

How to Discharge a TB case from the hospital

Please make sure the patient is reported to the PHD as soon as you know you are going to start TB medications. You can do this by emailing infection control—hhs infection prevention ins the address. The PHD holds up most discharges in some way.

Please get a referral to TB clinic at the time of the patient's diagnosis. This is a CONSULT under adult infectious diseases. Patients with SCFHP that are not VHP, need a significant amount of work and you can ask the team to call the PMD to get the referral or ask my staff on how to do this. There are some MCMC blue cross patients that will need another provider. Please review the insurance.

The house staff need to fill out the TB discharge form, call the clinic and get an appointment within 1-2 weeks of discharge, and fax the form to the PHD. The patient cannot be discharged until someone sees the approval. This is now a letter in health link called GOTCH. The form can be sent automatically to TB control as the provider. They should call and check to make sure the fax is received at 885-2440.

Write a one-month prescription for the TB meds at Lenzen. It will then be delivered to the hospital on the day of discharge or to the patient's house the next day at DOT.

Our current infection control policy states that patients that may have pulmonary TB (i.e. are smear negative), must receive 2 weeks of TB meds to come out of isolation. This is different than the state of CA guidelines, which say 5 d of treatment for smear negative TB before isolation is discontinued. You can always decide the diagnosis is something else, stop TB meds and dc isolation. You can dc a smear negative patient directly to their home from isolation without a mask. The home has already been exposed.

Some patients can go home smear positive with a mask on home isolation at the discretion of the health department.

Selected smear positive patients remain in isolation until smear negative or until culture negative if smears don't convert and they have no home.

Pleural TB

These patients need stay in the hospital in isolation until they have their biopsy. 30% will have a positive sputum culture. Have pulmonary see these patients, as they will help you convince the CT surgeon/IR to do the biopsy—and yes we do need to do a biopsy and no we don't need an ADA. Don't start meds until you know the biopsy has been done or the patient's AFB sputum smear is positive or a pcr is positive unless they are so sick that you must start before the diagnosis is made. Once you start meds, the biopsy will never happen. Pericardial TB is also similar.