



Components of TB Patient Assessment

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Introduction to TB Nurse Case Management Online
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***Debbie Onofre MSN, RN* has the following disclosures to make:**

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity



Objectives

- Identify components of TB Patient Assessment
 - Medical History
 - TB History
 - TB signs and symptoms
 - Co-morbidities



Purpose of the Nurse Assessment

- Identifies the needs, preferences, and abilities of a patient
- Includes an interview with and observation of a patient and considers the symptoms and signs of the condition, the patient's verbal and nonverbal communication, the patient's medical and social history, and any other information available
- Provides the scientific basis for a complete nursing care plan

<http://medical-dictionary.thefreedictionary.com/nursing+assessment>



Nurse Assessment

- Done Initially
- Updated and ongoing
 - Physically view patient
 - Appearance (i.e., thin, frail)
 - Assess symptoms
 - Clinically improving or worsening
 - Manage side effects/toxicities
 - Prevent adverse reactions
- Intervene rapidly
- Address issues immediately

UPDATE



Assessment

- **Gather Data**

- Collect medical history from all medical providers to determine onset of symptoms

- **Hospital**

- H&P, admission notes, discharge summaries, microbiology results, lab reports, radiology reports

- **Health Dept. records**

- Prior screenings
- Prior CXR
- Treatment of LTBI or TB disease

- **PCP notes**

- Prior c/o TB symptoms
 - Allergies
 - Cough

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

Form # _____

MEDICAL PROGRESS NOTES

Prisoner's Name: _____ Inmate Number: _____

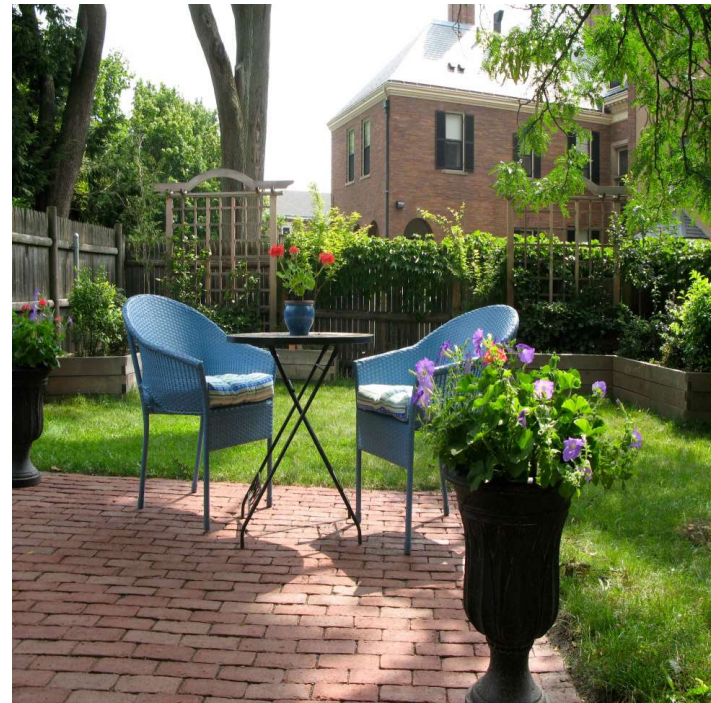
Date/Time	DOA	PLANS
5-20-14		P.O. Report to in EIC
0830	S. Cough & difficulty breathing this PM - Smoke is next cell down. Resident leaving P.P.	Stitch
8	Chest: Ingt. Exp. coarse crackles	
11	Bronchitis,	Plunkett use noted
5/24/14		1844/192 0837
1446	S. Lab 5/15/14 - Thoracic 2.5 Just in steady on traction	P. 0 Report Respiratory level 5/20/14
	A. Possibly not on any long	Plunkett use

12/21/14

1446

Confidentiality & Privacy

- Maintain confidentiality & privacy
- Ensure that the patient is comfortable
 - If done at the clinic or home
 - Can do assessment outdoors
 - Do not have to use mask
- Build rapport



Building Rapport

- Obtaining essential information to develop a treatment plan specific to that patient

- Medical
- Social

- **Do Not Interrogate**
- **Do Not use judgmental tone**

Rapport

[rā-pôr', rə-]

-noun

1. An expected amount mutual cooperation and understanding established on trust between two or more parties.

If the patient feels interrogated or judged, the patient is likely to be closed and unresponsive to questions and may disregard advice and instructions

Keep an Open Mind!!!



Nurse Assessment



Texas Department of State Health Services Tuberculosis Health Assessment/History

Patient Name:	Last	First	Middle	Birth Date	Sex	Race	Ethnicity
Address:	Street	City	County	State	Zip	County Tract	Phone: Home / Work
Date of History:	Primary Care Provider			Phone Number of Primary Care Provider			
MEDICAL HISTORY	+/-	COMMENTS		+/-	COMMENTS		
Allergies		Leukemia					
Diabetes		Type 1 ____ Type 2 ____			Lymphoma		
Respiratory Problems (Levaquin or other antibiotic use?)					Cancer: Head ____ Neck ____ Other		
Silicosis/Asbestosis					HIV/STD		
Environmental Exposures					If HIV+, CD4 count Date		
Corticosteroids (Received equivalent of >15 mg/d Prednisone for >1 mo)					Chronic Renal Failure		
Organ Transplant					Liver Disease/Hepatitis (Risk factors HepB/C: IDU, HIV+, or birth in Asia, Africa, or Amazon basin)		
GI/Gastroscopy or jejunoileal bypass					Autoimmune		
Weight at least 10% less than ideal body weight					Arthritis/Gout		
Mental Illness/Retardation					Use of Remicade, Humira or Enbrel?		
Skin Disease					Chronic Malabsorption Syndrome		
Hypertension/CVA		Blood Pressure ____ / ____			Surgeries/Hospitalizations		
Heart Disease/PVD					Contraception/LMP		
Thyroid					Gyn/Pregnancy		
Neurological/Seizures					Breast Feeding		
Vision/Hearing Disorder					Post Partum		
					Other		
					Other		
MEDICATIONS TAKING, EXCLUDING TB DRUGS	START DATE	DOSAGE/ SCHEDULE	STOP DATE	PRESCRIBING PHYSICIAN			
TUBERCULOSIS HISTORY	+/-	COMMENTS					
Live virus vaccine in last 6 wks		List:					
History of BCG		Date(s):					
Prior PPD Skin Test		Date:	Result (mm):	Date:	Result (mm):		
Prior Chest X-Ray		Date:	Result:				
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?			

★ = If History Is Positive - = If History Is Negative
TB-202 Tuberculosis Health Assessment/History - 01/08 (Continued on Reverse)



Demographics

Get as much information as you can about where patient can be located

- How long at this address
- Previous address
- Alternate address
- Get emergency contact information
 - Who can be contacted to locate patient
 - Unable to locate
 - In case patient moves

Texas Department of State Health Services Tuberculosis Health Assessment/History

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

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

Patient Name:	Last	First	Middle	Birth Date	Sex	Race	Ethnicity
Address:	Street	City	County	State	Zip	Census Tract	Phone: Home / Work
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MEDICAL HISTORY	+/-	COMMENTS		+/-	COMMENTS
Allergies			Leukemia		
Diabetes		Type 1 ____ Type 2 ____	Lymphoma		
Respiratory Problems (Levaquin or other antibiotic use?)			Cancer Head ____ Neck ____ Other		
Silicosis/Asbestosis			HIV/STD		If HIV+, CD4 count Date
Environmental Exposures			Chronic Renal Failure		
Corticosteroids (Received equivalent of >15 mg/d Prednisone for >1 mo)			Liver Disease/Hepatitis (Risk factors HepB/C: IDU, HIV+, or birth in Asia, Africa, or Amazon basin)		
Organ Transplant			Autoimmune		
GI/Gastrectomy or jejunoileal bypass			Arthritis/Gout		Use of Remicade, Humira or Enbrel?
Weight at least 10% less than ideal body weight			Chronic Malabsorption Syndrome		
Mental Illness/Retardation			Surgeries/Hospitalizations		
Skin Disease			Contraception/LMP		
Hypertension/CVA		Blood Pressure ____ / ____	Gyn/Pregnancy		
Heart Disease/PVD			Breast Feeding		
Thyroid			Post Partum		
Neurological/Seizures			Other		
Vision/Hearing Disorder			Other		



Medication List

- Assessment should also collect information about all medications your patient is taking
 - Collect information about both prescribed and over the counter medications
 - Start date
 - Dose
 - Schedule
 - Prescribing physician
 - Update as needed



MEDICATIONS TAKING, EXCLUDING TB DRUGS	START DATE	DOSAGE / SCHEDULE	STOP DATE	PRESCRIBING PHYSICIAN

TB History

- May have to contact local health department in city/county that patient lives in
 - May have previously been screened as a contact to a case
 - Contact to an MDR case
- Determine if patient previously treated for LTBI or TB disease
- How long ?
 - 6, 9, 12, 18, 24 months
- What drugs?
- Supporting Documentation

TUBERCULOSIS HISTORY	+/-	COMMENTS
Live virus vaccine in last 6 wks		List:
History Of BCG		Date(s):
Prior PPD Skin Test		Date: Result (mm): Date: Result (mm):
Prior Chest X-Ray		Date: Result:
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?

✚ = If History Is Positive

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TB-202 Tuberculosis Health Assessment/History – 01/08 (Continued on Reverse)

Radiology

- Gather all radiology reports
 - X-rays, CT-Scans, Pet Scans, MRI's
- Reports show cavities? Infiltrates? Scarring?
- Films for comparison?



Tuberculosis Health Assessment/History

SIGNS & SYMPTOMS OF TB	+/-	DATE OF ONSET	COMMENTS
Cough (Persistent X3 Weeks)			
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 of Joint / Vertebra			
Headache, Decreased Level of Consciousness or Neck Stiffness			
Pain / Swelling in Other Locations			



History of TB

- Gather chronological history of presenting signs and symptoms
 - Most patients will have difficulty remembering when symptoms began
- Refer back to important dates and times
 - Christmas, Thanksgiving, Birthday, Birth of a Baby
 - These cues may prompt patient memory and give us more accurate dates as when symptoms began
 - Important in determining infectious period and conducting contact investigations



SOCIAL HISTORY	+/-	COMMENTS	
Tobacco use		_____ pks / day _____ years of use	Education: <input type="checkbox"/> Elem. Sch. <input type="checkbox"/> Jr. Hi. <input type="checkbox"/> Hi. Sch. <input type="checkbox"/> College
Alcohol		Current # alcoholic drinks per week	Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Inner city resident <input type="checkbox"/> Binational (US-Mexico) <input type="checkbox"/> Low Income <input type="checkbox"/> Live Alone <input type="checkbox"/> Live With Others
HIV/AIDS Risk			Long-Term Care: <input type="checkbox"/> Nsg. Home <input type="checkbox"/> Hosp.-Based <input type="checkbox"/> Residential <input type="checkbox"/> Mental Health Res. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Other
Drug Abuse		____ Non-injecting Drugs? ____ Injecting Drugs?	Incarceration: <input type="checkbox"/> Fed. Prison <input type="checkbox"/> State Prison <input type="checkbox"/> Local Jail <input type="checkbox"/> ICE <input type="checkbox"/> Juvenile Correctional <input type="checkbox"/> Other Corr. <input type="checkbox"/> Unknown. Incarceration date:
Malnutrition/Diet low in sources of B ₆			Occupation: <input type="checkbox"/> Health Care <input type="checkbox"/> Correctional <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Other Occupation <input type="checkbox"/> Not employed in past 24 mo <input type="checkbox"/> Student <input type="checkbox"/> Child <input type="checkbox"/> Homemaker <input type="checkbox"/> Retiree <input type="checkbox"/> Institutionalized <input type="checkbox"/> Unk
Foreign Birth		If foreign-born, Country Mo/Yr Entry US	If Pediatric TB Case/Suspect (< 15 years old) Country of birth for primary guardian(s) Patient lived outside US for > 3 months <input type="checkbox"/> Yes. <input type="checkbox"/> No If yes, country
Foreign Travel or Residence			Locating Info:
Barriers to Compliance			
ADDITIONAL COMMENTS			
Signature of person taking history			Signature of interpreter (if used)

+ = If History Is Positive - = If History Is Negative

TB-202 Tuberculosis Health Assessment/History – 01/08

Summary

- The TB Case Manager should conduct a face-to-face interview with the patient in efforts to develop a plan of care
- Assessment is ongoing and dynamic and should be continuous throughout the course of the patient's treatment
- The purpose for assessment to development of a treatment plan with a goal for successful completion of treatment



Thank You!!!

