

 <p>PRACTICE GUIDELINE</p>	<p>Facilitating Chest X-rays for Adult Clients in the Winnipeg Health Region by WRHA PPH TB Services</p>	
	<p>Approved March 29, 2021 by:</p> <p><input type="checkbox"/> WRHA PPH TB Services <input type="checkbox"/> ITBS Oversight Committee</p>	<p>Pages:</p> <p>1 of 4</p>
	<p>Updated:</p> <p>July 2020</p>	<p>Target Review Date: 2023</p>

1. PURPOSE:

1.1. Provide clinical practice and operational guidance to Public Health Nurses (PHNs) working in WRHA PPH TB Services to ensure consistency in facilitating chest X-rays (CXR) for the diagnosis and/or management of active tuberculosis (TB) disease and/or latent tuberculosis infection (LTBI) in community settings in Winnipeg.

2. SCOPE and GOAL:

2.1. This practice guideline is applicable for the care of adult clients in the community with suspected or confirmed active TB disease and/or are contacts to cases of infectious TB disease being assessed for LTBI.

2.2. This practice guideline describes the process for facilitating a CXR from an ordering practitioner at: Klinik Community Health Centre, Access Downtown, and Respiratory Services Outpatient Department (RSOPD).

3. DEFINITIONS

- 3.1. Active TB disease:** active clinical disease due to *Mycobacterium tuberculosis* (MTb) that is usually symptomatic and for which microbiologic tests are usually positive and radiologic tests usually abnormal.
- 3.2.Contact:** a person identified as having been exposed to (MTb) by sharing space with an infectious case of TB.
- 3.3. Infectious TB:** the condition whereby the patient can transmit MTb infection to others by virtue of the production of aerosols containing TB bacteria. Patients with smear-positive, cavitory and laryngeal TB disease are usually the most infectious.
- 3.4.Latent tuberculosis infection (LTBI):** the presence of latent or dormant infection with MTb. Persons with LTBI have no evidence of clinically active TB disease, i.e. they have no symptoms, no evidence of radiologic changes that suggest active TB disease and negative microbiologic tests; they are not infectious.
- 3.5. Suspected TB disease:** Indicates illness in a client where there is a high index of suspicion of active TB disease and no other diagnosis has been made.

4. BACKGROUND

4.1. The CXR combined with a clinical assessment, including sputum for acid fast bacilli (AFB) collection for symptomatic TB contacts, will assist in the timely diagnosis and appropriate treatment of both active TB disease and latent TB

 <p>PRACTICE GUIDELINE</p>	Facilitating Chest X-rays for Adult Clients in the Winnipeg Health Region by WRHA PPH TB Services	
	Approved March 29, 2021 by: <input type="checkbox"/> WRHA PPH TB Services <input type="checkbox"/> ITBS Oversight Committee	Pages: 2 of 4
	Updated: July 2020	Target Review Date: 2023

infection (LTBI). These tests done early in the clinical assessment to identify TB disease will avoid inadvertently treating disease with antimicrobial mono therapy used for LTBI treatment.

4.2. Timely ordering of CXRs and/or sputum for AFB may be facilitated, on behalf of clinicians, in the community by PHNs.

Although ordering and receiving screening and diagnostic tests is now clearly defined within the scope of nursing practice per the Regulated Health Professions Act, the infrastructure for nurses to order CXRs under their own provider and disciplinary code has not been developed. Further, the WRHA PPH TB Services Team does not have the primary care resources to manage the diverse range of results that may arise from CXRs. Therefore, in order to continue facilitating CXR ordering for the purpose of case finding, this practice guideline which pre-dates the Practice of Registered Nursing Regulation will continue to guide practice until other options are available for consideration.

5. PROCEDURE: for contacts to cases of infectious TB disease

5.1. For clients with a positive TST, regardless of the presence of symptoms:

- A site for Community LTBI assessment and management will be identified based on factors such as client address, convenience of access, and Community LTBI workloads at either Klinik or Access Downtown (see TB Case PHN Delegation List).
- The CXR will be facilitated by the PHN. Pre-filled CXR requisitions are stored at 496 Hargrave, bearing the name of the designated primary care clinician for the appropriate clinic (see 5.5 for preparing a CXR requisition).
- PHN will fax referral package to appropriate LTBI Community Site, including a copy of the CXR requisition that was given to the client.
- For CXR results suggesting TB disease, PPH TB Services will coordinate referral to TB Clinician (HSC Chest Medicine) in communication with the ordering practitioner/site.
- For CXR results with non-TB findings, the ordering practitioner/site determines next steps, and can request support from PPH TB Services.

 <p>PRACTICE GUIDELINE</p>	Facilitating Chest X-rays for Adult Clients in the Winnipeg Health Region by WRHA PPH TB Services	
	Approved March 29, 2021 by: <input type="checkbox"/> WRHA PPH TB Services <input type="checkbox"/> ITBS Oversight Committee	Pages: 3 of 4
	Updated: July 2020	Target Review Date: 2023

5.2 For clients with symptoms of TB disease (a new cough lasting 2 weeks or more fever, night sweats, hemoptysis, and/or unexplained weight loss, chest pain) The client is provided a CXR requisition by the PHN with the name of the appropriate TB Clinician.

- TB communication form is sent to the TB Clinician indicating that client is a symptomatic TB contact and that a CXR will be done under that clinician’s name.
- If CXR results indicate high suspicion for TB, a referral to TB Clinician will be made by CD Coordinator.

5.3 For clients who are immune compromised (for example: HIV infection, end stage renal disease, transplant immunosuppressive therapy, disease modifying agents for auto-immune conditions such as rheumatic disease, cancer treatment, high dose steroid treatment) regardless of TST result or symptoms: A referral to TB Clinician will be made by CD Coordinator. If a CXR is required, it can be done at the time of the appointment or otherwise arranged by the TB Clinician.

5.4 For clients with a negative TST and minimal symptoms (e.g, pre-existing chronic cough, fatigue): a case by case approach will be taken through consultation with CD Coordinator.

5.5 Preparing a CXR Requisition by a PHN:

- The requisition will bear the name, address, telephone, fax, and number of the treating clinician; and also include the name, address, phone, and fax number of the TB CD Coordinator for the WRHA in the “Extra Report to” section.
- A clinician’s signature is NOT required; a designate can sign the requisition on behalf of the clinician. For example: *“Lea Smith RN, for Dr. Martha Ainslie”*
- Indicate the reason for the CXR (e.g. Contact of a case of active tuberculosis (may specify symptoms): rule out active TB; Follow-up CXR to monitor the response to TB treatment).

5.6 Within 4 weeks of providing the requisition, PHNs will check eChart or with the client if possible to confirm whether they attended for a CXR. For clients who

 <p>PRACTICE GUIDELINE</p>	Facilitating Chest X-rays for Adult Clients in the Winnipeg Health Region by WRHA PPH TB Services	
	Approved March 29, 2021 by: <input type="checkbox"/> WRHA PPH TB Services <input type="checkbox"/> ITBS Oversight Committee	Pages: 4 of 4
	Updated: July 2020	Target Review Date: 2023

did not follow up for a CXR, the PHN will determine next steps in consultation with PPH TB Services team based on public health priority.

6 PROCEDURE: for clients who are cases of active TB disease

In exceptional circumstances (e.g. outreach clients with barriers to care), PHNs may assist with facilitating a CXR for a client already connected to TB Services:

- If a CXR is not obtained at the follow-up appointment (e.g., the client does not attend the follow-up appointment) and assistance is required, the clinician may fax a CXR requisition to PPH TB Services.

7 VALIDATION AND REFERENCES

- Public Health Agency of Canada (2014) *Canadian Tuberculosis Standards 7th ed.*
- Government of Manitoba Tuberculosis (TB) Protocol, December 2014.
<https://www.gov.mb.ca/health/publichealth/cdc/protocol/tb.pdf>
- The Manitoba Regulated Health Professions Act.
<https://www.gov.mb.ca/health/rhpa/index.html>
- Practice of Registered Nursing Regulation (2017).
<http://web2.gov.mb.ca/laws/regs/annual/2017/113.pdf>
- Manitoba College of Registered Nurses General Regulation. (2017).
<http://web2.gov.mb.ca/laws/regs/annual/2017/114.pdf>