



# **TB Nurse Case Study Arkansas Transfer Case November 9, 2022**

Jenna Maturino RN  
TB Program Nurse Consultant  
Arkansas Department of Health

# Case History

- 30 Y/O male, US born.
- Reported “good health” until MVA in early 2021.
- 03/21: severe back pain, weakness, unexplained weight loss (eventually >100lbs).
- Multiple hospitalizations in home state related to symptoms above.
- 07/21: Intermittent dyspnea and non-productive cough developed.
- R chest wall mass biopsied; “many AFB” on stain.
- QFT Gold positive.
- RIPE initiated 07/22/21.

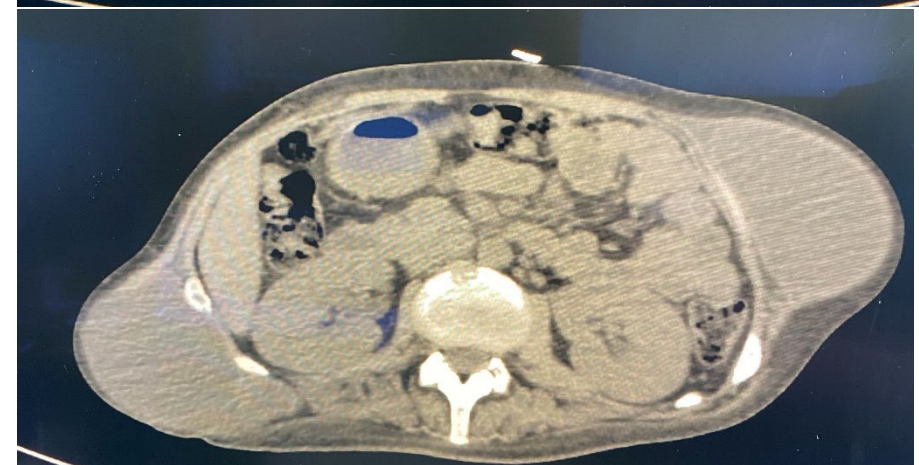
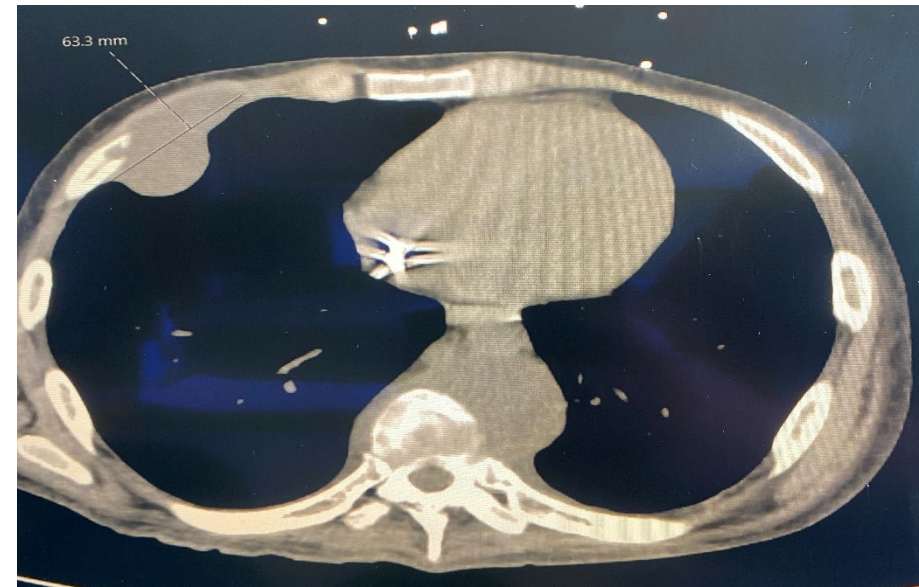
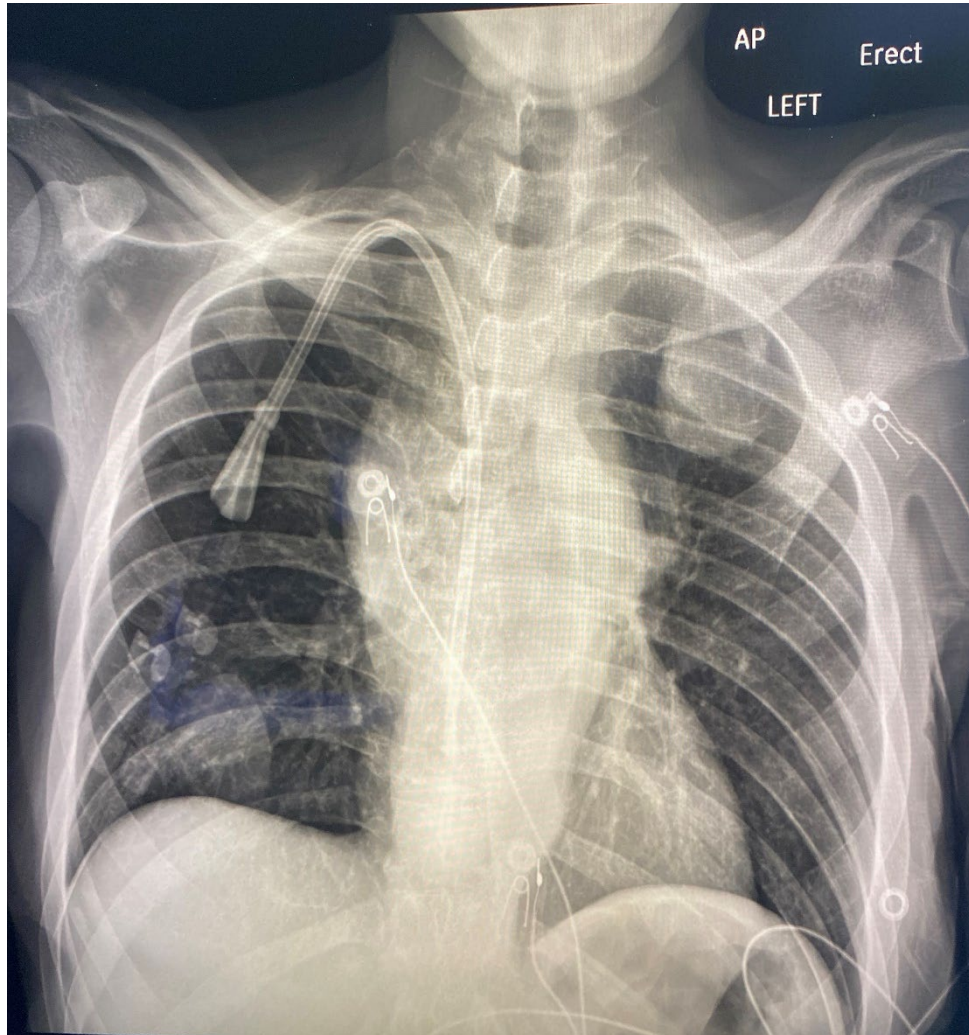


# Case History Continued

- Large psoas and gluteal abscesses.
- Chest wall specimen MTB positive on culture on 08/07/21.
- HIV non-reactive.
- FREQUENTLY left hospitals AMA (both states).
- Extensive history (at least 10 years) of housing insecurity.
- Between diagnosis (07/21) and sudden move to AR in 01/22, patient had taken approximately 2-3 weeks of medications per out of state DOH.
- Arrived to AR 01/06/22 after leaving other state to be closer to his young child in Little Rock.
- Genotyped to a large TB cluster in SW Arkansas.



# Initial Imaging (January 2022)



# Challenge #1

- Patient unable/unwilling to care for himself.
- Related to underlying mental health concerns?
- No support system noted in AR (where would he go?).



# Overcoming Challenge #1

- Multiple phone calls with social workers and case management at area hospital familiar with patient.
- APS (Adult Protective Services) utilized to assist patient.
- Patient placed in local LTC facility.



# Challenge #2

- Patient had extensive history of non-compliance with TB treatment (maybe 2-3 weeks in home state over 5 month period).
- Severe aversion to pills (unsure why).
- “I’m not going to be told what to do”.



# Overcoming Challenge # 2

- Patient educated on medication compounding.
- ADH has contract for compounding medications for pediatric patients.
- Patient agreeable to trying liquid medications (it worked!).
- Less of telling patient what to do and more of helping to work towards improvement in functioning and understand the consequences of not taking treatment.





# Challenge #3

- Patient did not have secure, stable housing once he left LTC facility.
- No open bed at area shelters and waiting list for housing options.
- “Couch surfed” with acquaintances.



# Overcoming Challenge # 3

- Assisted patient with making contact with shelters, housing authority.
- Patient eventually contacted family back in home state and they agreed to have back if he could find transportation.
- ADH provided bus pass back home 08/22.
- Unfortunately, patient became unable to be located in home state after just a week of treatment following hotel eviction...won't respond to ADH contact either.

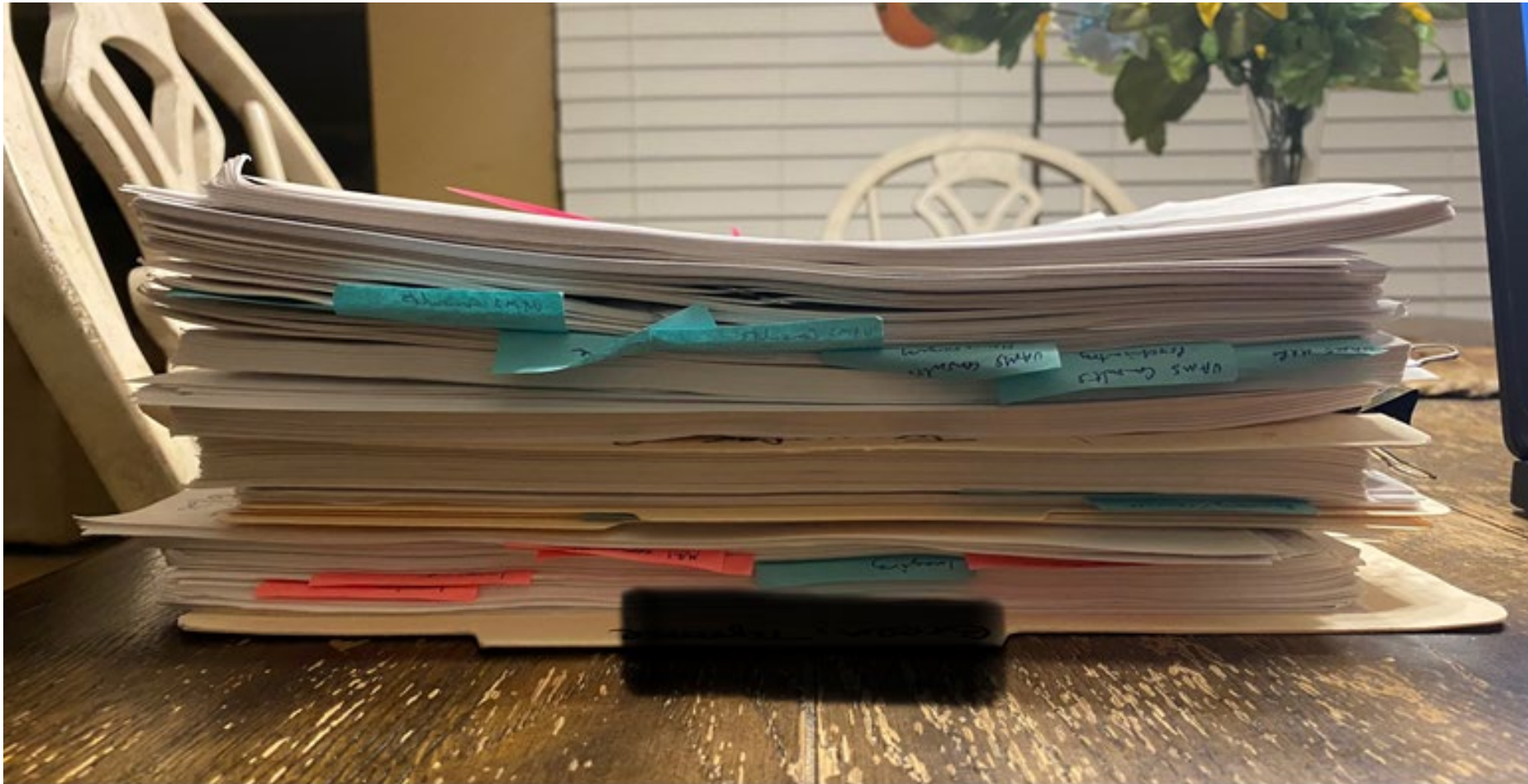


# Teaching Points/Points for Discussion

- Be patient.....VERY patient.
- Utilize any available resources.
- Patients will make decisions that you may not agree with.



# Patient's End Chart



# Thank You For Your Time

Virginia “Jenna” Maturino RN  
[Virginia.Maturino@arkansas.gov](mailto:Virginia.Maturino@arkansas.gov)

501-661-2068

