



Hospital Discharge Planning Checklist for Tuberculosis Patients (Hospital use)

According to Article 11 of the New York City Health Code, providers are required to obtain approval from the NYC Health Department before discharging infectious TB patients from the hospital. **Patients with active TB disease should be discharged only after ALL of the following recommendations have been addressed.**

- Report suspected or confirmed TB case to the NYC Health Department online**
(www.nyc.gov/health/nycmed)
- Collect specimen(s)**
 - ___ Ensure proper method of sputum collection (phlegm brought up from the lungs after a productive cough is what is desired, not nasopharyngeal discharge or saliva)
- Ensure that appropriate anti-TB regimen has been devised, initiated and tolerated**
 - ___ Begin treatment with an anti-TB regimen to which organisms are known or likely to be susceptible
 - ___ Identify and address any adverse effects prior to discharge
- Ensure patient is medically and mentally stable**
 - ___ Has clinically improved, even if sputum AFB smear positive (i.e., improvement of fever and near resolution of cough)
- Assess if patient can be treated as outpatient and coordinate discharge plan**
 - ___ Patient assessed for potential barriers that could interfere with treatment (i.e., access to care, unstable housing, language barriers, cultural beliefs, substance abuse, and/or medical conditions)
 - ___ Will be discharged to a verified address
 - ___ Will NOT be discharged to a congregate setting (i.e., shelter, nursing home, etc.) unless on anti-TB treatment regimen for at least 2 weeks, clinically improving, and demonstrate sputum AFB smear and culture conversion
 - ___ Will NOT have significant contact with or live with immunosuppressed persons
 - ___ If there are any immunosuppressed persons and/or children < 5 years of age in the home, a plan for evaluation by next business day for window period prophylaxis or LTBI must be in place
 - ___ Agrees to home isolation, signs home isolation agreement and willing and able to observe risk-reduction behaviors until physician determines patient is no longer infectious
 - ___ Willing and competent to follow up with outpatient care with Directly Observed Therapy (DOT)
 - ___ MDRTB is not suspected (i.e., no prior TB treatment; no known exposure to MDRTB case)
 - ___ In coordination with patient's primary care provider or NYC Health Department, follow-up appointment and DOT referral has been scheduled prior to discharge
- Educate patient about discharge plan, outpatient treatment and infection control measures**
 - ___ Local health department may call to confidentially arrange follow-up evaluation & contact testing
 - ___ Potentially infectious patients should observe infection control measures to reduce risk of TB transmission
 - ___ Anticipated length of therapy, medication side effects, importance of treatment adherence, follow-up appointments, consequences of untreated TB and home assessment/isolation discussed
 - ___ Emphasize benefits of DOT as an effective way to quickly complete TB therapy and prevent drug resistance. DOT is strongly recommended for all suspected/confirmed TB cases.
- Provide TB medications**
 - ___ Ensure patient is supplied with enough medications to last until scheduled out-patient appointment (providing prescriptions does not assure patient can or will fill them)

Reference

New York City Department of Health and Mental Hygiene. (2008). *Tuberculosis clinical policies and protocols*. Retrieved from <http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-protocol.pdf>