



Heartland National TB Center TB Training & Product Updates

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Heartland National TB Center



Heartland is recognized and contractually funded by the State of Texas to provide excellence, expertise, and innovation in training, medical consultation, and product development to reduce the impact of tuberculosis throughout the State of Texas.



Upcoming Trainings

April 25, May 2, 9, 16, 23, 2023

Tuesdays, 1:00 pm – 2:30 pm CT

May 18, 25, June 1, 8, 2023

Thursdays, 1:00 pm – 2:30 pm CT

June 6, 2023

July/August 2023

Introduction to TB Nurse Case Management Online

This introductory course covers the basic elements, knowledge, and skills essential for the nurse case manager responsible for the care of patients with active TB disease and their contacts.

Essentials of TB Nurse Case Management Online

This course is intended for nurses and public health staff who are actively engaged in the identification, case management, and treatment of patients with tuberculosis (TB) infection or disease.

TST Train the Trainer with Practicum, San Antonio, TX

This course is designed for TB personnel responsible for training staff and other health care workers on the proper placement and reading of the tuberculin skin test (TST).

TB Updates, Houston, TX

This advanced course is intended for physicians, nurse practitioners, and registered nurses with direct experience in the management of patients, with, or at risk of TB.

<https://www.heartlandntbc.org/>

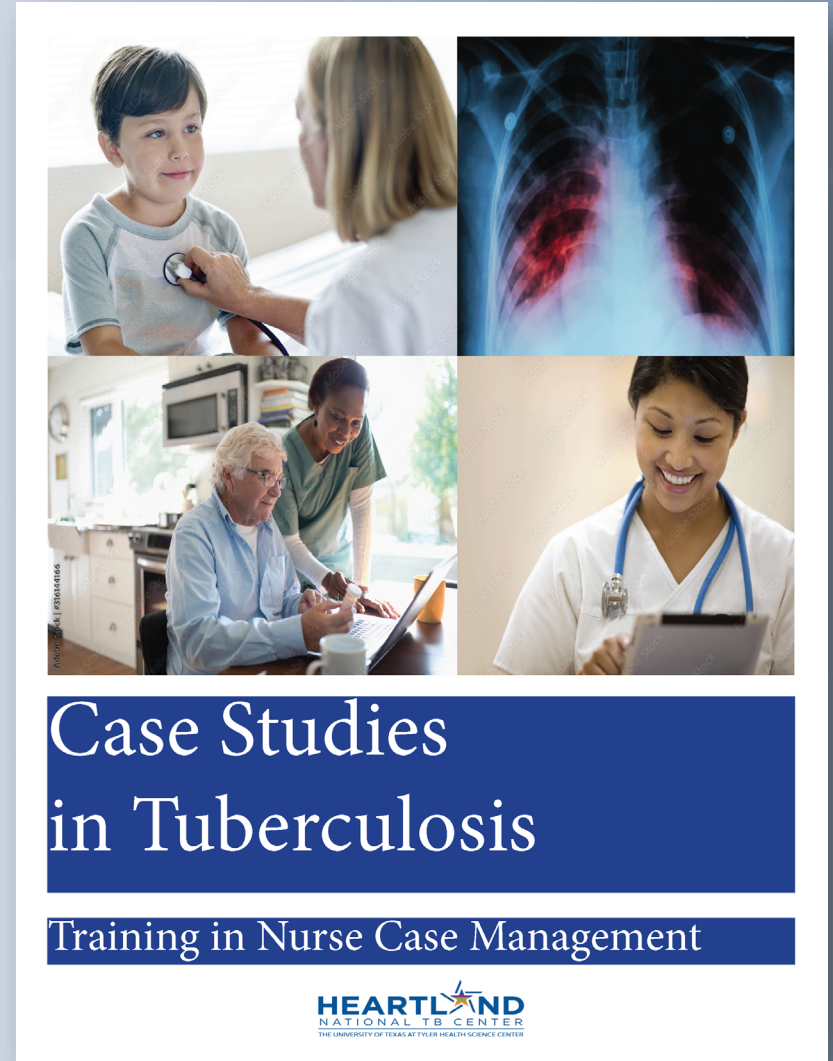


Product Updates



Case Studies in Tuberculosis Training in Nurse Case Management





















A collection of nurse case studies and accompanying tools.



Tuberculosis Medication Side Effects Questionnaire

Tuberculosis Medication Side Effects Questionnaire





















Please place an X on each line to indicate how severe you are experiencing each of the following reactions recently or from the last visit:

	No Nosebleed	Severe Nosebleed	
	Clear Vision	Vision Changes	
	No Fever	High Fever	
	Not Nauseous	Extremely Nauseous	
	Not Fatigued	Very Fatigued	
	No Joint Pain	Joint Pain	
	No Rash	Itchy Rash	
	No Abdominal Pain	Severe Abdominal Pain	
	Normal Eyes + Skin	Yellowing of Eyes or Skin	
	No Tingling of Fingers or Toes	Tingling of Fingers or Toes	

Created by: Elysium Gonzalez

Cuestionario de efectos secundarios de medicamentos para la Tuberculosis

Por favor coloque una X en cada línea para indicar qué tan grave está experimentando cada una de las siguientes reacciones recientemente o desde la última visita:

	Sin Sangrado por la nariz	Sangrado severo por la nariz	
	Visión Clara	Cambios En la visión	
	Sin Fiebre	Fiebre Alta	
	Sin Náuseas	Náuseas extremas	
	Sin Cansancio	Cansancio Excesivo	
	Sin Dolor en las articulaciones	Dolor En las articulaciones	
	Sin erupción	Erupción con picazón	
	Sin Dolor abdominal	Dolor Abdominal Severo	
	Ojos y Piel Normales	Ojos o Piel Amarillentos	
	Sin Hormigueo en los dedos de las manos o pies	Hormigueo en los dedos de las manos o pies	

Created by: Elysium Gonzalez

Rash Assessment and Description Guide

Rash Assessment and Description Guide

1. Evaluate the Rash

- 1) Identify the type of lesion (size, layers of skin involved, and characteristics)
- 2) Identify location and distribution of lesions
- 3) Identify the configuration
 - The shape of one lesion:
 - **Linear** – straight line
 - **Target** – Bullseye or iris appearance; rings with central duskeness; purplish center, surrounded by pale pink, outer ring darker pink
 - The arrangement of clusters of lesions:
 - **Confluent** – Flowing into or coming together
 - **Random**
 - **Patterned**
- 4) Evaluate the texture
- 5) Color
- 6) Warm to the touch
- 7) Inspect oral mucosa

See back-side for terms and examples

2b. Investigative Considerations

- 1) Is the eruption indicative of an infection, fungus, infestation, or drug rash?
- 2) HIV, Diabetes, Auto-Immune Disorders, Eczema, and Asthma increase rash prevalence, and drug-drug interactions
- 3) Is sunlight sensitivity a factor?

2c. Types of Reactions

Exanthemata (external rash) – Diffuse macule and papule, evolve over days after drug initiation

Urticaria & angioedema – Onset within minutes to hours after drug administration; potential for anaphylaxis

Fixed drug eruption – Hyper-pigmented plaques; upon drug re-exposure, plaques reoccur at same site.

• **DRESS** – Cutaneous eruption, fever, eosinophilia, lymphadenopathy

• **Anaphylaxis** – Urticaria, angioedema, bronchospasm, gastrointestinal

• **Stevens-Johnson Syndrome** – Lesions, ulcers on mucous membranes, mouth, lips, truncal area; fever, fatigue, sore throat, ocular involvement

• Seek immediate medical attention

2a. Gather Pertinent Information

- 1) Where is the rash? Is it unilateral or bilateral?
- 2) Where on the body did it start?
 - To where is it spreading?
 - Is it symmetrical or asymmetrical?
- 3) When did you notice the rash?
- 4) Are there any accompanying symptoms?
 - Itching, burning, fever
 - Shortness of breath, tingling of lips
- 5) Do you have any thoughts on what caused the rash?
 - New detergent, perfume, cleaners, lotion, soap
 - Outdoor activities, hiking, picnic, sunbathing
 - Environmental factors, vacation, travel, hotels
 - Any change in diet?
- 6) Complete a drug reconciliation; are there any medications known to cause drug-drug reactions?
 - Are TB Medications taken as directed?
 - Any new prescriptions?
 - New over the counter medications or supplements?
- 7) Have you tried any remedies?
- 8) What makes it better?
- 9) What makes it worse?
 - Is it worse at night?
- 10) Palpate the skin for texture and temperature changes

Consultations

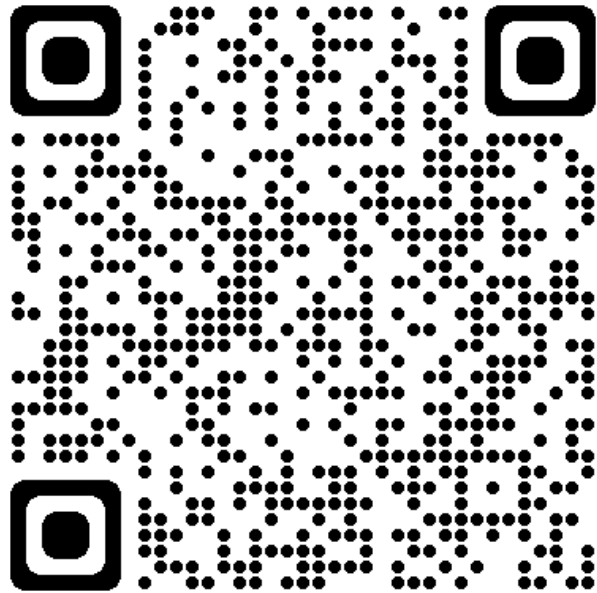
Heartland National TB Center's Toll-Free Warm-Line
(800) TEX-LUNG or (800) 839-5864

<https://www.heartlandntbc.org/>

Rash Assessment and Description Guide

Rash Terms with Photo Examples

Bullae – Vesicle >1cm in diameter  <p>Photo Credit: whitney/Getty Images</p>	Patch – Irregular shaped macule; >1cm in diameter  <p>Photo Credit: jaojormami/Shutterstock</p>
Erosion – Loss of epidermis; depressed, moist; follows rupture of vesicle  <p>Photo Credit: https://www.medicinenet.com/skin-ulcer/article.htm</p>	Plaque – Elevated, firm, rough lesion; >1cm in diameter  <p>Photo Credit: https://www.medicalnewstoday.com/articles/323152#what-is-psoriasis</p>
Excoriation – Loss of epidermis, linear, hollowed out, crusted area  <p>Photo Credit: https://dermnetnz.org/topics/compulsive-skin-picking-images</p>	Pustule – Vesicle filled with purulent fluid  <p>Photo Credit: https://www.healthdirect.gov.au/acne</p>
Erythema – A redness of the skin caused by congestion of the capillaries in the lower layers of the skin  <p>Photo Credit: https://dermnetnz.org/topics/sunburn</p>	Scale – Heaped-up accumulation of keratinized cells; flaky, can be dry or oily, varying in size  <p>Photo Credit: AboutmyLove</p>
Lichenification – Rough, thickened epidermis from scratching or rubbing; normal skin markings are observable, often found on flexor surface of extremity  <p>Photo Credit: https://www.healthline.com/health/lichenification#pictures</p>	Urticaria – Hives, raised, itchy wheals; of varying size  <p>Photo Credit: https://www.nidirect.gov.uk/conditions/urticaria-hives</p>
Macule – Flat, non-palpable, circumscribed area; with change in skin color; <1cm in diameter  <p>Photo Credit: CRISTINA PEDRAZZINI/SCIENCE PHOTO LIBRARY/Getty Images</p>	Vesicle – Elevated, circumscribed, superficial, filled with serous fluid; <1cm in diameter  <p>Photo Credit: Jere Mammino, DO</p>
Papule – Elevated, firm, palpable, circumscribed area; <1cm in diameter  <p>Photo Credit: https://www.healthline.com/health/skin/maculopapular-rash#pictures</p>	Wheal – Elevated, irregular-shaped area of cutaneous edema; solid welt, pale red, transient; or varying diameters  <p>Photo Credit: https://www.nidirect.gov.uk/conditions/urticaria-hives</p>



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