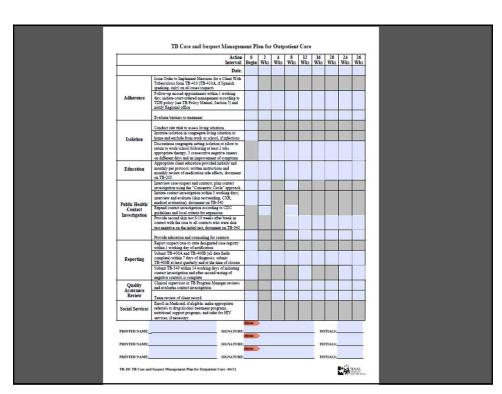
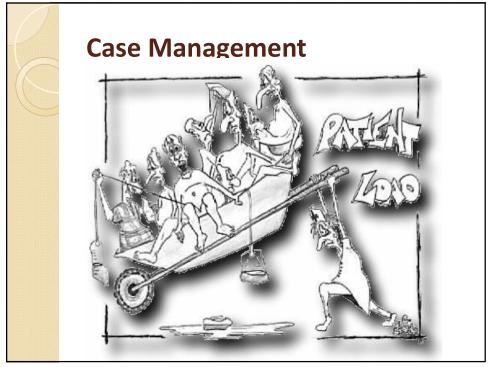
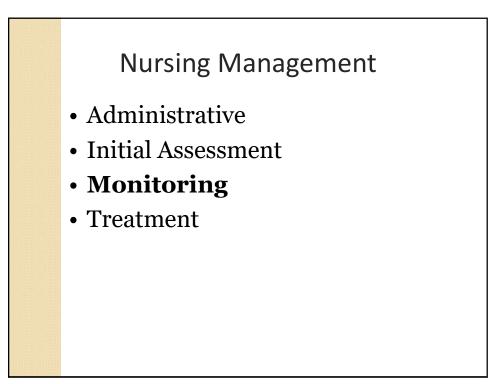


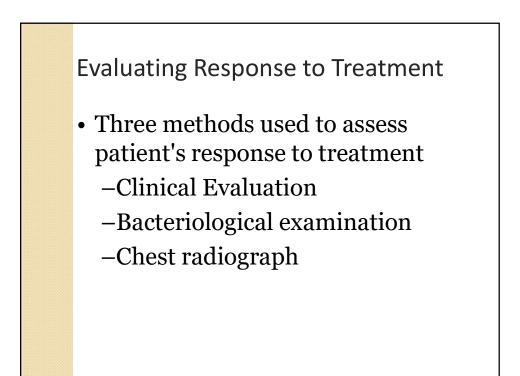
Patient's Name:		Initial	Report	Date:						
Nurse Case Man	ager:	Case 3	fanage	ment	Team:					
Diractione: Dise	k boxes indicate week(s) TB service is to be provided	Dece			- Materia		and does in			
when the task is con	mpleted. Document comments in progress notes.					S (*			<u> </u>	
	Action	0 Begin	2 Wks	4 Wks	Wit	12 Wks	Was	20 Wks	24 Wks	26 Wks
	Date:									· · · ·
Responsibility	Assign nurse case manager, establish team; document in client's record									
	Obtain medical history; document on TB-202									
	Obtain release (L-30); request previous medical records									
	MD evaluation									
Medical	RN evaluation									
Evaluation	Mantoux tkin test (if not previously done)									
	Chest X-ray									
	Supervised sputum for AFB smear/culture according to protocol									
	HIV testing, unless patient has knowledge of HIV+ status or has documented negative HIV test result within 14 days of TB diagnosis									
	Nutritional assessment									-
	Drug regiman according to protocol or specific ordar Initiate DOT on all canae/supports: Daily X2 weeks, 2X/week (Mon/Tam: or Tae/Fri) or 3X/week (Mon/Wed/Fri) until completion of adequate thempy, document DOT on T8-206									
Treatment	Pyraninamide X2 months and ethamburol X2 months (or until susceptibilities are reported and client's organium is known to be pan sensitive)									
	Vitamin B6 (if prognant, diabetic, at risk for peripheral neuropathy)	1	1				0	1		
	Obtain Informed Consent form TB-411 (TB-411A, if Spanish speaking, only) initially and for any drugs added to regimen.									
Consultation	Obtain expert consult for drug resistant cases, complicated adult/pediatric cases or client who remains symptomatic or sputum positive after 2 months therapy, written consult in client record									
Toxicity/ Clinical Assessment	Clinical assessment according to protocol; document (TB-205 and progress note as appropriate) Visual acuity (Snellea) and color discrimination (Juhhara Plates) initially and monthly if on EMB or rifsbutin; document (TB-205)									
Assessment	Hearing sweep check initially and monthly if on amilacia, capreomycia, kanamycia or streptomycia; document (TB-205)									

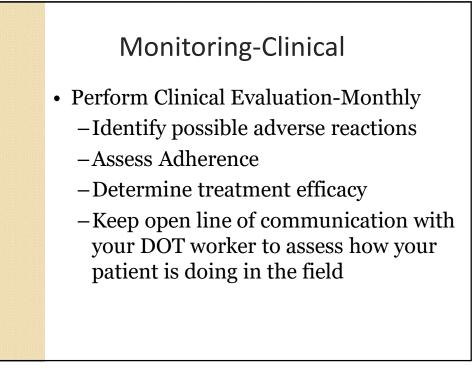


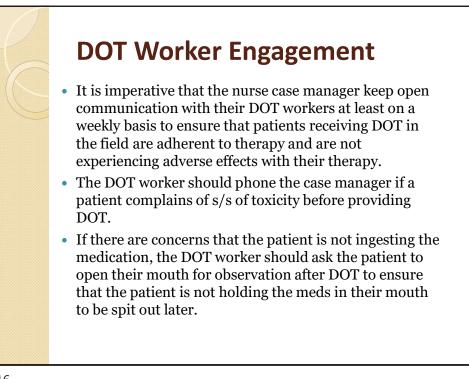




NAME:	D.O.B.: / / SS#: / /										
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6. Standardized printed materials (in client's preferred language, if available) are provided to client on the initial visit. 7. Staff providing client education must be familiar with reference information listed in the TB standing delegation orders.	Initial Visit	1 Mo Date	2 Mo Date	3 Mo Date	4 Mo Date	5 Mo Date	6 Mo Date	7 Mo Date	8 Mo Date	9 Mo Date	
TRANSMISSION/P AT HOGENESIS: • Signalsymptoms of TB disease • Airborne disease / Shared airspace • Infectiourness of case • PPD(+) 2-10 weeks after initial infection • TB infection vs. disease	•	•	•	•	•	•	•	•	•	۲	
INFECTION CONTROL MEASURES: • Proper use of masks and tissues • Isolation return to work after 3 negative smears, clinically improved, DOT for 2 weeks • Sputum collection	~	•	-	-							
EVALUATION: • PPD testing/significance, CXR results, other tests	-						•			•	
HIGH RISK GROUPS/FACTORS: • Diabetics, Silicosis, HIV+, Gastric resection • Alcoholdrug abuse (IVDU), Underweight • Corticosteroids, TINF-alpha antagonists • Foreign born, Resident of correctional or long term care facility	-	•	-								
MEDICATION: • Possible side effects, actions to take if side effects occur increased risk of side effects if post-partum, alcohol abuse, kidney or liver disease Benefits = cure of disease or prevention of disease • Administration = dosage frequency, length of treatment,	•	•	•								

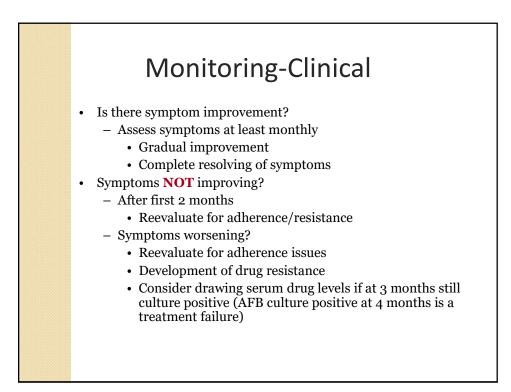


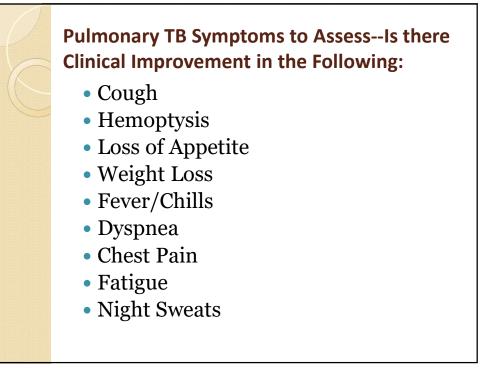


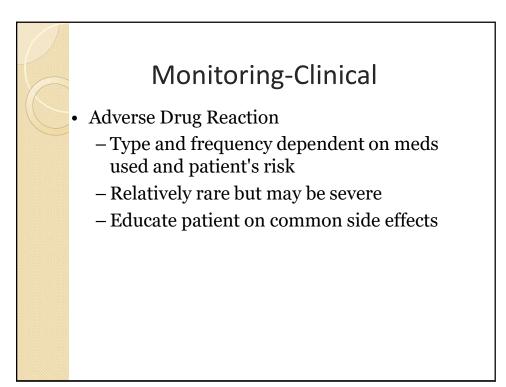


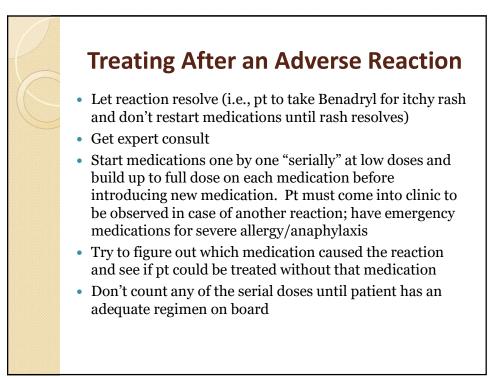
# **Nursing Management**

- When a patient is complaining of adverse effects in the field, it is the nurse case manager's responsibility to hold the DOT PRN and advise the pt's MD of the concern. The nurse may also need to bring the patient into the clinic or perform a field visit to obtain labs on the patient to assess health status.
- If there are concerns of hepatoxicity, the DOT should be kept on hold until LFTs come in and are WNL for resuming the pt's DOT.









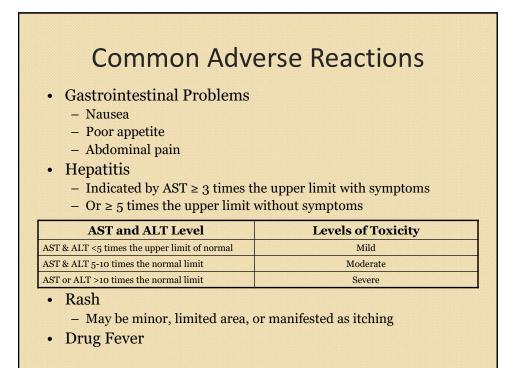
Clinical Assessment	epartment for Tube					oxicity				- 1
NAME:			D.O.E	3.:			S#:	_/	/	- 8
Adverse Drug Reaction Assessment: Ask guestions (1-19) when patient is on first-line drugs and as progress notes and notify the physician. Notify physician if a Results: [+]=If Present [-]=If Denies [NA]= If No	k questions (1- woman of chile	29) if any s	econd-line	drugs are ac	ided to pati	ent's regim	en. Docum	ent [+] res	alts in the	
	Date	Date	Date	Date	Date	Date	Date	Date	Date	- 1
Weight	-	-			<u> </u>		<u> </u>			- 8
Temperature	-			-						- 8
Blood Pressure	-	1				<u> </u>				- 81
Do you have any of the following symptoms now or since your last clinic appointment?										
1. Loss of Appetite			1	1 1						- 8
2. Nausea/Vomiting				1						- 8
3. Urine Color Change(Dark)										- 8
4. Skin Rashes/Dry				0						- 8
5. Sores on Lips or Inside the Mouth										- 8
6. Numbness/Tingling (Hands/Feet, Face/Mouth	1)			1 1					-	- 8
7. Changein Vision*				1						- 8
8. Eye Pain/Initation (Redness, Excessive Tears)	)									- 81
9. Jaundice (Yellow Skin/Eyes)		1		1 1						- 8
10. Flu-like Symptoms										- 8
11. Fatigue				i i						- 81
12. Headaches				[[]						- 8
13. Fever										- 8
14. Joint Pains/Swelling				1 1						- 8
15. Urine Output		1		Į						- 8
16. Bleeding (Nose Bleeds, Hemoptysis)										- 8
17. Vertigo/Dizziness/Fainting		0								- 8
Teeter/Fall to Left or Right When Standing										- 81
(With Eyes Closed)	_									- 81
Weave/Stagger When Walking (Normal Gait)	)									- 81
<ol> <li>Hearing Loss/Ears Ringing/Fullness</li> </ol>										- 81
19. Nervousness/Giddiness/Restlessness										
20. Increased Gas/Stomach Cramps										- 8
21. Abdominal Pain/Diamhea				1						- 8
22. Sleep Problems										
23. Mood Changes/Depression										- 8
24. Changein Heart Rate										

Plate #	Normal Reading	Red/Gr				Date	Date	Date	Date	Date	Date	Date	Date	Date
1	12	12	cý.			-	+	-	-	-	-	-	-	+
2	8	3				-	+	-	-	+	-	+	-	+
3	5	2				-	+	-	-	+	8	+	-	-
4	29	70				-	+	-	-	+	-	+	-	+
5	74	21				-	-	-	-	-	-	-	-	-
6	7	X				-	1	1	-	+	1	+	-	+
7	45	X				1	-	-		-		-	-	-
8	2	X												
9	X	2												
10	16	Х												
11	Traceable	~												
		Protan	1.011	Dentan	h eu r	1								
12	35	Strong	Mild (3) 5	Strong 3	Mild 3 (5)	-	<u></u>	1	T	-	Ť –	1	Ť	<u> </u>
12	96	6	(9) 6	9	9(6)	-	+	-	-	+	-	+	-	+
13	Can trace	Purple	Purple	Red	Red	-	-		-	-	-	-	-	-
14	2 lines		(Red)		(Purple)									
Results			(1000)		(raipie)									
Initials Visual A	cuity:													
Initials Visual A If initial screen is Results: Correct Distance	screen was o a either one o [P] = Pas ive Lenses:	s [F]=	rith correcti must berej Fail [U]	ported to th = Unscrea o	glasses orc e physician enable	immediat	ely.		[] "E"		0.001050000			the initial Date
Initials Visual A If initial screen in Results: Correct Distance Acuity	screen was c neitherone o [P]=Pas ive Lenses:	s [F]=	ith correcti must bere Fail [U] []=N Date	ported to th = Unscree o Da	glasses or c e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date	Letter Da	[] "E" te	[] Oth Date	Date	nDat	e ]	Date
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey	screen was o neitherone o [P] = Pas ive Lenses:	s [F]=	ith correcti must beraj Fail [U] []=N Date 20/	ported to th = Unscrea 0 Da 20	glasses orc e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date 20/	Letter Da 20/	[] "E" te	[] Oth Date 20/	Date	Dat 20/	e []	Date 20/
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey Left Eye	screen was c eitheroneo [P]=Pas ive Lenses: e	s [F]=	ith correcti must bere Fail [U] []=N Date	ported to th = Unscree o Da	glasses or c e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date	Letter Da	[] "E" te	[] Oth Date	Date	nDat	e ]	Date
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey	screen was c eitheroneo [P]=Pas ive Lenses: e	s [F]=	sith correcti must bere Fail [U] []=N Date 20/ 20/	Da	glasses or c e physician enable te ]	immediat Chart U Date	ily. sed: [ ] Date 20/ 20/	Letter Da 20 20	[] "E" te	[ ] Oth Date 20/ 20/	Date	Dat 20/ 20/	e ]	Date 20/ 20/

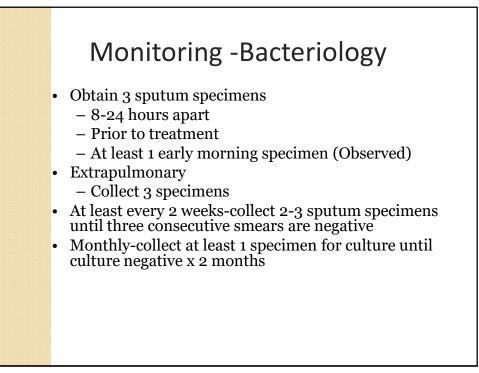
Any drugAllergic•Skin rashMay be seri minorEMB INH (rare)Eye damage•Blurred or changed vision •Changed color visionSeriousINH PZA RIFHepatic Toxicity•Abdominal Pain •Abnormal liver function test results •Dark UrineSerious	ous to
INH (rare)     •Changed color vision       INH (rare)     •Changed color vision       INH     Hepatic Toxicity       PZA     •Abnormal liver function test results       RIF     •Dark Urine	
PZA RIF •Abnormal liver function test •Dark Urine	
<ul> <li>Fatigue</li> <li>Fever for 3 or more days</li> <li>Flu-like Symptoms</li> <li>Lack of appetite</li> <li>Nausea, vomiting</li> <li>Jaundice</li> </ul>	

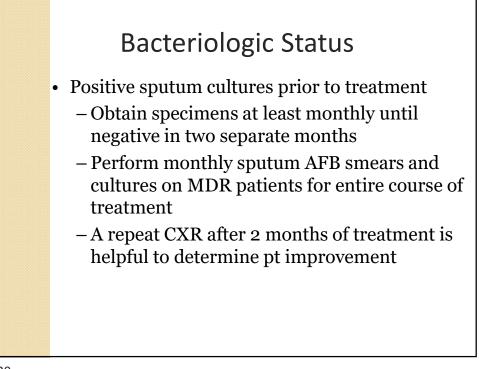
Caused by	Adverse Reaction	Signs and Symptoms	Significance of reaction
INH	Peripheral neuropathy	•Tingling sensation in hands and feet	Serious
INH (Avoid foods containing tyramines)	Serotonin syndrome	<ul> <li>mild (shivering and diarrhea)</li> <li>severe (muscle rigidity, fever and seizures)</li> <li>Severe serotonin syndrome can cause death</li> </ul>	Serious to minor
PZA	Stomach upset	•Stomach Upset •Vomiting •Lack of Appetite	May be serious or minor
PZA	Gout	•Abdominal uric acid level •Joint aches	Serious

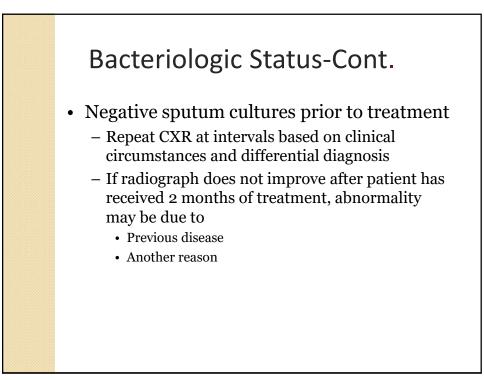
		1	_
RIF	Bleeding problems	•Easy bruising •Slow blood clotting	Serious
RIF	Discoloration of body fluids	•Orange urine •Permanently stained soft contacts	Minor
RIF	Drug Interactions	•Interferes with certain medications i.e. BCP, methadone	May be serious or minor
RIF PZA	Sensitivity to the sun	•Frequent sunburn	Minor





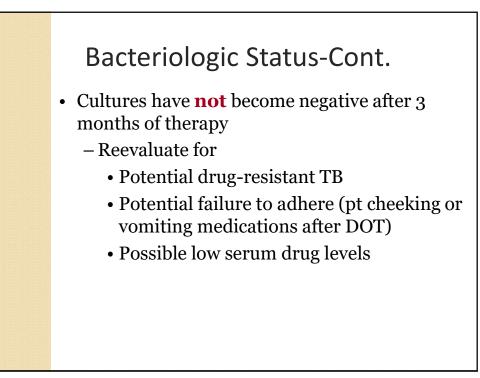


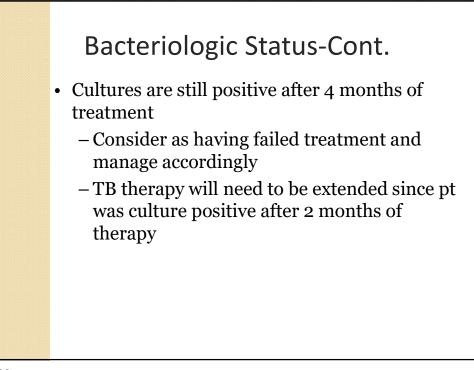


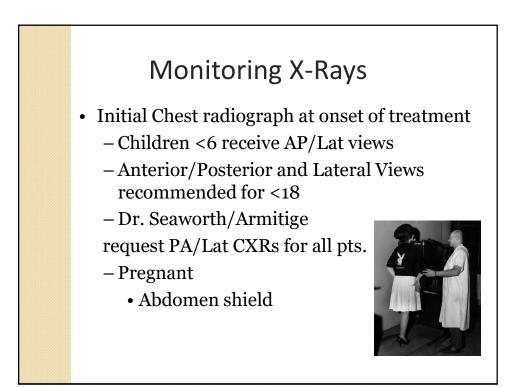


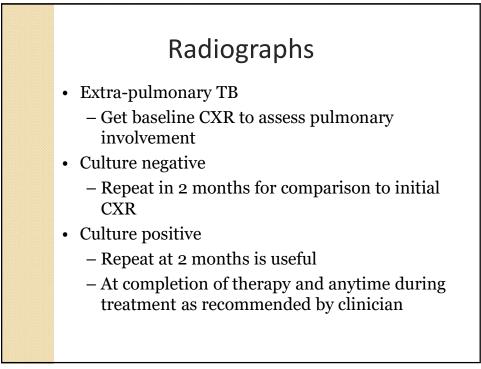
## **Important Reminder:**

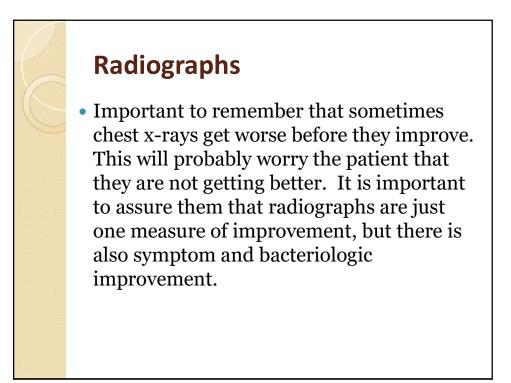
• At times, a patient with negative sputum AFB cultures will produce a positive AFB sputum smear. This smear's culture should be monitored to ensure that it is negative. If the culture is negative, this random positive AFB sputum smear is due to dead TB bacteria and as a result does not culture out MTB.

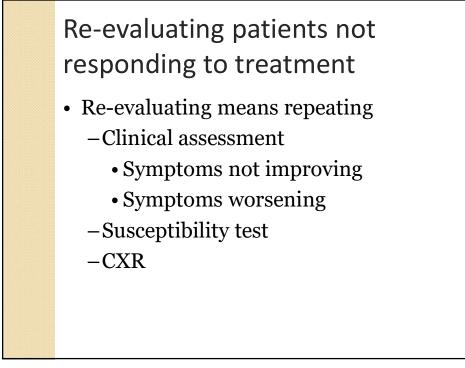


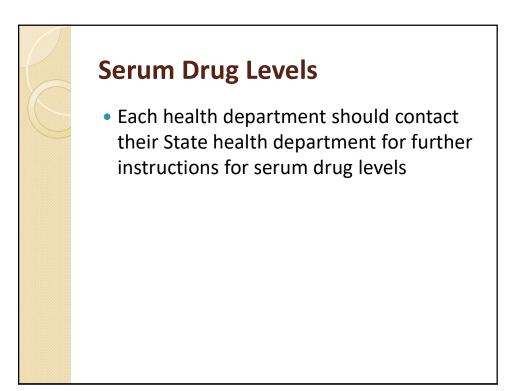




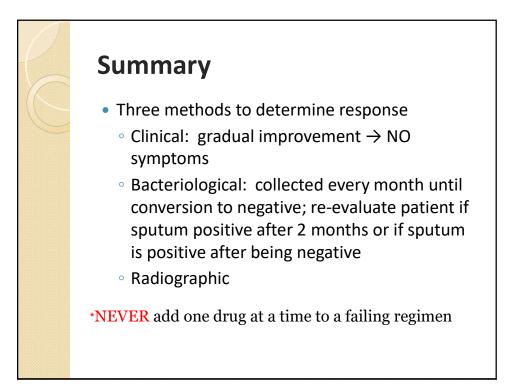


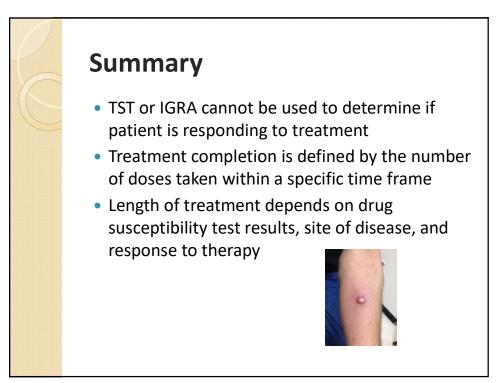


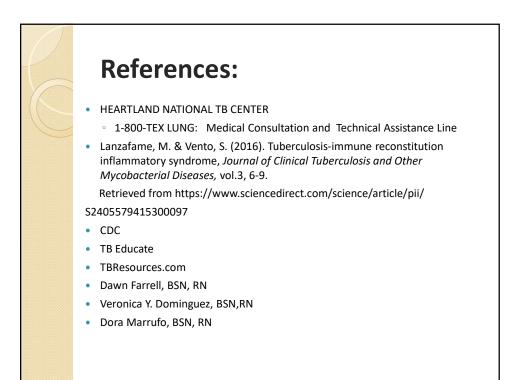


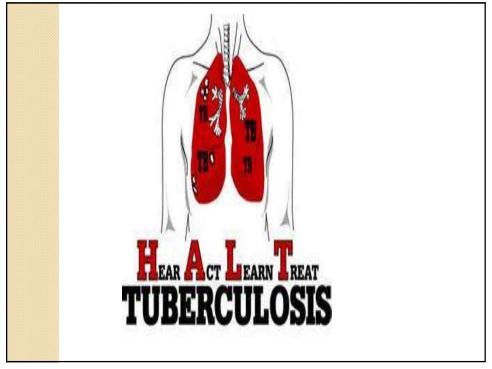




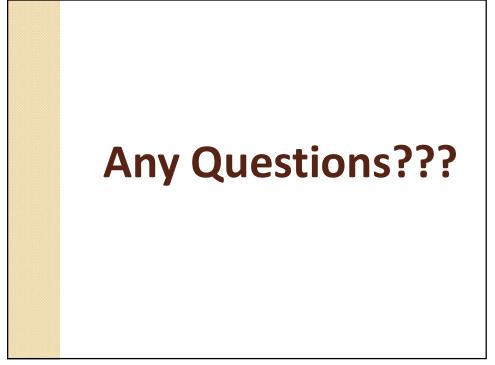


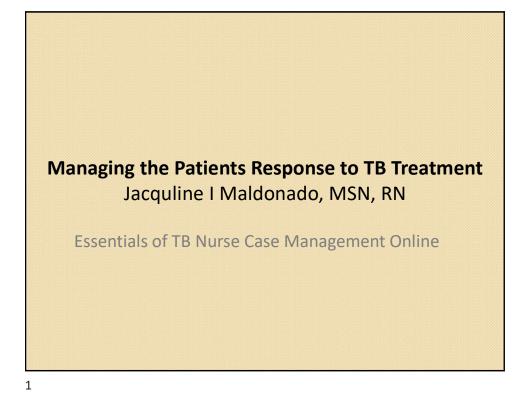


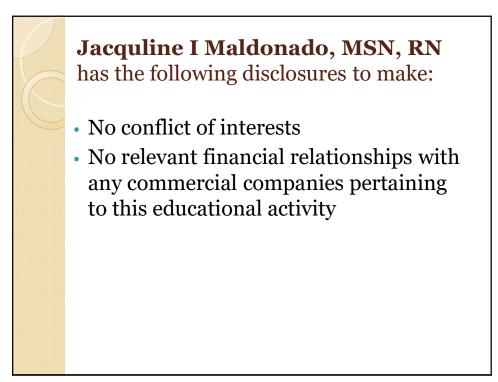


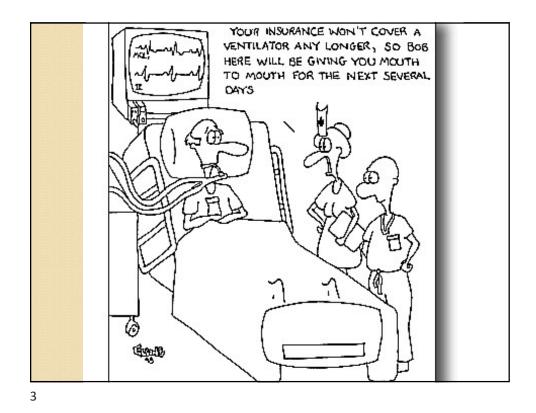


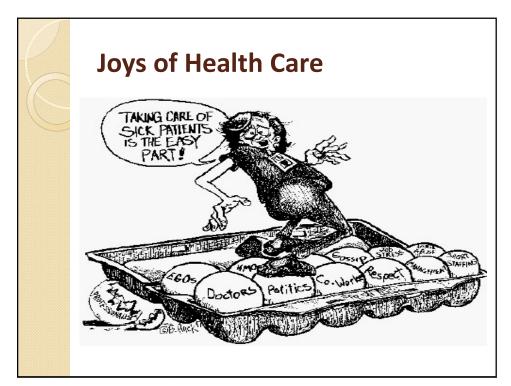


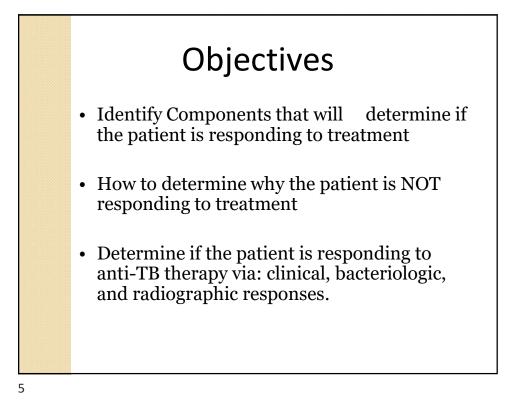


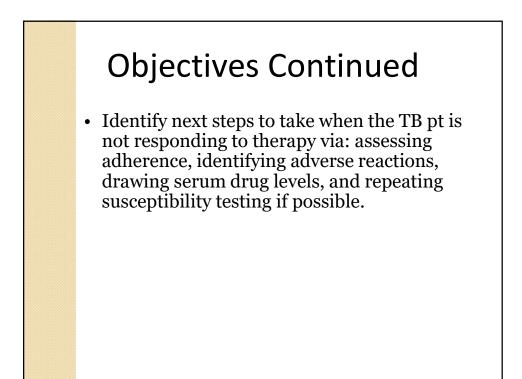


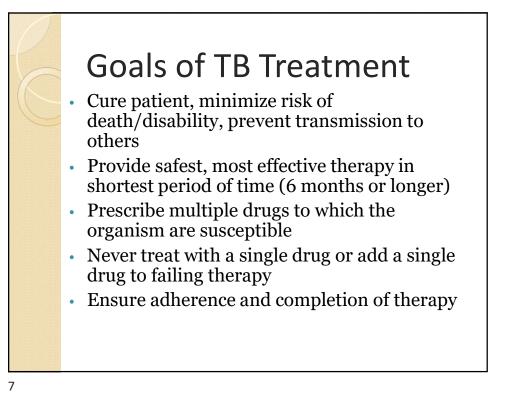


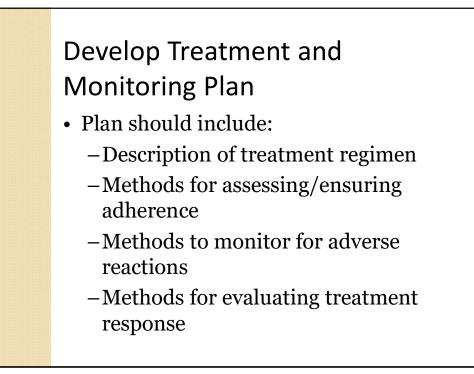




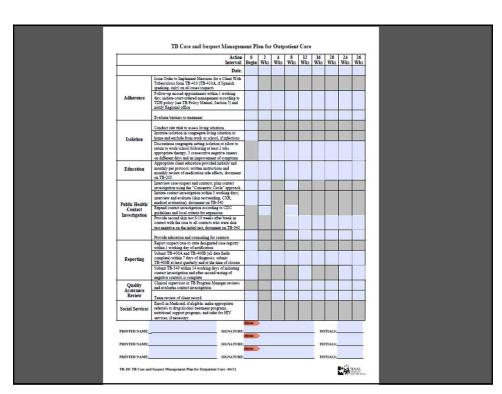


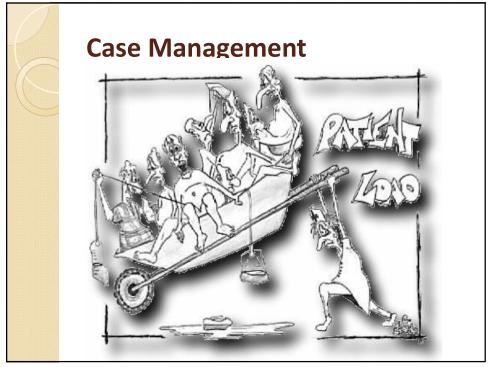


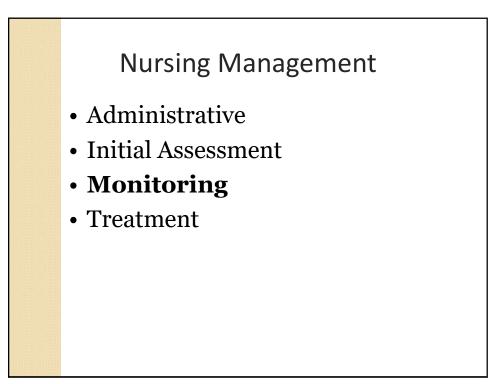




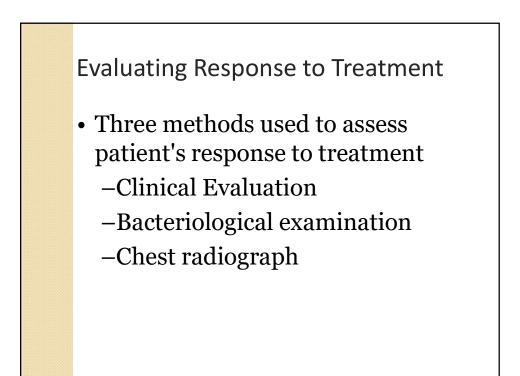
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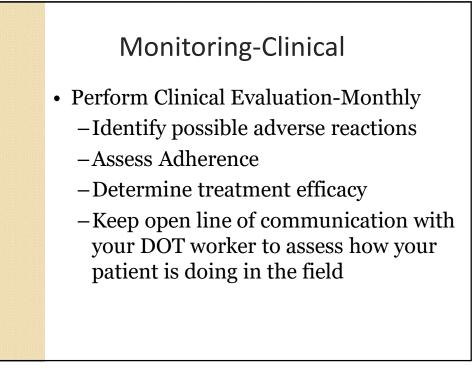


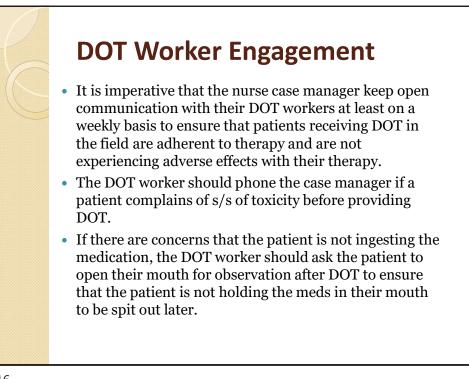




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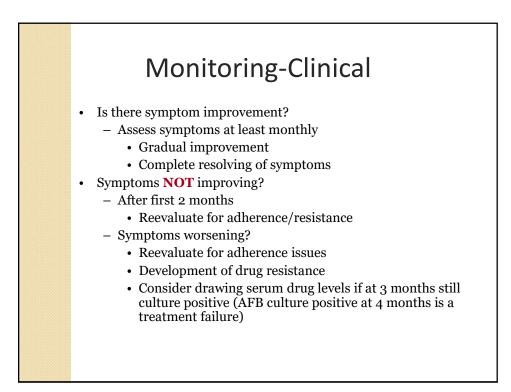


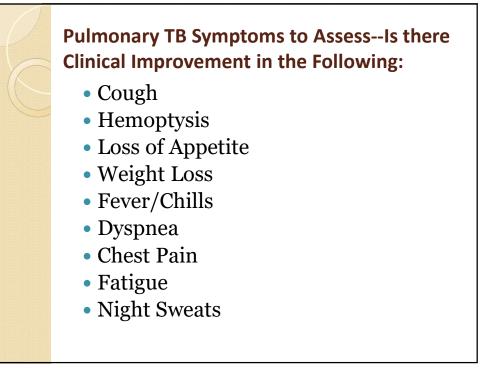


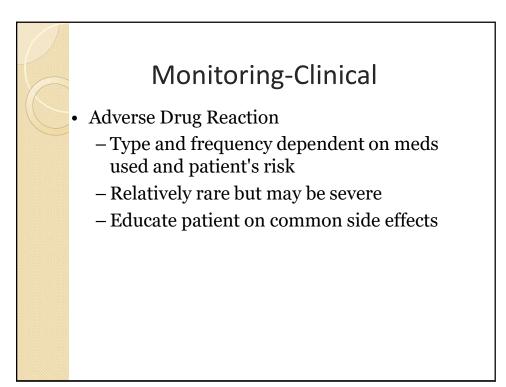


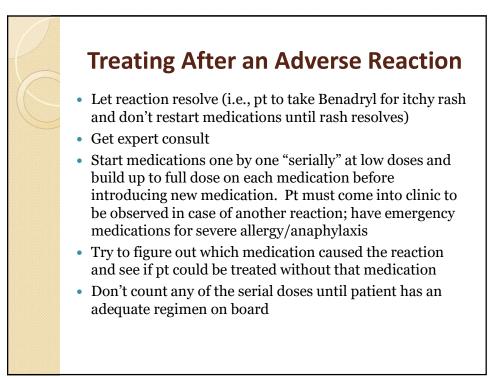
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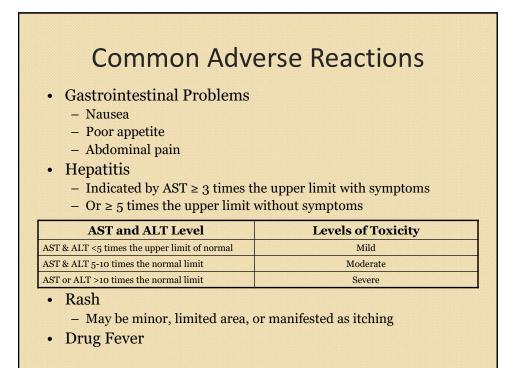
Clinical Assessment	epartment for Tube					oxicity				- 1
NAME:			D.O.E	3.:			S#:	_/	/	- 8
Adverse Drug Reaction Assessment: Ask guestions (1-19) when patient is on first-line drugs and as progress notes and notify the physician. Notify physician if a Results: [+]=If Present [-]=If Denies [NA]= If No	k questions (1- woman of chile	29) if any s	econd-line	drugs are ac	ided to pati	ent's regim	en. Docum	ent [+] res	alts in the	
	Date	Date	Date	Date	Date	Date	Date	Date	Date	- 1
Weight	-	-			<u> </u>		<u> </u>			- 8
Temperature	-			-						- 8
Blood Pressure	-	1								- 81
Do you have any of the following symptoms now or since your last clinic appointment?										
1. Loss of Appetite			1	1 1						- 8
2. Nausea/Vomiting				1						- 81
3. Urine Color Change(Dark)										- 8
4. Skin Rashes/Dry				0						- 8
5. Sores on Lips or Inside the Mouth										- 8
6. Numbness/Tingling (Hands/Feet, Face/Mouth	1)			1 1					-	- 8
7. Changein Vision*				1						- 81
8. Eye Pain/Initation (Redness, Excessive Tears)	)									- 81
9. Jaundice (Yellow Skin/Eyes)		1		1 1						- 8
10. Flu-like Symptoms				1						- 8
11. Fatigue				i i						- 8
12. Headaches				[][						- 8
13. Fever										- 8
14. Joint Pains/Swelling				1 1						- 8
15. Urine Output		1		Į						- 8
16. Bleeding (Nose Bleeds, Hemoptysis)										- 8
17. Vertigo/Dizziness/Fainting		0								- 8
Teeter/Fall to Left or Right When Standing										- 81
(With Eyes Closed)	_									- 81
Weave/Stagger When Walking (Normal Gait)	)									- 81
<ol> <li>Hearing Loss/Ears Ringing/Fullness</li> </ol>										- 81
19. Nervousness/Giddiness/Restlessness										
20. Increased Gas/Stomach Cramps										- 8
21. Abdominal Pain/Diamhea				1						- 8
22. Sleep Problems										
23. Mood Changes/Depression										- 8
24. Changein Heart Rate										

Plate #	Normal Reading	Red/Gr				Date	Date	Date	Date	Date	Date	Date	Date	Date
1	12	12	cý.			-	+	-	-	-	-	-	-	+
2	8	3				-	+	-	-	+	-	+	-	+
3	5	2				-	+	-	-	+	8	+	-	-
4	29	70				-	+	-	-	+	-	+	-	+
5	74	21				-	-	-	-	-	-	-	-	-
6	7	X				-	1	1	-	+	1	+	-	+
7	45	Х				1	-	-		-		-	-	-
8	2	X												
9	X	2												
10	16	Х												
11	Traceable	~												
		Protan	1.011	Dentan		1								
12	35	Strong	Mild (3) 5	Strong 3	Mild 3 (5)	-	<u></u>	1	T	-	Ť –	1	Ť	<u> </u>
12	96	6	(9) 6	9	9(6)	-	+	-	-	+	-	+	-	+
13	Can trace	Purple	Purple	Red	Red	-	-		-	-	-	-	-	-
14	2 lines		(Red)		(Purple)									
Results			(1000)		(raipie)			1						
Initials Visual A	cuity:													
Initials Visual A If initial screen is Results: Correct Distance	screen was o a either one o [P] = Pas ive Lenses:	s [F]=	rith correcti must berej Fail [U]	ported to th = Unscrea o	glasses orc e physician enable	immediat	ely.		[] "E"		0.001050000			the initial Date
Initials Visual A If initial screen in Results: Correct Distance Acuity	screen was c neitherone o [P]=Pas ive Lenses:	s [F]=	ith correcti must bere Fail [U] []=N Date	ported to th = Unscree o Da	glasses or c e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date	Letter Da	[] "E" te	[] Oth Date	Date	nDat	e ]	Date
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey	screen was o neitherone o [P] = Pas ive Lenses:	s [F]=	ith correcti must beraj Fail [U] []=N Date 20/	ported to th = Unscrea 0 Da 20	glasses orc e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date 20/	Letter Da 20/	[] "E" te	[] Oth Date 20/	Date	Dat 20/	e []	Date 20/
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey Left Eye	screen was c eitheroneo [P]=Pas ive Lenses: e	s [F]=	ith correcti must bere Fail [U] []=N Date	ported to th = Unscree o Da	glasses or c e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date	Letter Da	[] "E" te	[] Oth Date	Date	nDat	e ]	Date
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey	screen was c eitheroneo [P]=Pas ive Lenses: e	s [F]=	sith correcti must bere Fail [U] []=N Date 20/ 20/	Da	glasses or c e physician enable te ]	immediat Chart U Date	ily. sed: [ ] Date 20/ 20/	Letter Da 20 20	[] "E" te	[ ] Oth Date 20/ 20/	Date	Dat 20/ 20/	e ]	Date 20/ 20/

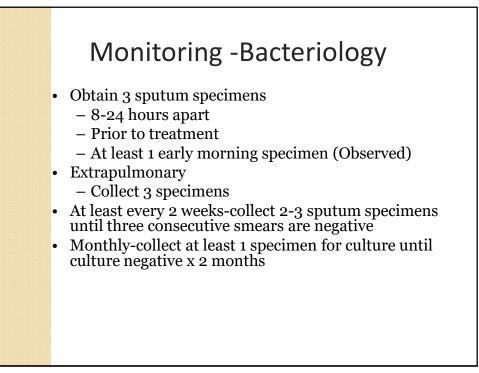
Any drugAllergic•Skin rashMay be seri minorEMB INH (rare)Eye damage•Blurred or changed vision •Changed color visionSeriousINH PZA RIFHepatic Toxicity•Abdominal Pain •Abnormal liver function test results •Dark UrineSerious	ous to
INH (rare)     •Changed color vision       INH (rare)     •Changed color vision       INH     Hepatic Toxicity       PZA     •Abnormal liver function test results       RIF     •Dark Urine	
PZA RIF •Abnormal liver function test •Dark Urine	
<ul> <li>Fatigue</li> <li>Fever for 3 or more days</li> <li>Flu-like Symptoms</li> <li>Lack of appetite</li> <li>Nausea, vomiting</li> <li>Jaundice</li> </ul>	

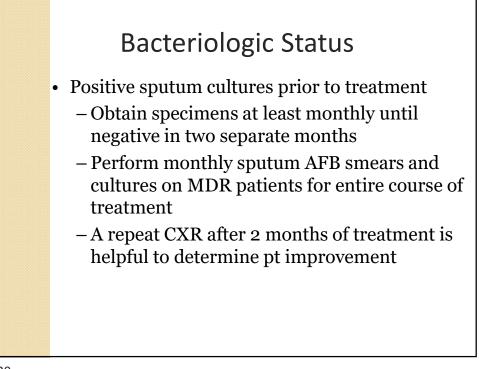
Caused by	Adverse Reaction	Signs and Symptoms	Significance of reaction
INH	Peripheral neuropathy	•Tingling sensation in hands and feet	Serious
INH (Avoid foods containing tyramines)	Serotonin syndrome	<ul> <li>mild (shivering and diarrhea)</li> <li>severe (muscle rigidity, fever and seizures)</li> <li>Severe serotonin syndrome can cause death</li> </ul>	Serious to minor
PZA	Stomach upset	•Stomach Upset •Vomiting •Lack of Appetite	May be serious or minor
PZA	Gout	•Abdominal uric acid level •Joint aches	Serious

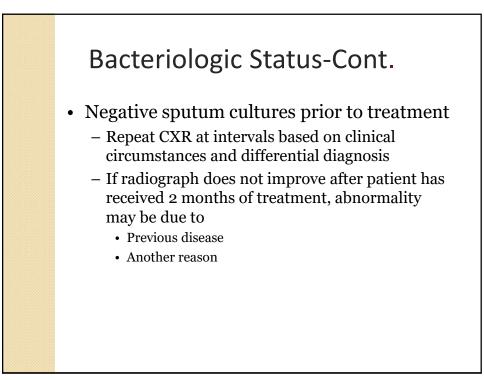
			_
RIF	Bleeding problems	•Easy bruising •Slow blood clotting	Serious
RIF	Discoloration of body fluids	•Orange urine •Permanently stained soft contacts	Minor
RIF	Drug Interactions	•Interferes with certain medications i.e. BCP, methadone	May be serious or minor
RIF PZA	Sensitivity to the sun	•Frequent sunburn	Minor





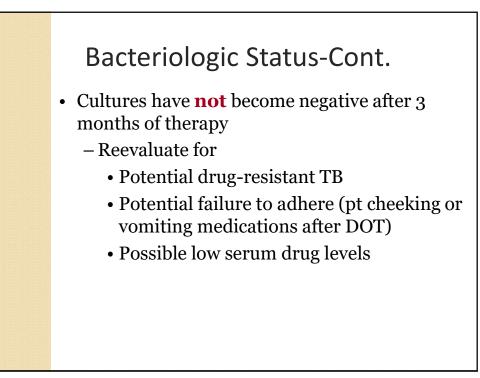


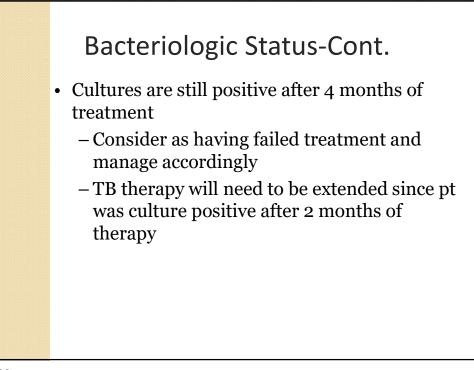


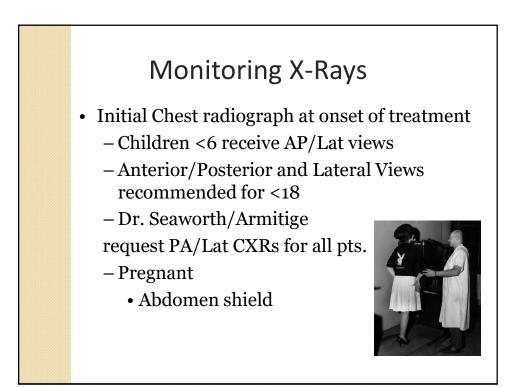


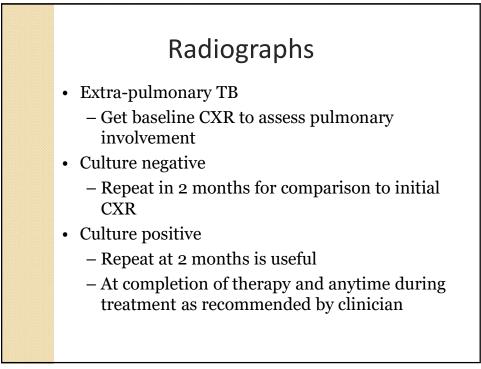
## **Important Reminder:**

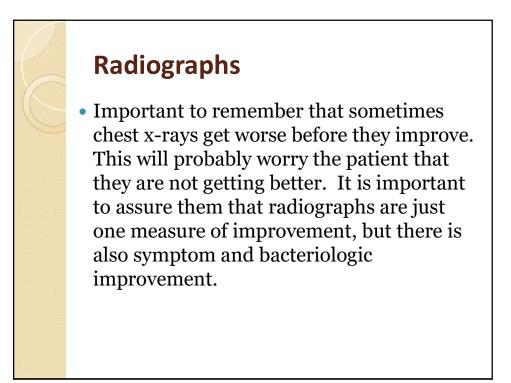
• At times, a patient with negative sputum AFB cultures will produce a positive AFB sputum smear. This smear's culture should be monitored to ensure that it is negative. If the culture is negative, this random positive AFB sputum smear is due to dead TB bacteria and as a result does not culture out MTB.

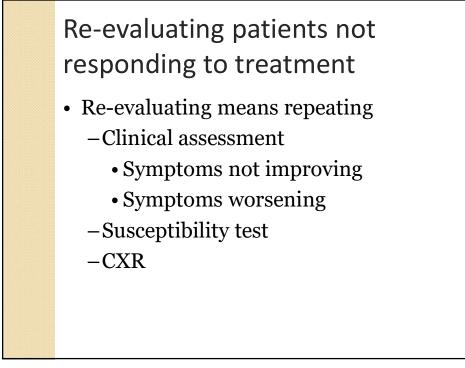


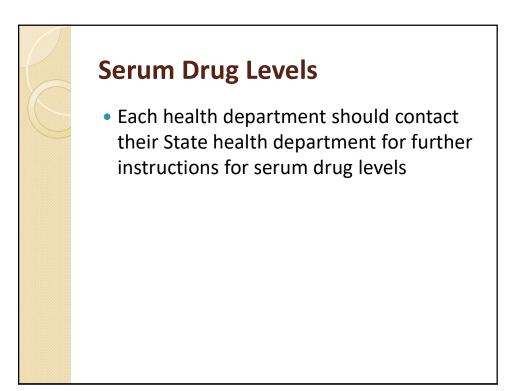




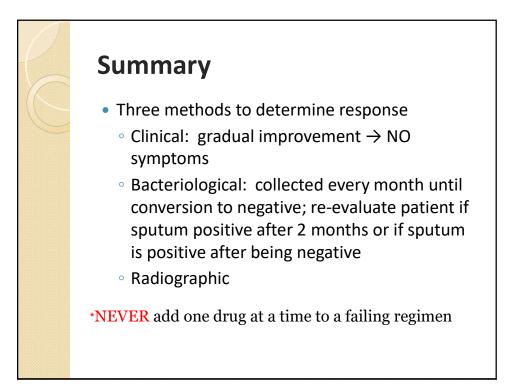


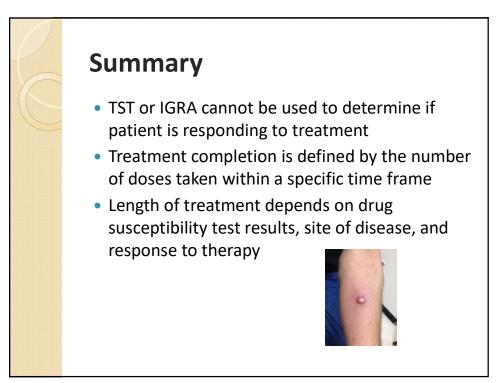


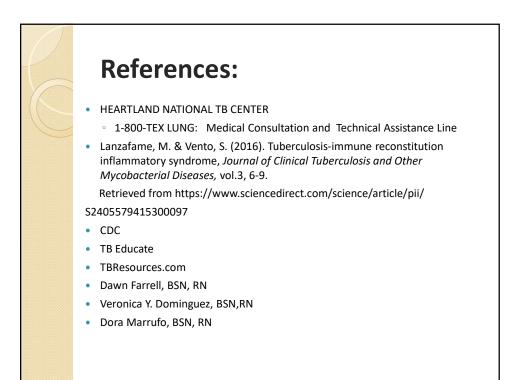


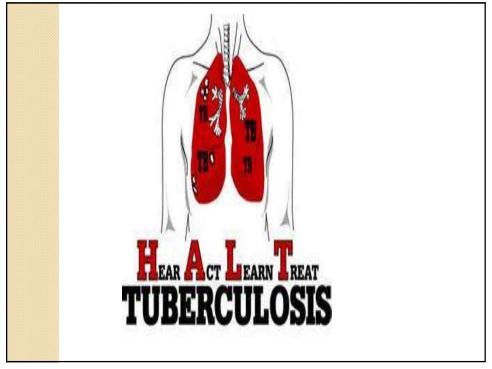




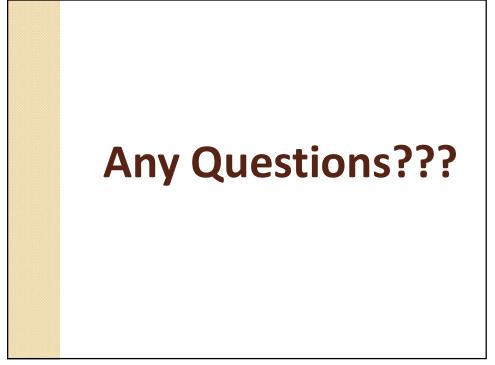


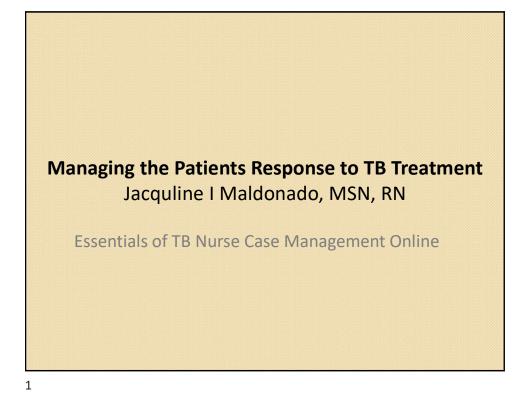


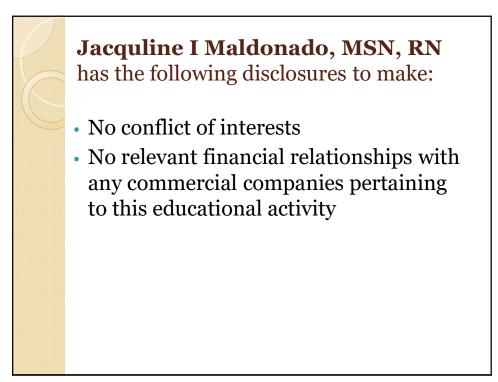


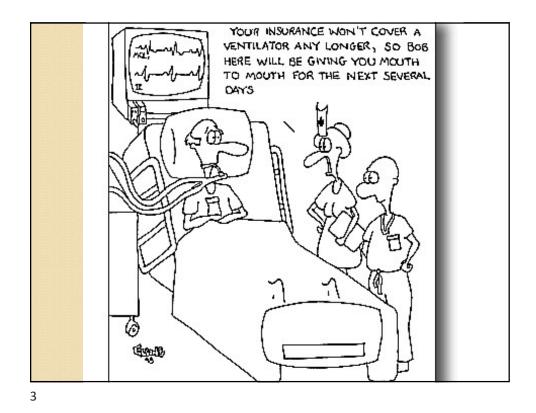


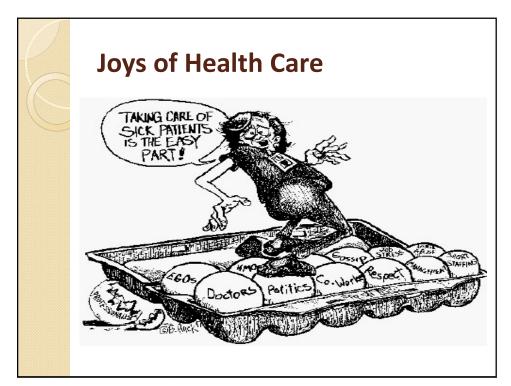


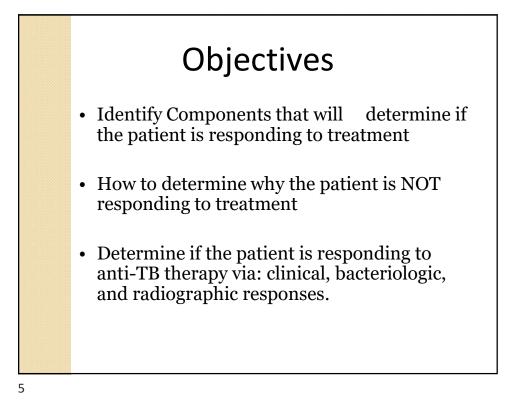


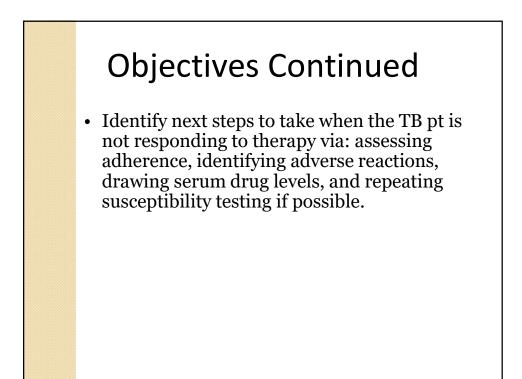


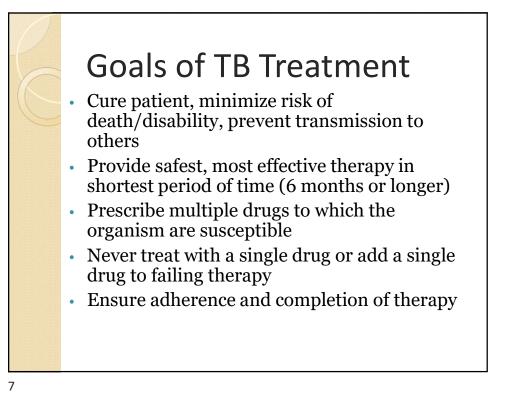


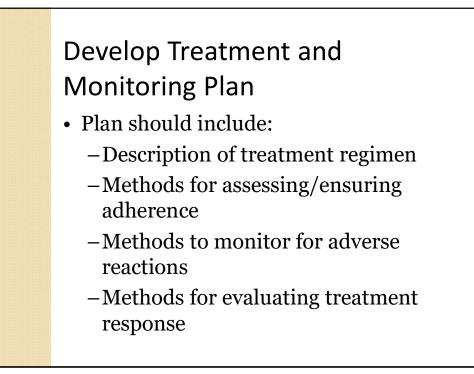




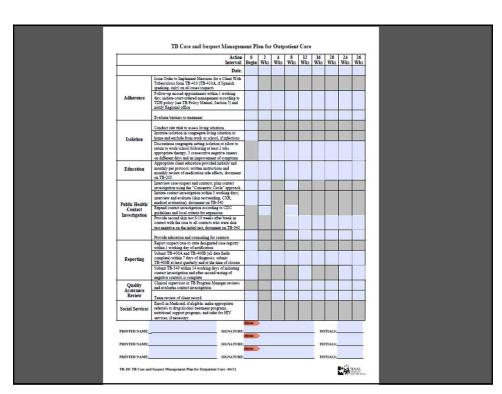


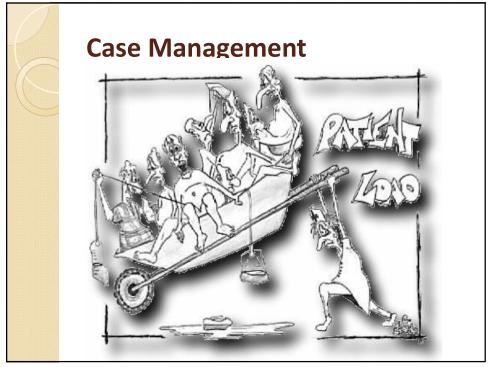


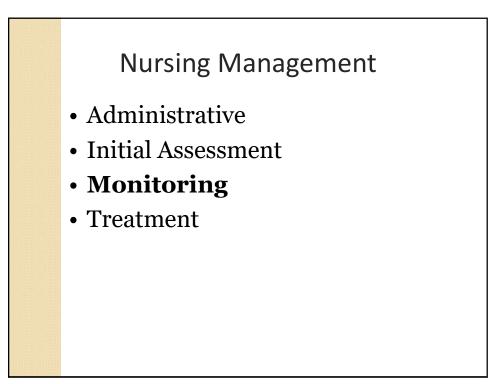




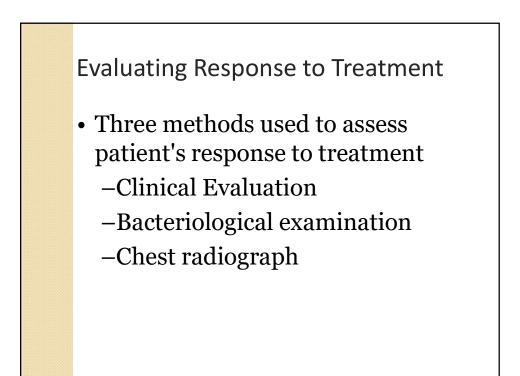
Patient's Name:		Initial	Report	t Date:						_	
Nurse Case Man	ager:	Case Management Team:									
Dissettianes, Diss	h bana indiana madu(a) TD annias is a ba manida	tovided. Document date and initials of the provider in the appropriate bax									
when the task is con	mpleted. Document comments in progress notes.	в.									
	Action	0 Begin	2 Wks	4 Wks	Witz	12 Wks	16 Wks	20 Wks	24 Wks	26 Wks	
	Date:		1					1			
Responsibility	Assign nurse case manager, establish team; document in client's record										
	Obtain medical history; document on TB-202										
	Obtain release (L-30); request previous medical records								8		
	MD evaluation										
Medical	RN evaluation										
Evaluation	Mantoux skin test (if not previously done)										
	Chest X-ray										
	Supervised sputum for AFB smear/culture according to protocol										
	HIV testing, unless patient has knowledge of HIV+ status or has documented negative HIV test result within 14 days of TB diagnosis										
	Nutritional assessment										
	Drug regiman according to protocol or specific order Initate DOT on all case/support: Daily X2 weeks, 2X/week (Mon/Tam: or Tate/Fri) or 3X/week (Mon/Wed/Fri) until completion of adequate thempy, document DOT on T8-006										
Treatment	Pyrazinamide X2 months and ethambutol X2 months (or until unceptibilities are reported and client's organium is known to be pan sensitive)										
	Vitamin B6 (if prognant, disbetic, at risk for peripheral neuropathy)	1									
	Obtain Informed Consent form TB-411 (TB-411A, if Spanish speaking, only) initially and for any drugs added to regimen.										
Consultation	Obtain expert consult for drug resistant cases, complicated adult/pediatric cases or client who remains symptomatic or spurum positive after 2 months therapy, written consult in client record										
Toxicity/ Clinical Assessment	Clinical assessment according to protocol; document (TB-205 and progress note as appropriate) Visual scuiry (Saellea) and color discrimination (Juhhara Plates) initially and monthly if on EMB or rifsbutin; document (TB-205)										
Assessment	Hearing vareep check initially and monthly if on amilacia, capreomycia, kanamycia or streptomycia; document (TB-205)										

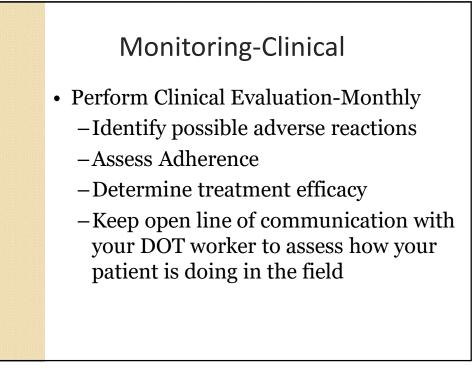


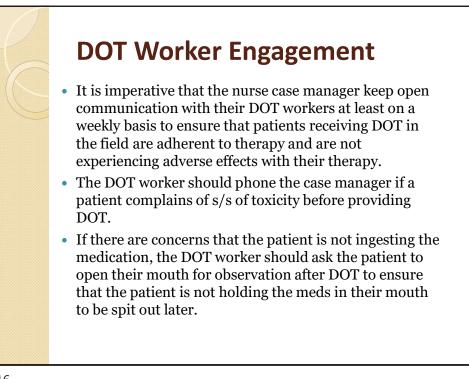




NAME:		D	.O.B.:	/			SS#:					
Instructions: 1. Provide appropriate Education Counseling to ALL TB clients: 2. Bech client much have an education counseling plan based on individual 3. This total and need 3. This total and in the second se	Language used for education/ counseling: <sup>al</sup> Interpreter names: Comments:											
6. Standardized printed materials (in client's preferred language, if available) are provided to client on the initial visit. 7. Staff providing client education must be familiar with reference information listed in the TB standing delegation orders.	Initial Visit	1 Mo Date	2 Mo Date	3 Mo Date	4 Mo Date	5 Mo Date	6 Mo Date	7 Mo Date	8 Mo Date	9 Mo Date		
TRANSMISSION/P ATHOGENESIS: • Signalsymptoms of TB disease • Airborne disease / Shared airspace • Infectiousness of case • PPD(+) 2-10 weeks after initial infection • TB infection vs. disease	•	•	•	•	•	•	-	•	•	۲		
INFECTION CONTROL MEASURES: • Proper use of masks and tissues • Isolation return to work after 3 negative smears, clinically improved, DOT for 2 weeks • Sputum collection	~	•	-	-								
EVALUATION: • PPD testing/significance, CXR results, other tests	-						-			•		
HIGH RISK GROUPS/FACTORS: • Diabetics, Silicosis, HIV+, Gastric resection • Alcoholdrug abuse (IVDU), Underweight • Corticosteroids, TINF-alpha antagonists • Foreign born, Resident of correctional or long term care facility	-	•	-									
MEDICATION: • Possible side effects, actions to take if side effects occur increased risk of side effects if post-partum, alcohol abuse, kidney or liver disease Benefits = cure of disease or prevention of disease • Administration = dosage frequency, length of treatment,	•	•	•									

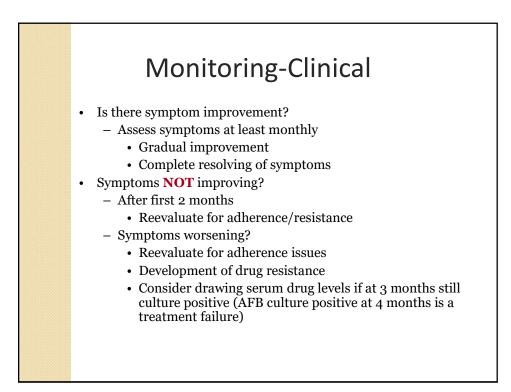


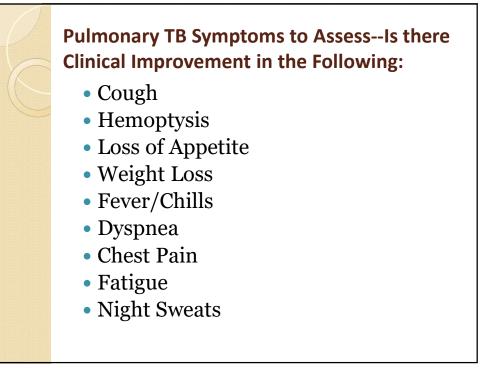


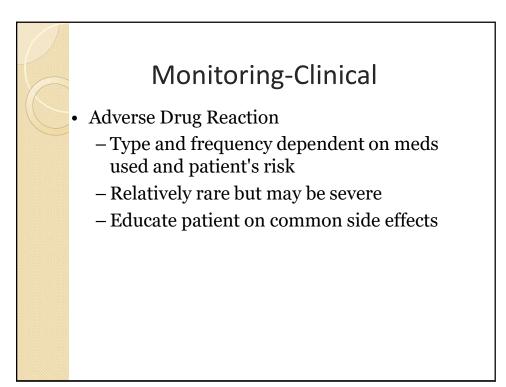


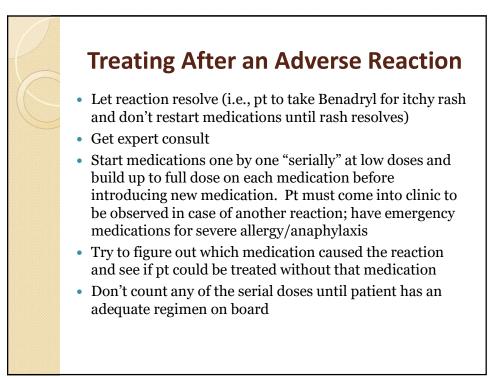
## **Nursing Management**

- When a patient is complaining of adverse effects in the field, it is the nurse case manager's responsibility to hold the DOT PRN and advise the pt's MD of the concern. The nurse may also need to bring the patient into the clinic or perform a field visit to obtain labs on the patient to assess health status.
- If there are concerns of hepatoxicity, the DOT should be kept on hold until LFTs come in and are WNL for resuming the pt's DOT.









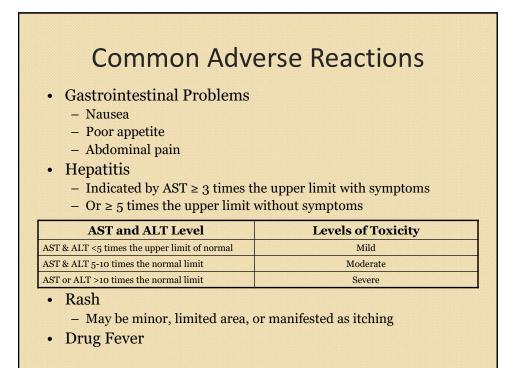
Clinical Assessment	epartmen for Tube					oxicity				- 1
NAME:			D.O.E	3.:			S#:	_/	/	- 1
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	Date	Date	Date	Date	Date	Date	Date	Date	Date	- 1
Weight	-	-			<u> </u>		<u> </u>			- 8
Temperature	+			<u> </u>						
Blood Pressure	+	1			<u> </u>					- 8
Do you have any of the following symptoms now or since your last clinic appointment?		1								
1. Loss of Appetite			1							
2. Nausea/Vomiting				1						- 8
3. Urine Color Change (Dark)										
4. Skin Rashes/Dry				1						- 11
5. Sores on Lips or Inside the Mouth										
6. Numbness/Tingling (Hands/Feet, Face/Mouth	)			1					-	- 11
7. Change in Vision*				1						- 11
8. Eye Pain/Initation (Redness, Excessive Tears)										
9. Jaundice (Yellow Skin/Eyes)		1		1						
10. Flu-like Symptoms										
11. Fatigue				1						
12. Headaches										
13. Fever										
14. Joint Pains/Swelling				1						
15. Urine Output										
16. Bleeding (Nose Bleeds, Hemoptysis)										- P
17. Vertigo/Dizziness/Fainting										
Teeter/Fall to Left or Right When Standing										- 8
(With Eyes Closed)										- 8
Weave/Stagger When Walking (Normal Gait)			j. j							- 84
<ol> <li>Hearing Loss/Ears Ringing/Fullness</li> </ol>										
19. Nervousness/Giddiness/Restlessness										- 11
20. Increased Gas/Stomach Cramps										
21. Abdominal Pain/Diamhea										- P
22. Sleep Problems				1						- 11
23. Mood Changes/Depression										- 8
24. Change in Heart Rate										

Plate #	Normal Reading	Red/Gr				Date	Date	Date	Date	Date	Date	Date	Date	Date
1	12	12	cý.			-	+	-	+	-	-	-	-	+
2	8	3				-	+	-	+	-	-	+	-	+
3	5	2				-	+	-	+	-	8	+	-	-
4	29	70				-	+	-	+	-	-	+	-	+
5	74	21				-	-	-	-	-	-	-	-	-
6	7	X				-	1	1	+	-	1	+	-	+
7	45	X				1	-	-	-			-	-	-
8	2	X												
9	X	2												
10	16	Х												
11	Traceable	~								1				
		Protan	1.011	Dentan	In case	1								
12	35	Strong	Mild (3) 5	Strong 3	Mild 3 (5)	-	<u></u>	1	T	-	Ť –	1	Ť	<u> </u>
12	96	6	(9) 6	9	9(6)	-	+	-	+	-	-	+	-	+
13	Can trace	Purple	Purple	Red	Red	-	-		+	-	-	-	-	-
14	2 lines		(Red)		(Purple)									
Results			(1000)		(ruipie)									
Initials Visual A	cuity:													
Initials Visual A If initial screen is Results: Correct Distance	screen was o a either one o [P] = Pas ive Lenses:	s [F]=	rith correcti must berej Fail [U]	ported to th = Unscrea o	plasses orc e physician enable	immediat	ely.		[]"E"		0.001050000			the initial Date
Initials Visual A If initial screen in Results: Correct Distance Acuity	screen was c neitherone o [P]=Pas ive Lenses:	s [F]=	ith correcti must bere Fail [U] []=N Date	ported to th = Unscree o Da	glasses or c e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date	Letter Da	[]"E" te ]	[] Oth Date	Date	nDat	e ]	Date
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey	screen was o neitherone o [P] = Pas ive Lenses:	s [F]=	ith correcti must beraj Fail [U] []=N Date 20/	ported to th = Unscrea 0 Da 20	classes orc e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date 20/	Letter Da 20/	[] "E" te ]	[] Oth Date	Date	Dat 20/	e []	Date 20/
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey Left Eye	screen was c eitheroneo [P]=Pas ive Lenses: e	s [F]=	ith correcti must bere Fail [U] []=N Date	ported to th = Unscree o Da	plasses or c e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date	Letter Da	[] "E"	[] Oth Date	Date	nDat	e ]	Date
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey	screen was c eitheroneo [P]=Pas ive Lenses: e	s [F]=	sith correcti must bere Fail [U] []=N Date 20/ 20/	Da	plasses or c e physician enable te ]	immediat Chart U Date 20/ 20/	ily. sed: [ ] Date 20/ 20/	Letter Da 20 20	[] "E"	[ ] Oth Date 20/ 20/	Date	Dat 20/ 20/	e ]	Date 20/ 20/

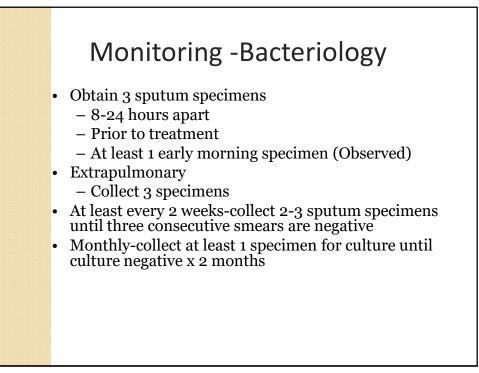
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INH (rare)Of ParticipationOf ParticipationINHHepatic Toxicity•Abdominal Pain •Abnormal liver function test results •Dark UrineSerious	
PZA RIF Dark Urine	
<ul> <li>Fatigue</li> <li>Fever for 3 or more days</li> <li>Flu-like Symptoms</li> <li>Lack of appetite</li> <li>Nausea, vomiting</li> <li>Jaundice</li> </ul>	

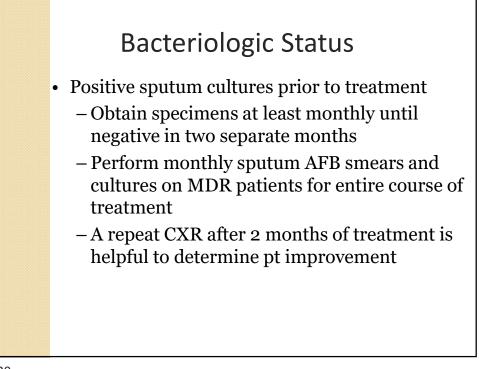
Caused by	Adverse Reaction	Signs and Symptoms	Significance of reaction
INH	Peripheral neuropathy	•Tingling sensation in hands and feet	Serious
INH (Avoid foods containing tyramines)	Serotonin syndrome	<ul> <li>mild (shivering and diarrhea)</li> <li>severe (muscle rigidity, fever and seizures)</li> <li>Severe serotonin syndrome can cause death</li> </ul>	Serious to minor
PZA	Stomach upset	•Stomach Upset •Vomiting •Lack of Appetite	May be serious or minor
PZA	Gout	•Abdominal uric acid level •Joint aches	Serious

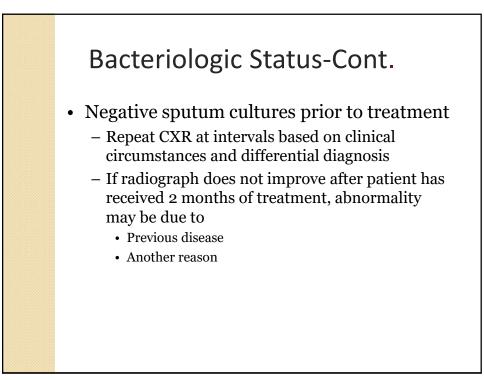
	_		_
RIF	Bleeding problems	•Easy bruising •Slow blood clotting	Serious
RIF	Discoloration of body fluids	•Orange urine •Permanently stained soft contacts	Minor
RIF	Drug Interactions	•Interferes with certain medications i.e. BCP, methadone	May be serious or minor
RIF PZA	Sensitivity to the sun	•Frequent sunburn	Minor





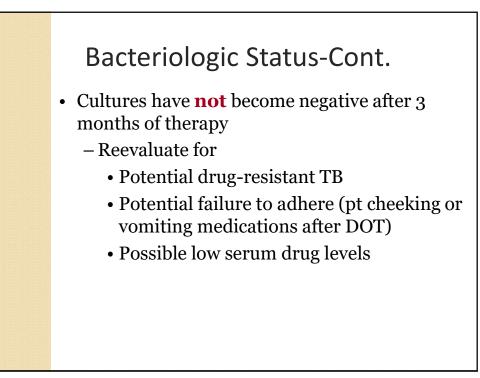


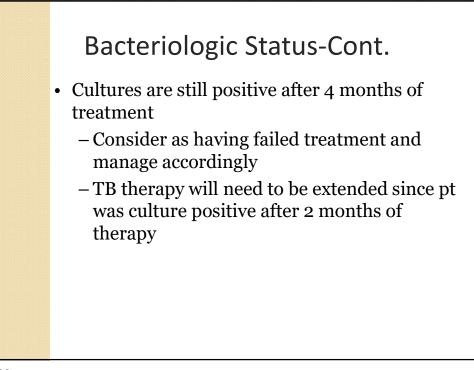


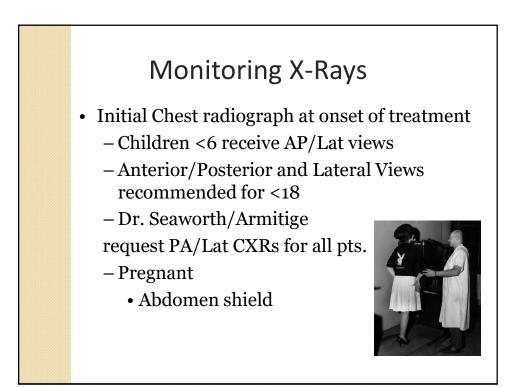


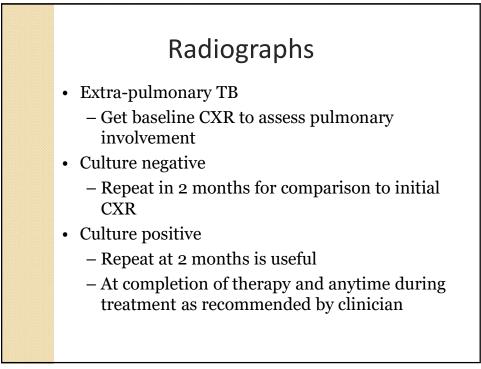
## **Important Reminder:**

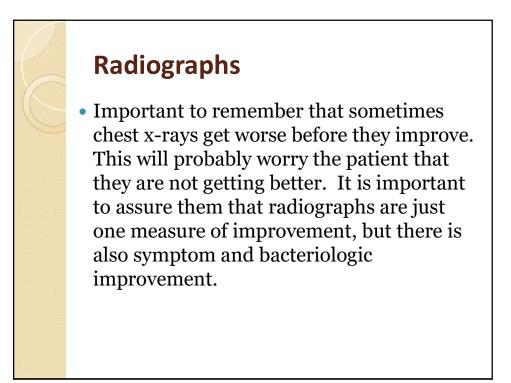
• At times, a patient with negative sputum AFB cultures will produce a positive AFB sputum smear. This smear's culture should be monitored to ensure that it is negative. If the culture is negative, this random positive AFB sputum smear is due to dead TB bacteria and as a result does not culture out MTB.

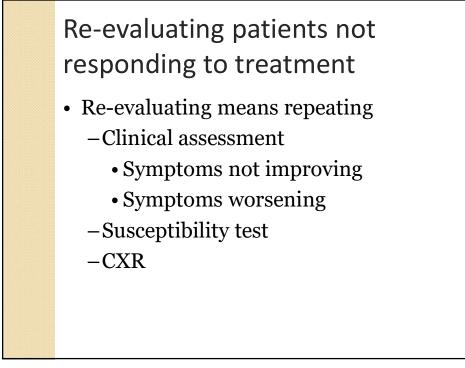


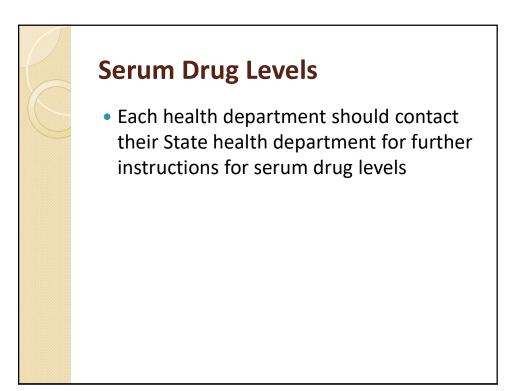




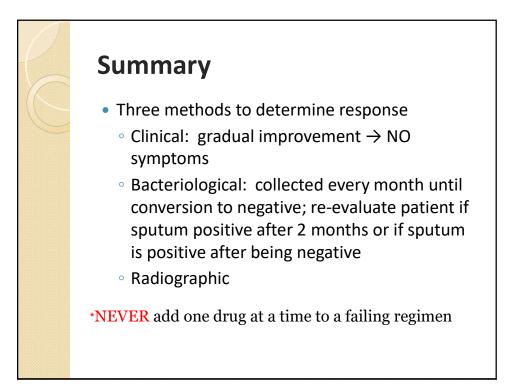


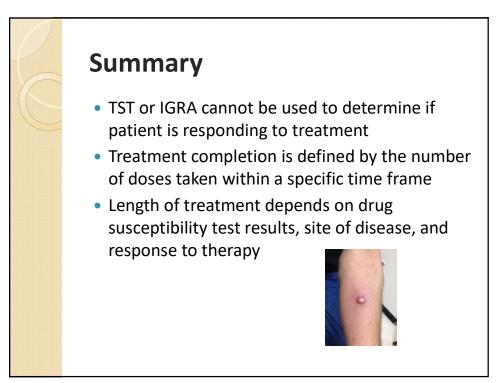


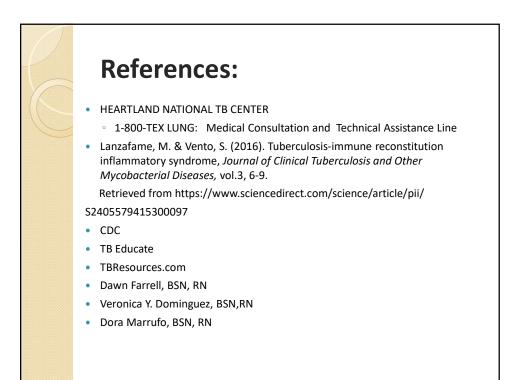


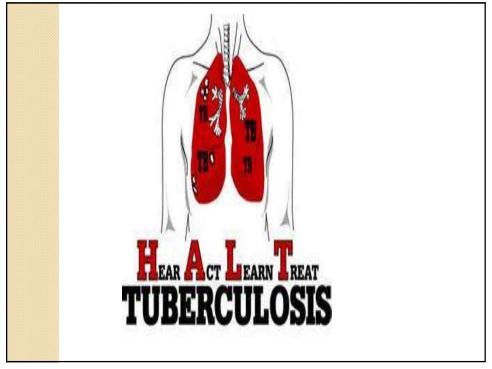




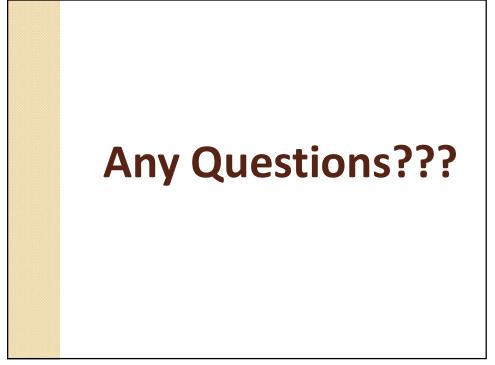


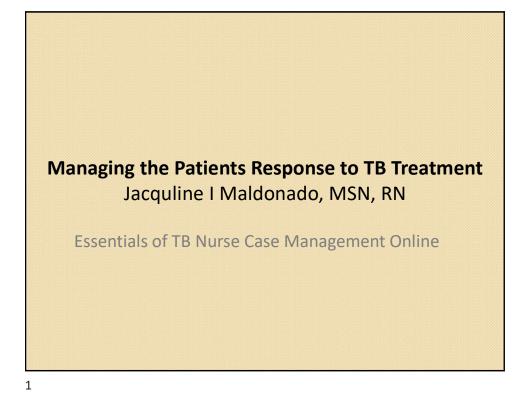


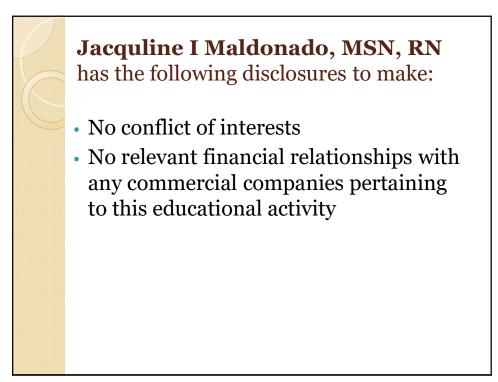


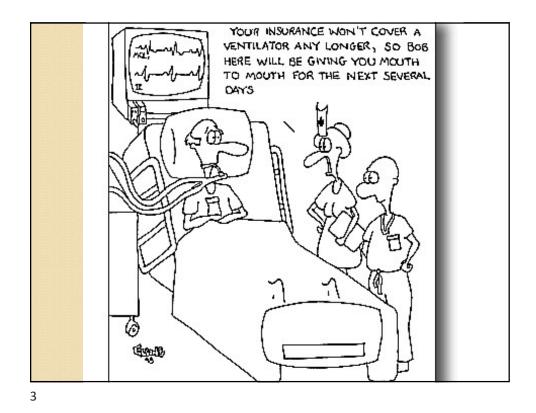


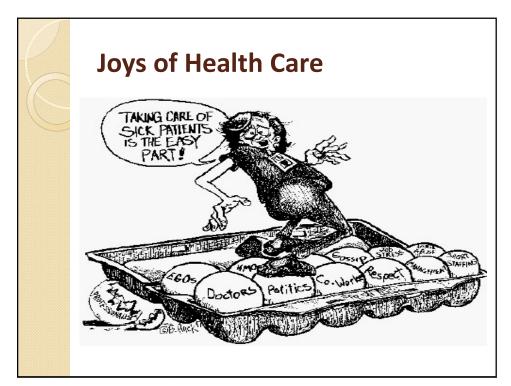


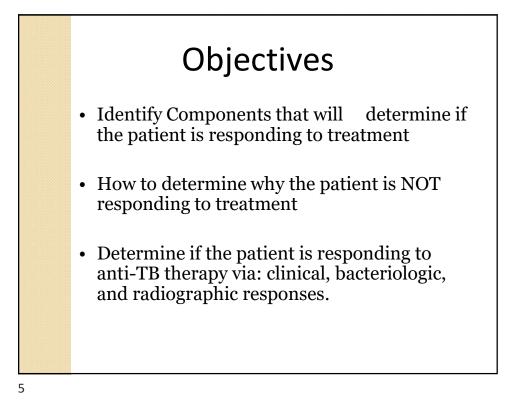


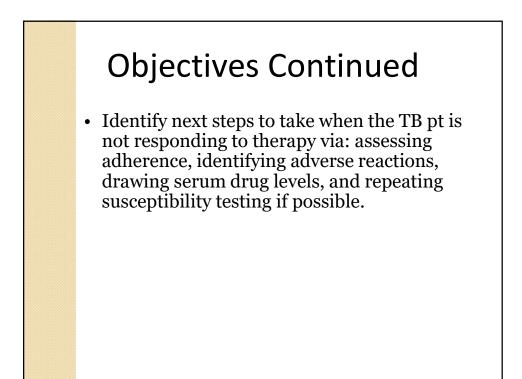


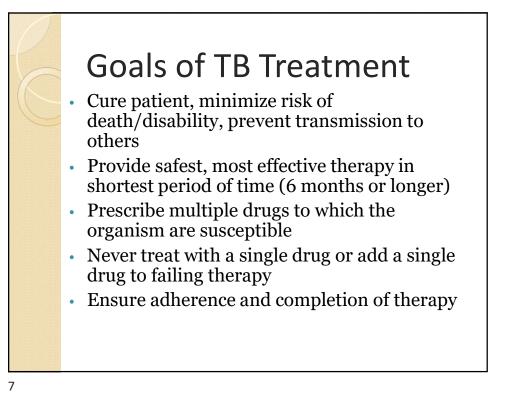


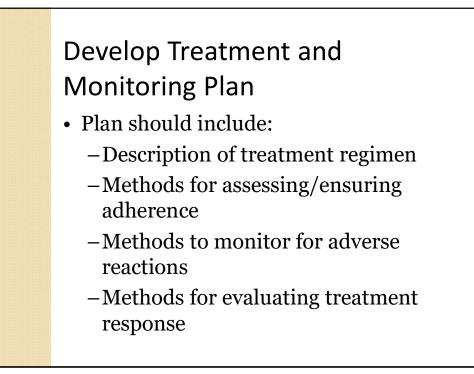




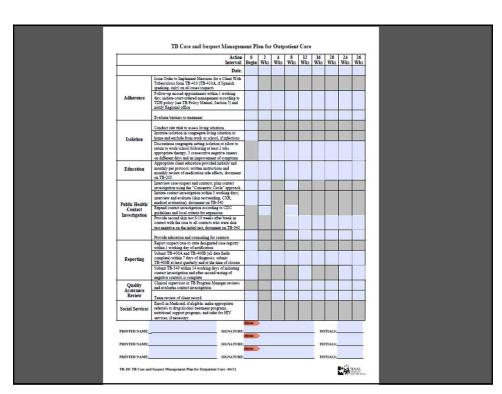


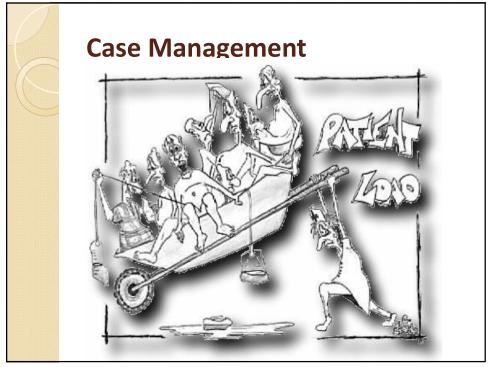


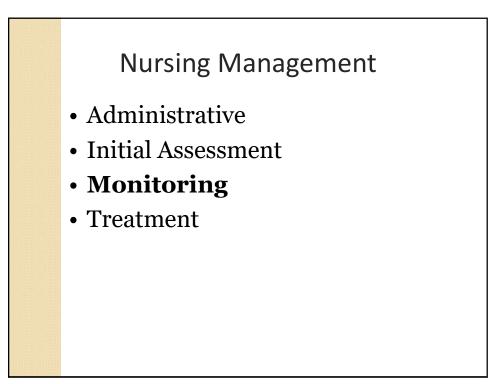




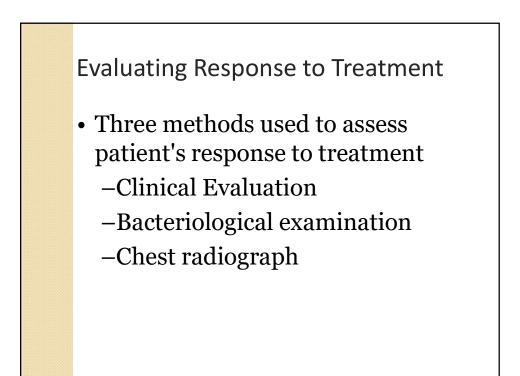
Patient's Name:		Initial	Report	t Date:						_	
Nurse Case Man	ager:	Case Management Team:									
Dissettianes, Diss	h bana indiana madu(a) TD annias is a ba manida	tovided. Document date and initials of the provider in the appropriate bax									
when the task is con	mpleted. Document comments in progress notes.	в.									
	Action	0 Begin	2 Wks	4 Wks	Witz	12 Wks	16 Wks	20 Wks	24 Wks	26 Wks	
	Date:		1					1			
Responsibility	Assign nurse case manager, establish team; document in client's record										
	Obtain medical history; document on TB-202										
	Obtain release (L-30); request previous medical records								8		
	MD evaluation										
Medical	RN evaluation										
Evaluation	Mantoux skin test (if not previously done)										
	Chest X-ray										
	Supervised sputum for AFB smear/culture according to protocol										
	HIV testing, unless patient has knowledge of HIV+ status or has documented negative HIV test result within 14 days of TB diagnosis										
	Nutritional assessment										
	Drug regiman according to protocol or specific order Initate DOT on all case/support: Daily X2 weeks, 2X/week (Mon/Tam: or Tate/Fri) or 3X/week (Mon/Wed/Fri) until completion of adequate thempy, document DOT on T8-006										
Treatment	Pyrazinamide X2 months and ethambutol X2 months (or until unceptibilities are reported and client's organium is known to be pan sensitive)										
	Vitamin B6 (if prognant, disbetic, at risk for peripheral neuropathy)	1									
	Obtain Informed Consent form TB-411 (TB-411A, if Spanish speaking, only) initially and for any drugs added to regimen.										
Consultation	Obtain expert consult for drug resistant cases, complicated adult/pediatric cases or client who remains symptomatic or spurum positive after 2 months therapy, written consult in client record										
Toxicity/ Clinical Assessment	Clinical assessment according to protocol; document (TB-205 and progress note as appropriate) Visual scuiry (Saellea) and color discrimination (Juhhara Plates) initially and monthly if on EMB or rifsbutin; document (TB-205)										
Assessment	Hearing vareep check initially and monthly if on amilacia, capreomycia, kanamycia or streptomycia; document (TB-205)										

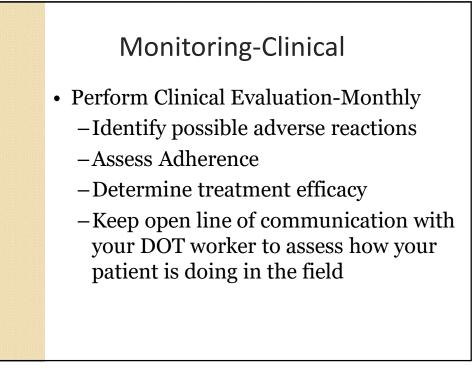


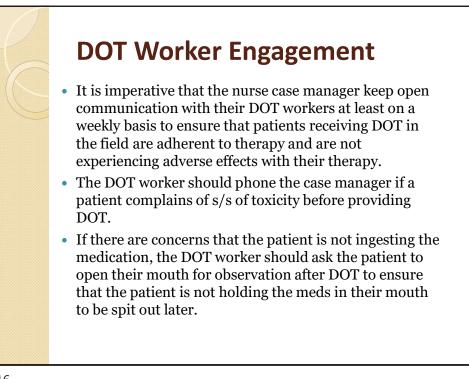




NAME:		D	.O.B.:	/			SS#:					
Instructions: 1. Provide appropriate Education Counseling to ALL TB clients: 2. Bech client much have an education counseling plan based on individual 3. This total and need 3. This total and in the second se	Language used for education/ counseling: <sup>al</sup> Interpreter names: Comments:											
6. Standardized printed materials (in client's preferred language, if available) are provided to client on the initial visit. 7. Staff providing client education must be familiar with reference information listed in the TB standing delegation orders.	Initial Visit	1 Mo Date	2 Mo Date	3 Mo Date	4 Mo Date	5 Mo Date	6 Mo Date	7 Mo Date	8 Mo Date	9 Mo Date		
TRANSMISSION/P ATHOGENESIS: • Signalsymptoms of TB disease • Airborne disease / Shared airspace • Infectiousness of case • PPD(+) 2-10 weeks after initial infection • TB infection vs. disease	•	•	•	•	•	•	-	•	•	۲		
INFECTION CONTROL MEASURES: • Proper use of masks and tissues • Isolation return to work after 3 negative smears, clinically improved, DOT for 2 weeks • Sputum collection	~	•	-	-								
EVALUATION: • PPD testing/significance, CXR results, other tests	-						-			•		
HIGH RISK GROUPS/FACTORS: • Diabetics, Silicosis, HIV+, Gastric resection • Alcoholdrug abuse (IVDU), Underweight • Corticosteroids, TINF-alpha antagonists • Foreign born, Resident of correctional or long term care facility	-	•	-									
MEDICATION: • Possible side effects, actions to take if side effects occur increased risk of side effects if post-partum, alcohol abuse, kidney or liver disease Benefits = cure of disease or prevention of disease • Administration = dosage frequency, length of treatment,	•	•	•									

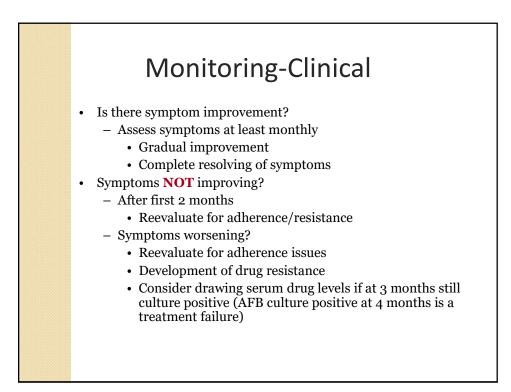


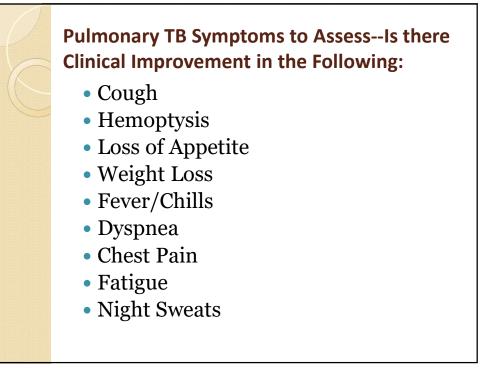


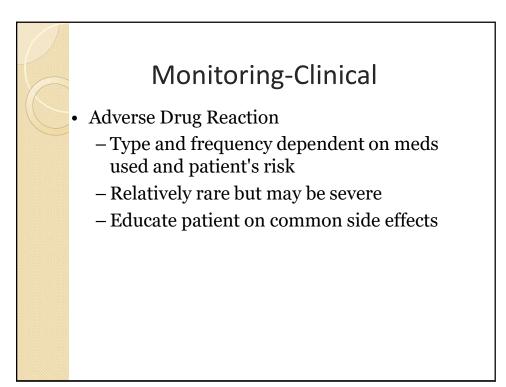


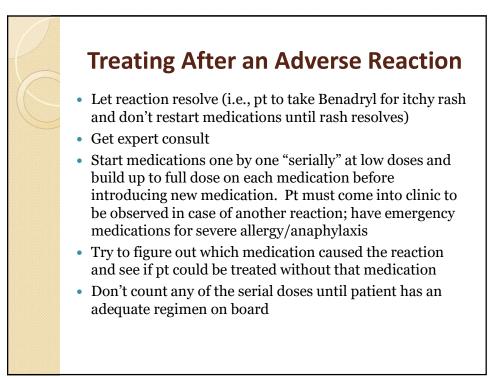
## **Nursing Management**

- When a patient is complaining of adverse effects in the field, it is the nurse case manager's responsibility to hold the DOT PRN and advise the pt's MD of the concern. The nurse may also need to bring the patient into the clinic or perform a field visit to obtain labs on the patient to assess health status.
- If there are concerns of hepatoxicity, the DOT should be kept on hold until LFTs come in and are WNL for resuming the pt's DOT.









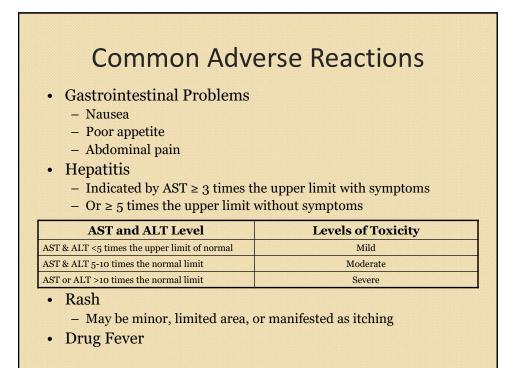
Clinical Assessment	epartmen for Tube					oxicity				- 1
NAME:			D.O.E	3.:			S#:	_/	/	- 1
Adverse Drug Reaction Assessment: Ask guestions (1-19) when patient is on first-line drugs and ask progress notes and notify the physician. Notify physician if a w Results: [+]=If Present [-]=If Denies [NA]= If Not	questions (1-	29) if any s	econd-line	drugs are as	ided to pati	ent's regim	en. Docum	ent [+] res	alts in the	
	Date	Date	Date	Date	Date	Date	Date	Date	Date	- 1
Weight	-	-			<u> </u>		<u> </u>			- 8
Temperature	+			<u> </u>						
Blood Pressure	+	1			<u> </u>					- 8
Do you have any of the following symptoms now or since your last clinic appointment?		1								
1. Loss of Appetite			1							
2. Nausea/Vomiting				1						- 8
3. Urine Color Change (Dark)										
4. Skin Rashes/Dry				1						- 11
5. Sores on Lips or Inside the Mouth										
6. Numbness/Tingling (Hands/Feet, Face/Mouth	)			1					-	- 11
7. Change in Vision*				1						- 11
8. Eye Pain/Initation (Redness, Excessive Tears)										
9. Jaundice (Yellow Skin/Eyes)		1		1						
10. Flu-like Symptoms										
11. Fatigue				1						
12. Headaches										
13. Fever										
14. Joint Pains/Swelling				1						
15. Urine Output										
16. Bleeding (Nose Bleeds, Hemoptysis)										- P
17. Vertigo/Dizziness/Fainting										
Teeter/Fall to Left or Right When Standing										- 8
(With Eyes Closed)										- 8
Weave/Stagger When Walking (Normal Gait)			j. j							- 84
<ol> <li>Hearing Loss/Ears Ringing/Fullness</li> </ol>										
19. Nervousness/Giddiness/Restlessness										- 11
20. Increased Gas/Stomach Cramps										
21. Abdominal Pain/Diamhea										- P
22. Sleep Problems				1						- 11
23. Mood Changes/Depression										- 8
24. Change in Heart Rate										

Plate #	Normal Reading	Red/Gr				Date	Date	Date	Date	Date	Date	Date	Date	Date
1	12	12	cý.			-	+	-	+	-	-	-	-	+
2	8	3				-	+	-	+	-	-	+	-	+
3	5	2				-	+	-	+	-	8	+	-	-
4	29	70				-	+	-	+	-	-	+	-	+
5	74	21				-	-	-	-	-	-	-	-	-
6	7	X				-	1	1	+	-	1	+	-	+
7	45	X				1	-	-	-			-	-	-
8	2	X												
9	X	2												
10	16	Х												
11	Traceable	~								1				
		Protan	1.011	Dentan	In case	1								
12	35	Strong	Mild (3) 5	Strong 3	Mild 3 (5)	-	<u></u>	1	T	-	Ť –	1	Ť	<u> </u>
12	96	6	(9) 6	9	9(6)	-	+	-	+	-	-	+	-	+
13	Can trace	Purple	Purple	Red	Red	-	-		+	-	-	-	-	-
14	2 lines		(Red)		(Purple)									
Results			(1000)		(ruipie)									
Initials Visual A	cuity:													
Initials Visual A If initial screen is Results: Correct Distance	screen was o a either one o [P] = Pas ive Lenses:	s [F]=	rith correcti must berej Fail [U]	ported to th = Unscrea o	plasses orc e physician enable	immediat	ely.		[]"E"		0.001050000			the initial Date
Initials Visual A If initial screen in Results: Correct Distance Acuity	screen was c neitherone o [P]=Pas ive Lenses:	s [F]=	ith correcti must bere Fail [U] []=N Date	ported to th = Unscree o Da	glasses or c e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date	Letter Da	[]"E" te ]	[] Oth Date	Date	nDat	e ]	Date
Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey	screen was o neitherone o [P] = Pas ive Lenses:	s [F]=	ith correcti must beraj Fail [U] []=N Date 20/	ported to th = Unscrea 0 Da 20	classes orc e physician enable te ]	immediat Chart U Date	ely. sed: [ ] Date 20/	Letter Da 20/	[] "E" te ]	[] Oth Date	Date	Dat 20/	e []	Date 20/
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Initials Visual A If initial screen in Results: Correct Distance Acuity Right Ey	screen was c eitheroneo [P]=Pas ive Lenses: e	s [F]=	sith correcti must bere Fail [U] []=N Date 20/ 20/	Da	plasses or c e physician enable te ]	immediat Chart U Date 20/ 20/	ily. sed: [ ] Date 20/ 20/	Letter Da 20 20	[] "E"	[ ] Oth Date 20/ 20/	Date	Dat 20/ 20/	e ]	Date 20/ 20/

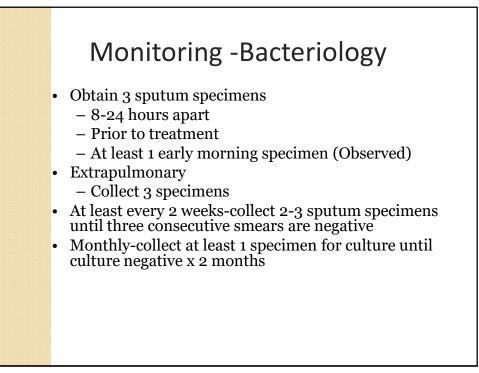
Any drugAllergic•Skin rashMay be seri minorEMB INH (rare)Eye damage•Blurred or changed vision •Changed color visionSeriousINH PZA RIFHepatic Toxicity•Abdominal Pain •Abnormal liver function test results •Dark UrineSerious	ous to
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PZA RIF Dark Urine	
<ul> <li>Fatigue</li> <li>Fever for 3 or more days</li> <li>Flu-like Symptoms</li> <li>Lack of appetite</li> <li>Nausea, vomiting</li> <li>Jaundice</li> </ul>	

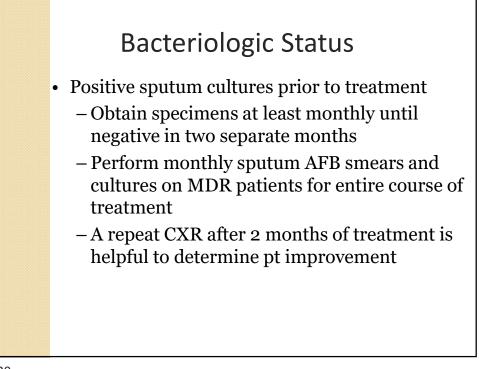
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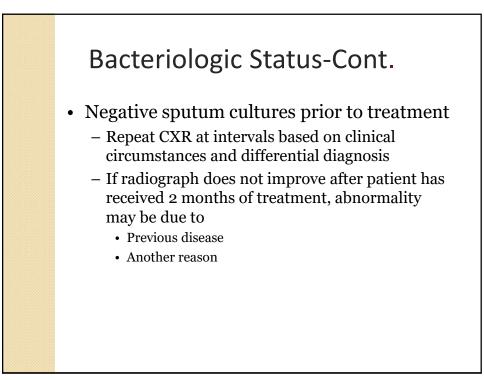
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