



Case Study: Adverse Drug Reactions

Debbie Davila, MSN, RN
Nurse Consultant/Educator
Heartland National TB Center

Case Study

The patient is a 65-year-old male, Air Force veteran with a right sided below the knee amputation and a history of untreated hepatitis C. During a medical appointment, the physician orders a chest x-ray (CXR) due to the patient's complaint of a "cough that will not go away." The patient reports he has been coughing for over a month and has "been feeling tired."

The CXR reveals extensive bilateral cavitary lesions.

Further evaluation reveals patient has a history of positive TST "years ago" when he was in the military.

What are some red flags that might make you Think TB?



Red Flags that Might Make Us Think TB

The patient is a 65-year-old male, Air Force veteran with a right sided below the knee amputation and a history of untreated hepatitis C (HCV). During a medical appointment the physician orders a chest x-ray (CXR) due to the patient's complaint of a "cough that will not go away." The patient reports he has been coughing for over a month and has "been feeling tired."

- The CXR reveals extensive bilateral cavitary lesions.
- Further evaluation reveals patient has a history of positive TST "years ago" when he was in the military.



Recognize possible signs and symptoms of Tuberculosis. Early diagnosis and treatment reduces spread. Contact your Health Department or physician for more information.

After reviewing the CXR report and patient's history of a positive TST, the physician's office provides the patient with a surgical mask and notifies the local health department of a person with possible TB.



Case Study

A 65-year-old male, Air Force veteran reported to the local health department by a clinician that ordered a chest x-ray (CXR) due to the patient's complaint of a "cough that will not go away".



Further evaluation reveals patient has a history of positive TST "years ago" when he was in the military. The CXR reveals extensive bilateral cavitory lesions. The physician's office provides him with a surgical mask and notifies the local health department of a person with possible TB.



A clinic visit is scheduled for this patient that is suspicious of having TB disease.



Group Exercise: Time to fill the Patient Record

Preparing for the Initial Clinic Visit

- What information should the nurse gather and review prior the first clinic appointment?
- Where do we get this information?



Preparing for the clinic visit: **What information do we need?**



- Hospital/ PCP office
 - Admission note
 - Discharge summary
 - Labs
 - Radiology reports

This information will assist the nurse in:

- Determining onset of signs and symptoms
- Use as baseline information



Discussion: Nurse Assessment

A nursing assessment is a process where a **nurse gathers, sorts, and analyzes** a patient's health information using evidence informed tools to learn more about a patient's overall health, symptoms and concerns.

This includes considering the patient's **biological, social, psychological, cultural and spiritual values, and beliefs.**

A nurse then documents and interprets this information to inform the patient's care plan and ongoing decision-making about the patient's health status, which may include identifying urgent, emergent, and/or life-threatening conditions.

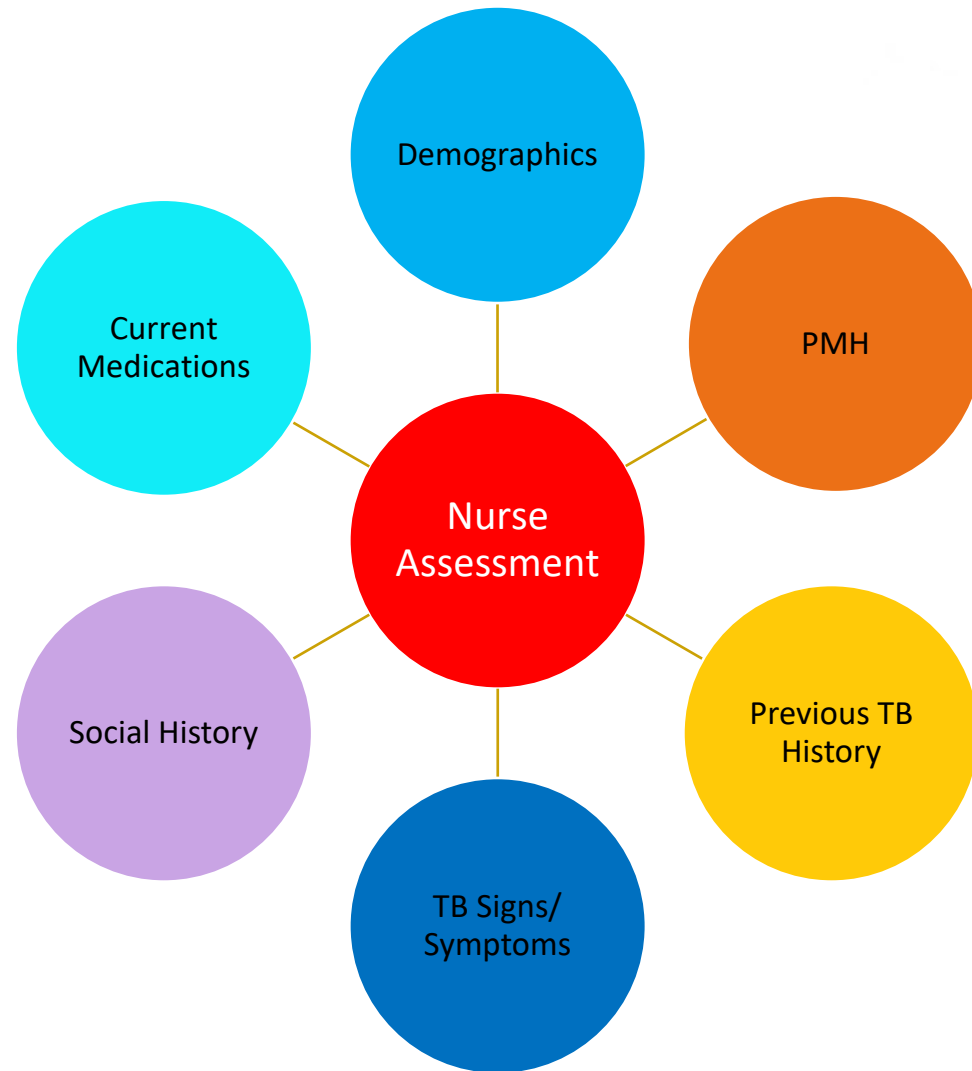
<https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/nursing-assessments/>

Nurse Assessment of a TB patient: What information are we collecting?

Nursing assessment: the art and science of truly seeing a patient



What information are we collecting for the TB Nurse Assessment?



Nurse Assessment: What information are we collecting?

• Demographics

- Country of birth (U.S. born/foreign born), date of arrival in the U.S. , foreign travel

• PMH

- Identify co-morbidities
- Current Medications
 - Prescribed
 - Non-prescribed

TB symptoms

What are the patient's current TB symptoms?

When did symptoms begin?

Help patient to remember

Previous History of TB and TB infection (documented/self reported)

- What treatment did the patient receive?
- When did patient receive treatment?
- Where (state/H.D.) did patient receive TB treatment?

Social History

- Who does he live with?
- What are his hobbies ?
- History of drug use
- History of ETOH
- **Baseline Toxicity Screening**
 - Compare to all future screenings



Case Study continued...

- During the assessment, the PHN collects one sputum specimen. She provides the patient with containers to collect two additional specimens at home.
- The three sputa are AFB smear positive and the Xpert® is positive for MTB and rifampin susceptible.
- Final cultures and susceptibilities are pending.



Case Study: Social History

- Reveals a history of alcohol use and untreated HCV
- His housing situation is unstable, and he is currently sleeping on the sofa at his sister's trailer.



What medical and/or social risk factors increase the patient's risk of hepatotoxicity while taking TB medications? Check all that apply.

- A. History of untreated HCV
- B. Unstable housing
- C. Veteran of the Armed Services
- D. Alcohol use



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Most at Risk for Hepatotoxicity

- Underlying liver disease
 - Hepatitis B and C
- Alcoholics
- Immediate (4 months) post-partum period
- Those on other hepatotoxic medications



Educate Patient

- Educate patient to report side effects and adverse reactions
- Recognize problems/address complaints quickly
 - Intervene rapidly
 - Minimize treatment interruptions



- **Goal is to Complete Adequate TB treatment Successfully!!!!**



