



Nurse Case Manager Online: Live Session

Initiation Phase Part 1 Module 2: Patient Assessment

Iris Barrera R.N. Nurse Consultant/Educator HNTC

May 4, 2021

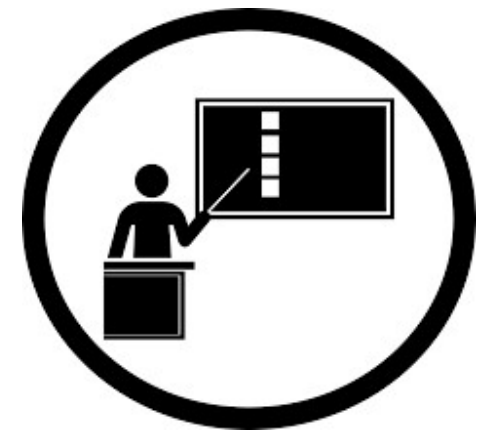
Overview

Objective

- Identify key components of a TB patient assessment

Components

- Obtain and Review Demographic Information
- Ascertain extent of TB illness obtain and review the patient's medical history
- Determine patient infectiousness
- Evaluate the patient's knowledge about TB
- Review psychosocial status Identify Barriers to adherence



**Texas Department of State Health Services
Tuberculosis Initial Health Risk Assessment/History**

Patient Name:	Last	First	Middle	Birth Date	Sex	Race	
Ethnicity							
Address:	Street	City	County	State	Zip	Census Tract	Phone:
Home / Work/Cell							
Date of History:		Primary Care Provider			Phone Number of		
Primary Care Provider							

MEDICAL HISTORY

	+/-	COMMENTS		+/-	COMMENTS
Allergies			Leukemia		
Diabetes		Type 1 __ Type 2 __ Well Controlled Y __ N __	Lymphoma		
Respiratory Problems (Levaquin or other antibiotic use?)			Cancer Head __ Neck __ Other __		
Silicosis			HIV status		If HIV+, CD4 count ____ Date ____
Asbestosis			STD history		
Environmental Exposures			Chronic Renal Failure		
Corticosteroids (Received equivalent of >15 mg/day Prednisone for >1 month)			Dialysis Current or Past		List schedule:
Organ Transplant			Liver Disease/Hepatitis (see risk for Hepatitis B/C in Standing Delegation Orders)		
Use of TNF alfa inhibitors (i.e., Remicade, Humira)		Length of therapy/Reason:	Autoimmune Disease		
GI/Gastrectomy or jejunoileal bypass, Crohn's, ulcerative colitis, pancreatitis, or factors impacting GI absorption			Arthritis/Gout		
Weight at least 10% less than ideal body weight			Chronic Malabsorption Syndrome		
Anorexia/bulimia			Hospitalizations		
Mental Illness/Retardation		If yes, list power or attorney or legal guardian:	Surgeries		
Skin Disease/Rash			Contraception/LMP		Type Date
Hypertension/CVA		Blood Pressure ____/____	Pregnancy		Weeks' gestation
Heart Disease/PVD			Breast Feeding		

TUBERCULOSIS HISTORY

	+/-	COMMENTS	
Live virus vaccine in last 6 weeks		List:	
History of BCG		Date(s):	Arrival to US:
Prior Tuberculin Skin Test (TST) / IGRA blood test		Date of TST: TST (mm):	Date of IGRA: IGRA Result:
Prior Chest X-Ray		Date:	Result: Location:
Prior Treatment of TB		Date:	Location: Length of Tx:
Prior Treatment of LTBI		Date:	Location: Length of Tx:
Family History of TB		Date:	Relationship To Patient:
Contact to TB case		Date:	Where? Source Case?
Contact to MDR-TB case		Date:	Where? Source Case?

Notes/Comments:

CURRENT TUBERCULOSIS ASSESSMENT AND SYMPTOMS

SIGNS & SYMPTOMS OF TB	+/-	DATE OF ONSET	COMMENTS
Cough (Persistent x3 Weeks)			
Productive Cough			
Weight Loss			Today's wt. ____ Est. wt. 3 mo. ago ____
Fever / Chills			Today's temperature ____
Shortness of Breath			
Chest Pain			
Fatigue			
Loss of Appetite			
Night Sweats			
Hemoptysis			
Hoarseness			
Eye Pain or Blurry Vision			
Swelling of Lymph Node(s)			
Frequent Urination, Bloody Urine or Flank Pain			
Swelling/pain of Joint / Vertebra			
Headache, Decreased Level of Consciousness or Neck Stiffness			
Pain / Swelling in Other Locations			

Notes/Comments:

SOCIAL HISTORY/TUBERCULOSIS RISK FACTORS			
SOCIAL HISTORY	+/-	COMMENTS	
Tobacco use/ Cigarettes, E-cig, other tobacco products		_____ pks / day _____ years of use	Education: [] Elem. Sch. [] Jr. Hi. [] Hi. Sch. [] College
Alcohol		Current # alcoholic drinks per week:	Housing: [] Own [] Rent [] Homeless [] Inner city resident [] Binational (US-Mexico) [] Low Income [] Live Alone [] Live With Others [] Colonia
HIV/AIDS Risk			Long-Term Care: [] Nursing Home [] Hosp.-Based [] Residential [] Mental Health Res. [] Alcohol/Drug Treatment [] Other
Drug Abuse		____ Non-injecting Drugs? ____ Injecting Drugs?	Incarceration: [] Fed. Prison [] State Prison [] Local Jail [] ICE [] Juvenile Correctional [] Other Corr. [] Unknown. Incarceration date:
Malnutrition/Diet low in sources of B ₆			Occupation: [] Health Care [] Correctional [] Migrant/Seasonal [] Not employed in past 24 mo [] Student [] School Teacher [] Child [] Homemaker [] Retiree [] Institutionalized [] Unk [] Other Occupation
Foreign Birth		If foreign-born, Country: _____ Date Entry US: _____ unknown	If Pediatric TB Case/Suspect (<15 years old) Country of birth for primary guardian(s): _____ Patient lived outside US for > 3 months [] Yes. [] No If yes, country:
Foreign Travel or Residence			Locating Info:
Consume unpasteurized dairy products?		Describe:	
Barriers to Compliance			
+ = If History Is Positive - = If History Is Negative			

Available @ <https://www.dshs.texas.gov/idcu/disease/tb/forms/>

MEDICATION LIST				
MEDICATIONS TAKING, EXCLUDING TB DRUGS	START DATE	DOSAGE/SCHEDULE	STOP DATE	PRESCRIBING PHYSICIAN
(Attach additional medication list, if needed) YES NO				

Signature of person taking history: Date:	Signature of interpreter (if used):
--	-------------------------------------

Demographic Information

- Name
- Address
- Telephone Number(s)
- Birth Date
- Social Security Number (if allowed under policy or regulation)
- Health Insurance Information (if available)



Ascertain Extent of TB Illness

- Acuity and Duration of Symptoms
- TB Test Results
- Bacteriologic and Radiographic Findings
- Laboratory Analyses
- Nutritional Status
- Vital Signs
- Baseline Weight



Patient's Medical History

- Comorbidities (Diabetes/HIV)
- Current Medications
- PCP Contact Information
- Last Menstrual Period
- Contraceptives



Patient's TB History

- TB Exposure History
 - Previous screening
- TB Treatment History
 - Regimen
 - Response
- TB-Endemic Countries
 - Country of Birth
 - Recent Travel
 - Significant time spent outside of US



Infectiousness

- Cough
 - Onset
 - Duration
 - Frequency
- Bacteriologic Findings
 - Acid Fast Smear
 - Nucleic Acid Assay Test
- Infection Control
 - Isolation
 - Masks (Surgical, N95)
 - Contacts



@gapingvoid



Patient TB Knowledge

- What do you understand about TB so far?
 - Transmission
 - Pathogenesis
 - Symptoms
- Base Educate Patient
 - On current knowledge
 - Ability to comprehend
- Document



Identify Potential Adherence Obstacles

- Administration
 - Pills: Dysphagia
- Clinic appointment
 - Transportation
- Isolation
 - Home DOT



Psychosocial Status

- Alcohol
- Drug Use
- Tobacco Use
- Homelessness
- Mental Health Status
- Existing Psychiatric Diagnosis
- Social Circle



Summary

- A thorough patient assessment is key in creating a successful care plan
- Insuring patient and public safety relies on collecting as much information as possible on the patient's lifestyle
- Identifying barriers to care early will allow for initial and ongoing interventions
- Identifying patient infectiousness is paramount in progressing the plan of care
- Provide education specific to the patient's situation, in culturally appropriate way, based on current knowledge and their ability to comprehend
- Document



Thanks so much for your work to #EndTB &
#StopTheStigma

