal to 5 mm should be referred by their prescribing care provider for latent TB infection, treatment assessment</li> </ul>
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