

Tuberculosis Hospital Admission/Discharge Process

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WRHA Tuberculosis Health Switchboard

Phone: 204-940-2274

Fax: 204-957-0884

Mon – Fri 8:30 AM – 4:30 PM

Provincial Communicable Disease Coordinators (CDC):

RHA	PHONE NUMBERS	FAX NUMBERS	ADDRESS
Northern RHA <ul style="list-style-type: none"> • Burntwood • Norman 	(204) 778-1514 (204) 677-5378	(204) 788-1426	867 Thompson Drive S Thompson MB R8N 1Z4
Prairie Mountain <ul style="list-style-type: none"> • Brandon • Parkland • Assiniboine • Neepawa 	(204) 476-7832 (204) 638-2108	Central Intake (204)759-4033	625 3 rd Street SW Dauphin MB R7N 1R7
	(204) 578-2382 Cell: (204) 741-0754	(204) 578-2382	Brandon, MB R7A 2B3
Interlake-Eastern <ul style="list-style-type: none"> • North Eastman 	(204)467-4781 (204)479-8961	(204) 467-4783	589 3 rd Ave. South Stonewall MB R0C2Z0
Southern-Health <ul style="list-style-type: none"> • Steinbach • South Eastman • Central 	1-(204)-346-7029 (204)822-2659	1-(204)346-1046	Southern Eastman Health 365 Reimer Avenue Steinbach, MB R5G 0R9
	(204) 428-2769 (204) 428-2738	Central Intake (204)428-2734	Southern-Health 180 Centenaire Dr. Southport, MB R0H 1N1
Churchill	1-(204)-675-8355	(204) 675-2445	

Tuberculosis Admission Process

Once a TB diagnosis is made:

- Complete the Population and Public Health Tuberculosis Services Referral form and fax to WRHA Population and Public Health (PPH) TB Services (204-957-0844)
The form can be found at:
<https://professionals.wrha.mb.ca/old/extranet/publichealth/services-tuberculosis.php>
- 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
- 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 PPH TB Services via the steps above, a Public Health Nurse (PHN) from WRHA PPH 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:

http://www.wrha.mb.ca/extranet/ipc/files/manuals/acutecare/TB_Protocol.pdf

The TB Nurse Clinician also needs to be notified (204-787-8033).

If your patient is from Nunavut:

- Notify Inuit Services 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 RHA's (Communicable Disease Coordinators)

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 team 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
 - Shipping address (confirm with Public Health/ Communicable Disease Coordinator assigned/Inuit Services to determine correct address)
- Prescription to be faxed to The Prescription Shop for patient's residing within the WRHA OR to Spirit Rx Services for FNIHB patients residing on reserve as noted on the prescription form, as well as to the TB nurse clinician 204-787-2436.
- Requisition for follow-up bloodwork faxed to WRHA Public Health 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: 204-787-2384
 - Fax: 204-787-2420

If your patient is from Nunavut:

- Notify Inuit Services 204-989-1020
- Ensure discharge summary and copy of discharge prescription is faxed to Inuit Services 204-989-5212
- 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
- All TB meds going to Nunavut are sent to Tache Pharmacy:
 - Phone: 204-233-3469
 - Fax: 204-231-1739
 - Please request delivery to Kivalliq Inuit Centre, 310 Burnell St. Wpg, MB

***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 complete the Population and Public Health Tuberculosis Services Referral form to WRHA PPH TB Services (204-957-0844) 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 Tuberculosis Services Referral can be found at:
<https://professionals.wrha.mb.ca/old/extranet/publichealth/services-tuberculosis.php>

See the WHRA Practice Guideline *Home Isolation for Persons with Respiratory Tuberculosis Disease*:
<http://www.wrha.mb.ca/extranet/publichealth/files/HomelsoTBPrtcGdl.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 PHN will assess this during their first visit.

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.

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:

http://www.wrha.mb.ca/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.*

**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 _____.

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

Name: _____.

Date	Time you left	Time you returned

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 ► See Clinical Circumstances Sheet	ORDER TRANSCRIBED AND ACTIVATED	DATE	TIME
		Patient's Height _____	
		Patient's Weight _____	

R	MEDICATION ORDERS TO BE INITIATED OR DISCONTINUED	TEST DONE	GENERAL ORDERS	PAGE 1 OF 2

DATE _____ TIME _____

DIRECTLY OBSERVED THERAPY (DOT) MEDICATIONS

isoniazid _____ mg PO daily (5 mg/kg maximum dose 300 mg)

rifAMPin _____ mg PO daily (10 mg/kg) (usual dose 600 mg)

pyrazinamide _____ mg PO daily* (25 mg/kg maximum dose 2000 mg) (Not to exceed 30 mg/kg of baseline weight in pregnancy)

ethambutol _____ mg PO daily* (15 mg/kg maximum dose 1600 mg) (Not to exceed 25 mg/kg of baseline weight in pregnancy)

vitamin B6 (pyridoxine) _____ mg PO daily (usual dose 25 mg)

Other _____

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.

Admission for Tuberculosis Treatment Proposed Tool	
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
Yes to any of the questions: admission required from a medical point of view	

- 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

	Weight (kg)*		
	40 - 55	56 - 75	76 - 90
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

	Weight (kg)*		
	40 - 55	56 - 75	76 - 90
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



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 ▶ See Clinical Circumstances Sheet

ORDER
TRANSCRIBED
AND
ACTIVATED

DATE TIME

Patient's Height _____

Patient's Weight _____

R

MEDICATION ORDERS
TO BE INITIATED OR DISCONTINUED



TEST
DONE

GENERAL ORDERS

PAGE 2 OF 2

DATE

TIME

LABORATORY (if not completed in Emergency Department)

■ Lytes (Na, K, Cl, CO) ■ 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 H₂O)

□ Other _____

PHYSICIAN'S SIGNATURE _____ MD

PRINTED NAME _____ MD
GENERIC EQUIVALENT AUTHORIZED

TRANSCRIBED:

REVIEWER:

□ 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 _____														
SCHEDULED MEDICATIONS	Time	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	
Date Ordered (DD/MONTH/YY) _____ Reordered _____ <input type="checkbox"/> isoniazid _____ mg PO daily (5 mg/kg maximum dose 300 mg) <input type="checkbox"/> Recopied TRANSCRIBER _____ / _____ NURSE																
Date Ordered (DD/MONTH/YY) _____ Reordered _____ <input type="checkbox"/> rifAMPin _____ mg PO daily (10 mg/kg)(usual dose 600 mg) <input type="checkbox"/> Recopied TRANSCRIBER _____ / _____ NURSE																
Date Ordered (DD/MONTH/YY) _____ Reordered _____ <input type="checkbox"/> pyrazinamide _____ 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 TRANSCRIBER _____ / _____ NURSE																
Date Ordered (DD/MONTH/YY) _____ Reordered _____ <input type="checkbox"/> ethambutol _____ 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 TRANSCRIBER _____ / _____ NURSE																

