

## Tuberculosis Hospital Discharge Planning Checklist

Patient initials: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient's county of residence local health department: \_\_\_\_\_ Phone: \_\_\_\_\_  
Provider responsible for ongoing treatment: \_\_\_\_\_ Phone: \_\_\_\_\_

Continuity of care is essential to successful TB treatment. Because of the complexity of treatment and the public health concerns involved, the TB patient's local public health department should be involved in hospital discharge planning. Patients with TB disease (confirmed cases & patients suspected of having TB disease) should be discharged only after ALL the following recommendations are addressed.

**Report to the Indiana Department of Health.**

\_\_\_ Submit a [Tuberculosis Morbidity Report in NBS](#) and attach a [completed Report of TB](#)

**Consider isolation needs:**

- \_\_\_ Ensure discharge setting does not include immunocompromised persons or children younger than 5 years old. Infectious patients CANNOT be discharged to settings with those individuals and alternate arrangements will need to be made.
- \_\_\_ For infectious patients, consider logistics of primary care appointments for new and pre-existing conditions and ensure appropriate follow-up.
- \_\_\_ Reinforce the need to stay home (except for healthcare visits, where masks should be worn) until the health department and clinician determine that isolation is no longer needed.
- \_\_\_ Do not discharge infectious patients to congregate settings (e.g., nursing home, shelter, correctional facility) unless they will be in an airborne infection isolation room.

**Ensure that patient is tolerating daily dosing of TB medications.**

- \_\_\_ The first-line TB medications should be given at the same time of day in a single daily dose.
- \_\_\_ Address any adverse effects prior to discharge.

**Educate the patient.**

- \_\_\_ Use a professional medical interpreter when necessary.
- \_\_\_ Educate patient about the length of therapy, the importance of careful adherence to treatment and follow-up appointments, and the consequences of untreated TB.
- \_\_\_ Emphasize the benefits of directly observed therapy (DOT) as an effective way to complete TB therapy as quickly as possible and prevent drug resistance. DOT is the standard of care for all patients with presumed or confirmed TB disease.
- \_\_\_ Review potential medication side effects and when to report them.
- \_\_\_ Reinforce infection control measures to patients with infectious TB (i.e., wear a mask; stay home from school, work, other public settings; avoid contact with previously unexposed persons; cover mouth when coughing or sneezing).

**Coordinate discharge plan and arrange DOT.**

- \_\_\_ Coordinate follow-up care between patient and their local public health department to ensure that treatment continues, and infection control precautions are followed in the community.
- \_\_\_ Assess patient for potential barriers that could interfere with treatment (e.g., access to care, unstable housing, language barriers, cultural beliefs, and substance abuse). Collaborate with the local health department to address them.
- \_\_\_ If patient has skilled nursing needs other than DOT, these may need to be coordinated with a separate home care agency.

**Inform patient that the local health department will call to confidentially arrange follow-up.**

**Provide TB medications.**

- \_\_\_ Obtain free medications by submitting a prescription to Purdue Pharmacy. You may be asked to supply enough medications to last until Purdue Pharmacy medications arrive at the local health department (approximately 5 days).  
Do not simply provide prescriptions because there is no assurance that the patient can or will fill them.

**Verify patient locating information.**

- \_\_\_ Obtain correct address (e.g., apartment number [not P.O. box], address where patient will be staying if different from home).
- \_\_\_ Obtain patient's phone numbers (home, work and cell).
- \_\_\_ Obtain phone numbers of patient's emergency contacts (home, work and cell).

**Schedule a follow-up outpatient appointment.**

- \_\_\_ Ensure that follow-up appointments are scheduled and both the patient and LHD are aware of the appointment schedule.

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References

1. Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings. MMWR 2005, 54(No. RR-17).[38,45]
2. Centers for Disease Control and Prevention. Controlling Tuberculosis in the United States. MMWR 2005, 54(No. RR-12).[28]