

Management of patients with suspected or confirmed pulmonary Tuberculosis (TB)

DATE:
 WARD:

SUSPECTED CASE
 CONFIRMED CASE

NAME:
 HOSP No.

Date Completed Signature

? Pulmonary TB

Cough >3/52
 Weight loss
 Night sweats
 From high incidence country or ethnic group

1. Isolate the patient in a monitored negative pressure isolation room (if unavailable, use a side room on a ward with no immunocompromised patients.) Use FFP3s for aerosol generating procedures (AGPs).
2. Inform the Infection Prevention and Control Team (IPCT)
3. Collect 3 x consecutive early morning sputum samples for microscopy and culture for TB.
 - a. Day 1
 - b. Day 2
 - c. Day 3
4. Chest X Ray
5. HIV test if TB is confirmed or strongly suspected.

? Multi-Drug Resistant (MDR) TB

Prior TB treatment
 Treatment failure
 Contact with a known case of drug resistant TB
 Birth in a foreign country with high incidence of MDR-TB
 A patient who shows no improvement after 5-7 days of monitored treatment.
 HIV infection

1. Isolate patient in a monitored negative pressure isolation room and use an FFP3 on entry to the room.
2. Inform IPCT
3. Refer to TB Physician ASAP (Dr Mussawar)

Date Completed Signature

Anti-TB treatment commenced:

1. Notify Consultant in Communicable Disease Control (CCDC) using enhanced TB surveillance form.
2. Send TB notification to:
CCDC C/O – TB Nurse Specialist, Kidderminster Hospital and Treatment Centre, Kidderminster, DY11 6RJ
3. Contact TB Nurse Specialists on 01562 512 316 to advise of patient on a ward.
4. Advise TB Nurse Specialists of discharge and give a copy of the discharge letter to the patient so follow up and contact tracing can be arranged.