

# Tuberculosis Hospital Discharge Planning Checklist

Patient initials: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's local public health agency: \_\_\_\_\_ 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 active TB disease should be discharged only after ALL of the following recommendations are addressed.**

- Report to MDH.** Call MDH at the phone #s below within 1 working day of identifying the suspected case. Do not wait for culture confirmation.
- Consider isolation needs:**
  - \_\_\_ Discharge potentially infectious TB patients only to settings where no new persons will be exposed.
  - \_\_\_ Immunocompromised persons and children age  $\leq 5$  years should be on window period treatment (isoniazid).
  - \_\_\_ Reinforce the need to stay home (except for health-care 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 strongly recommended for all patients with presumed or confirmed active TB.
  - \_\_\_ Review potential medication side effects and when to report them.
  - \_\_\_ Reinforce infection control measures to patients with infectious TB (i.e., wearing a mask; staying home from school, work, or other public settings; avoiding contact with previously unexposed persons; covering the mouth when coughing or sneezing).
- Coordinate discharge plan and arrange DOT.**
  - \_\_\_ Coordinate follow-up care between patient, their local public health department (see phone # above), and MDH 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, substance abuse, and medical conditions), and 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 may call to confidentially arrange follow-up & contact testing.**
- Provide TB medications.**
  - \_\_\_ Do not simply provide prescriptions, because there is no assurance that the patient can or will fill them.
  - \_\_\_ Obtain free medications by calling MDH at the number below. You may be asked to supply enough medications to last until MDH medications arrive at the local health department (approximately 5 days).
- 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.**
  - \_\_\_ Set up a specific appointment within one month of discharge with the provider responsible for patient's ongoing TB treatment. Give the appointment to patient. If patient is not on DOT, appointment should be scheduled within two weeks of discharge.