

West Virginia Department of Health and Human Resources - Division of TB Elimination
CLINICAL PATHWAY FOR MANAGING CONTACTS/LATENT TB INFECTION

PATIENT NAME:		DOB:		
VISIT	TASK	DATE	INITIAL	COMMENT
DAY 1	LHD first made aware of patient.			
	TB-104 Risk Assessment completed.			
	Provide educational materials about TB and HIV: include contact numbers.			
	Place PPD or draw T-SPOT as indicated using TB Testing Criteria. Give return to clinic appt. card for PPD reading if indicated.			
	If symptomatic, immunocompromised, or a contact who is <5y/o, schedule for a PA view CXR. Obtain old CXR images and send to WV-DTBE office for viewing (keep if clinic is within one week)			
	If symptomatic, collect and send first sputum specimen for AFB smear & culture to WV Office of Laboratory Services (OLS). Provide pt. with 2 more sputum containers with instructions on collection and mailing of specimen. (Written collection instructions may be found on OLS website)			
DAY 3 to 4	Read PPD and record in millimeters at 48 to 72 hours			
	If PPD 0mm – schedule for repeat PPD in 3 months if a contact, or in 1-3 weeks if a 2-step test. Give return to clinic appt. card for return visit. If no repeat test indicated, give documentation with TB-60.			
	If PPD or T-SPOT positive fill out TB-101, keep in chart. (You will complete and turn this in at end of tx. or at discharge)			
	Then schedule PA view CXR and/or request old images.			
	When CXR received send to WV-DTBE office (keep if clinic within a week)			
	Schedule evaluation: Chest DX Clinic: date _____ Pvt. MD: Dr. _____ date _____			
	Counsel and obtain HIV results for all positive PPDs and IGRAs.			
EXAM DATE	Patient evaluation by Dr. _____			
	Educate on TB medications/side effects/ hepatotoxicity. Have pt. sign consent form TB-106.			
	Obtain baseline LFT. Obtain CBC with platelets if indicated for Rifapentine and INH regimen.			
	When lab results back, if WNL, obtain prescriptions and administer medication (using Directly Observed Preventive Therapy (DOPT) if indicated) and document on TB-107 or TB-50. (If labs abnormal, consult with WV-DTBE office)			
EACH VISIT	Assess for signs/symptoms of active disease, toxicity to medication, and compliance to treatment. Document findings. If DOPT use TB-107.			
	Obtain LFTs using Hepatotoxicity Standing Orders.			
AT D/C	When patient discontinues treatment for whatever reason, send completed TB-101 to WV- DTBE.			
Nurse Signature:		Initials:		
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