Components of TB Patient Assessment

Jacquline I. Maldonado, DNP, RN

May 6, 2025

TB Nurse Case Management • May 6 – 8, 2025 • San Antonio, Texas

Jacquline I. Maldonado, DNP, RN

Has the following disclosures to make:

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

Components of TB Patient Assessment

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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

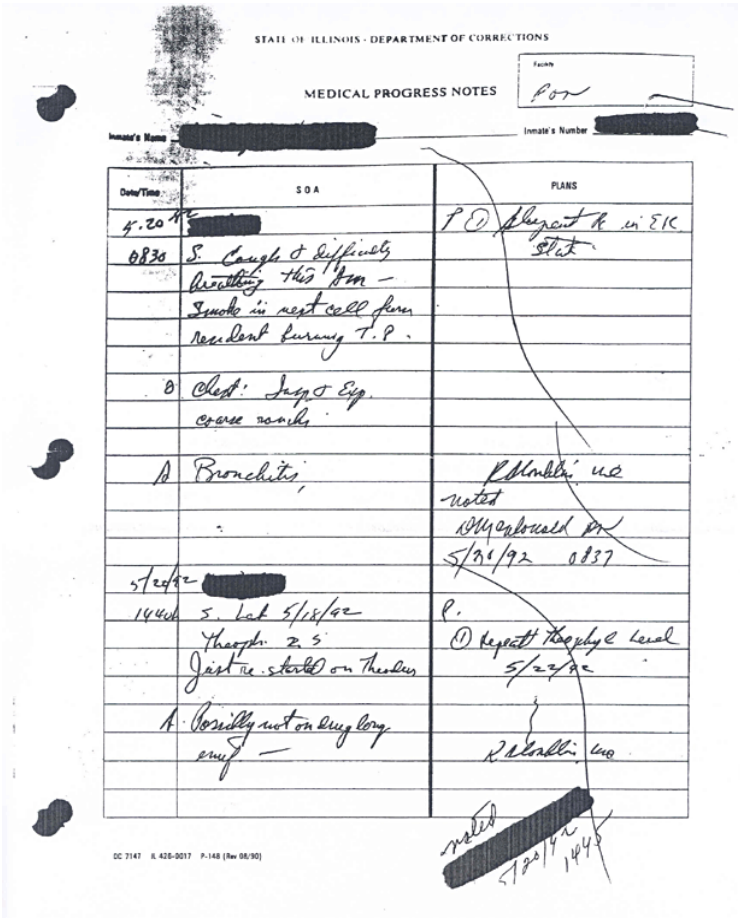
http://medical-dictionary.thefreedictionary.com/nursing+assessment

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

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

MEDICAL PROGRESS NOTES

Inmate's Name [redacted]

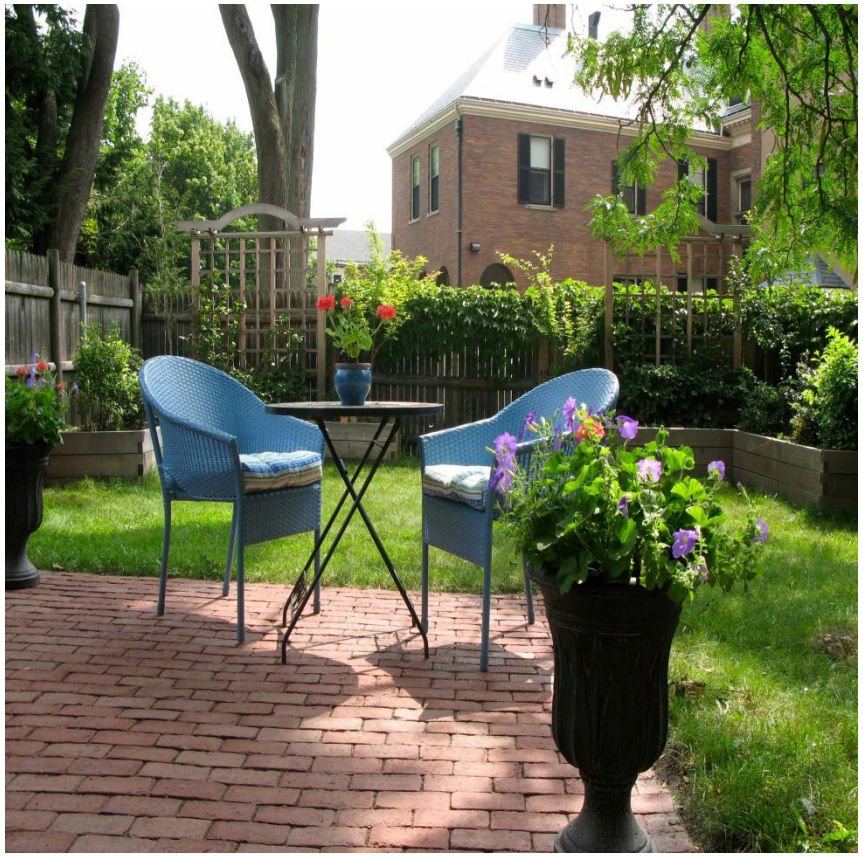
Inmate's Number [redacted]

Date/Time	SOA	PLANS
4.20 [redacted]		
0830	S. Cough & difficulty breathing this am — Smoke in next cell from resident burning T.P.	
	O Chest: Insp & Exp coarse ronchi	
	A Bronchitis,	
5/22/92 [redacted]		
1440	S. Lab 5/18/92 Theoph. 2.5 Just re-started on Theolair	
	A Possibly not on drug long enough —	

DC 7147 IL 426-0017 P-148 (Rev 06/90)

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!!!

Person-Centered Care

AACN Person-Centered Care

Nurse Assessment

Texas Department of State Health Services
Tuberculosis Initial Health Risk Assessment/History

SSN	Medicaid#	DOB	Sex	Phone 1
Last	First	Middle		Phone 2
Street Address	City	County	State	Zip

ATS Classification

☐ 0-No M. TB exposure, not infected ☐ 1-M. TB exposure, no evidence of infection ☐ 2-M. TB infection, no TB disease	☐ 3-M. TB disease, clinically active ☐ 4-Previous M. TB disease, not clinically active ☐ 5-M. TB suspect, diagnosis pending

Initial Assessment

Primary reason evaluated for TB: ☐ Contact investigation ☐ Immigration medical exam ☐ Health care worker ☐ Employment/administrative testing ☐ Targeted testing ☐ TB symptoms ☐ Abnormal chest radiograph (consistent with TB) ☐ Incidental lab result ☐ Unknown

Date of assessment: | Assessment conducted by:

Location of the assessment: ☐ Clinic ☐ Patient home ☐ Hospital ☐ Jail/prison ☐ Long term care facility ☐ Other, specify other:

Pediatric TB Patients (<15 years old)

Country of birth for primary guardian(s): | Primary guardian relationship:

Patient lived outside US for >2 months: ☐ Yes ☐ No ☐ Unknown | Countries:

Demographics

Country of birth: | Born in the US (or born abroad to a parent who was a U.S. citizen): ☐ Yes ☐ No

Date of arrival in the US:

Races: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Pacific Islander ☐ Other ☐ Unknown ☐ Refuse

Extended race(s):

Ethnicity: ☐ Hispanic ☐ Not Hispanic or Not Latino ☐ Unknown ☐ Refused

Middle Eastern: ☐ Yes ☐ No
If yes, specify country(ies):

Foreign Birth or Travel

Immigration status at first entry to the US: ☐ Not applicable ☐ Immigrant visa ☐ Student visa ☐ Employment visa ☐ Tourist visa ☐ Family/fiancé visa ☐ Refugee ☐ Asylee or parolee ☐ Other immigration status ☐ Unknown
Specify other:

Notice of arrival of alien with TB class: ☐ A ☐ B1 ☐ B2 ☐ B3 | Alien number:

Binational status: ☐ Contacts ☐ Laboratory/radiologic testing ☐ Counter Border Crosser or Transnational ☐ Not Counted Border Crosser ☐ Counted by Binational Program Only/Binacional

Residence or travel in country with high prevalence of TB in last 2 years: ☐ Yes ☐ No | Country:

Date of travel: | Approximate length of stay/residence:

Have you traveled for 8 consecutive hours while symptomatic? ☐ Yes ☐ No

Method of transportation: ☐ Flight ☐ Bus ☐ Train ☐ Ship/boat
Specify:

Comments:

TB-202 Tuberculosis Initial Health Risk Assessment/History – Revised 2/2020 1/6

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 Initial Health Risk Assessment/History

SSN	Medicaid#	DOB	Sex	Phone 1
Last	First	Middle		Phone 2
Street Address	City	County	State	Zip

Demographics

Country of birth:

Born in the US (or born abroad to a parent who was a U.S. citizen):
☐ Yes ☐ No

Date of arrival in the US:

Races: ☐ American Indian or Alaskan Native
☐ Asian ☐ Black or African American
☐ White ☐ Native Hawaiian or Pacific Islander
☐ Other ☐ Unknown ☐ Refuse

Extended race(s):

Ethnicity: ☐ Hispanic ☐ Not Hispanic or Not Latino
☐ Unknown ☐ Refused

Middle Eastern: ☐ Yes ☐ No
If yes, specify country(ies):

Foreign Birth or Travel

Immigration status at first entry to the US: ☐ Not applicable ☐ Immigrant visa ☐ Student visa ☐ Employment visa
☐ Tourist visa ☐ Family/fiancé visa ☐ Refugee ☐ Asylee or parolee ☐ Other immigration status ☐ Unknown
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Residence or travel in country with high prevalence of TB in last 2 years:
☐ Yes ☐ No

Country:

Date of travel:

Approximate length of stay/residence:

Have you traveled for 8 consecutive hours while symptomatic?
☐ Yes ☐ No

Method of transportation: ☐ Flight ☐ Bus ☐ Train
☐ Ship/boat
Specify:

Comments:

Medical History	
Date medical history collected:	
Allergies: ☐ Yes ☐ No	Comments:
Arthritis/gout: ☐ Yes ☐ No Use of ☐ Remicade ☐ Humira ☐ Enbrel	Comments:
Autoimmune: ☐ Yes ☐ No	Comments:
Cancer: ☐ Head ☐ Neck ☐ Other Specify other:	Comments:
Chronic malabsorption syndrome: ☐ Yes ☐ No	Comments:
Chronic renal failure: ☐ Yes ☐ No	Comments:
Corticosteroids (received equivalent of >15 mg/d Prednisone for >1 month): ☐ Yes ☐ No	Comments:
Diabetes mellitus: ☐ Yes ☐ No ☐ Type 1 ☐ Type 2	Comments:
Diabetes controlled: ☐ Yes ☐ No ☐ Unknown	Comments:
Controlled through: ☐ Pills ☐ Insulin ☐ Unknown	Comments:
GI/gastrectomy or jejunoileal bypass: ☐ Yes ☐ No	Comments:
Gynecological: ☐ Yes ☐ No	Comments:
Heart disease/PVD: ☐ Yes ☐ No	Comments:
Hypertension/CVA: ☐ Yes ☐ No	Comments:
Intellectual disability/developmental delay: ☐ Yes ☐ No	Comments:
Leukemia: ☐ Yes ☐ No	Comments:
Liver disease/hepatitis (risk factors HepB/C: IDU, HIV+ or birth in Asia, Africa or Amazon basin): ☐ Yes ☐ No	Comments:
Lymphoma: ☐ Yes ☐ No	Comments:
Mental illness(es): ☐ Yes ☐ No ☐ Anxiety ☐ Depression ☐ Schizophrenia ☐ Other ☐ Unknown Specify other: When (select all that apply): ☐ Currently ☐ Within past 12 months ☐ Ever	Comments:
Neurological/seizures: ☐ Yes ☐ No	Comments:
Organ transplant: ☐ Yes ☐ No	Comments:
Post partum: ☐ Yes ☐ No	Comments:
Respiratory problems: ☐ Yes ☐ No	Comments:
Silicosis/asbestosis: ☐ Yes ☐ No	Comments:
Skin disease: ☐ Yes ☐ No	Comments:
STD: ☐ Yes ☐ No	Comments:
Surgeries/hospitalizations: ☐ Yes ☐ No	Comments:
Thyroid: ☐ Yes ☐ No	Comments:
Vision/hearing disorder: ☐ Yes ☐ No	Comments:
Other medical history: ☐ Yes ☐ No	Comments:

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)				
Medication	Start date	Dosage/schedule	Stop date	Prescribing Provider/Facility
(Attach additional medication list, if needed)				
Name of person taking history:				
Name of interpreter (if used):				
Barriers to compliance: ☐ Yes ☐ No	Comments:			
Live virus immunization in last 6 weeks: ☐ Yes ☐ No Date:				
Immunizations received: ☐ FluMist (influenza) ☐ MMR (measles, mumps, rubella) ☐ MMRV (measles, mumps, rubella, varicella) ☐ Rotavirus ☐ Herpes zoster (shingles) ☐ Smallpox ☐ Varicella ☐ Yellow fever				

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

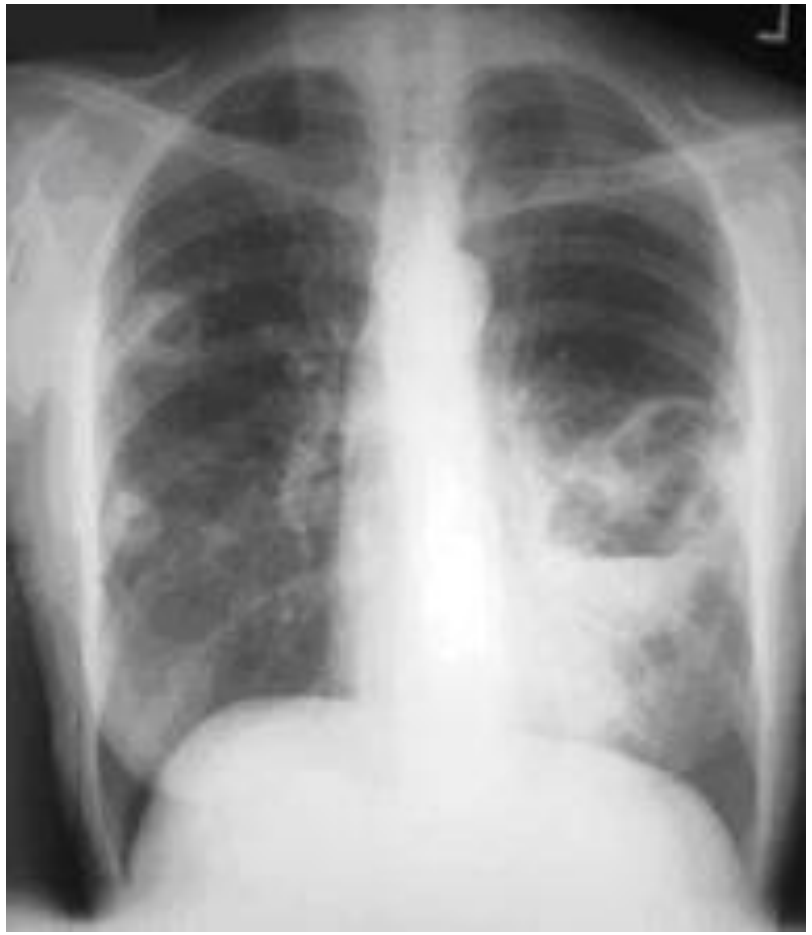
Last	First	Middle	DOB

Previous History of TB and TB Infection	
Recurrence or previous diagnosis of TB or TB infection: ☐ TB Disease ☐ TB Infection ☐ No ☐ Unknown	
History: ☐ Documented ☐ Self report	Previous TB occurred in US: ☐ Yes ☐ No
State/Country:	State case number (if reported in Texas after 1993):
Most recent year of previous diagnosis:	More than one previous episode: ☐ Yes ☐ No ☐ Unk
Start date previous TB treatment: Stop date previous TB treatment: Previous TB drug regimen/Dosage (mg):	Start date previous TB infection treatment: Stop date previous TB infection treatment: Previous TB infection drug regimen/Dosage (mg):
Previous TB treatment documented: ☐ Yes ☐ No ☐ Unknown Previous TB treatment considered complete: ☐ Yes ☐ No ☐ Unknown	Previous TB infection treatment documented: ☐ Yes ☐ No ☐ Unknown Previous TB infection treatment considered complete: ☐ Yes ☐ No ☐ Unknown
Previous positive IGRA: ☐ Yes ☐ No ☐ QFT ☐ T-SPOT Date:	Date of chest X-Ray: Result: ☐ Abnormal ☐ Normal ☐ Unknown
Previous positive TST: ☐ Yes ☐ No Induration: mm Date:	Abnormal result: ☐ Cavitary ☐ Non-cavitary
Comments:	

History of TB Exposure	
Known exposure to active TB case: ☐ Yes ☐ No	How many years: ☐ Greater than 3 years ☐ 3 years or less
Date:	Relationship to patient:
Comments:	

Radiology

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



TB Symptoms

Symptoms			
TB symptoms screening performed: ☐ Yes ☐ No		Patient is symptomatic: ☐ Yes ☐ No ☐ Unknown	
Date of TB symptoms assessment:			
Symptom	***Onset date***	***Symptom***	***Onset date***
Chest pain: ☐ Yes ☐ No ☐ Not applicable		Weight loss (>10%): ☐ Yes ☐ No ☐ Not applicable	
Shortness of breath: ☐ Yes ☐ No ☐ Not applicable		Frequent urination, bloody urine or flank pain: ☐ Yes ☐ No ☐ Not applicable	
Fever/chills: ☐ Yes ☐ No ☐ Not applicable		Headache, decreased level of consciousness or neck stiffness: ☐ Yes ☐ No ☐ Not applicable	
Night sweats: ☐ Yes ☐ No ☐ Not applicable		Swelling of joint/vertebra: ☐ Yes ☐ No ☐ Not applicable	
Cough (persistent x3 weeks): ☐ Yes ☐ No ☐ Not applicable		Enlarged cervical lymph nodes: ☐ Yes ☐ No ☐ Not applicable	
Productive cough: ☐ Yes ☐ No ☐ Not applicable		Swelling of lymph nodes: ☐ Yes ☐ No ☐ Not applicable	
Hemoptysis: ☐ Yes ☐ No ☐ Not applicable		Eye pain or blurry vision: ☐ Yes ☐ No ☐ Not applicable	
Fatigue: ☐ Yes ☐ No ☐ Not applicable		Pain swelling in other locations: ☐ Yes ☐ No ☐ Not applicable	
Loss of appetite: ☐ Yes ☐ No ☐ Not applicable		Other: ☐ Yes ☐ No ☐ Not applicable Specify other:	
Source of symptom information: ☐ Patient interview ☐ Relative/friend ☐ Medical record ☐ Other Specify other:		Respiratory isolation indicated: ☐ Yes ☐ No Date placed in respiratory isolation:	
Notes:			

Gathering Information

- 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

Risk and Social History

Population Risks	Medical Risks
Contact to infectious TB patient (2 years or less): ☐ Yes ☐ No ☐ Unknown	Cancer: ☐ Head ☐ Lung ☐ Neck
Contact to MDR-TB case (2 years or less): ☐ Yes ☐ No ☐ Unknown	Chronic renal failure or on hemodialysis: ☐ Yes ☐ No ☐ Unknown
Inner-city resident: ☐ Yes ☐ No ☐ Unknown	If patient has diabetes, was nutrition education provided: ☐ Yes ☐ No
Low income: ☐ Yes ☐ No ☐ Unknown	End-stage renal disease: ☐ Yes ☐ No ☐ Unknown
History of homelessness (current or previous): ☐ Yes ☐ No ☐ Unknown	History of untreated or inadequately treated active TB, including fibrotic changes on X-Ray consistent with previous TB: ☐ Yes ☐ No ☐ Unknown
Current resident of homeless shelter: ☐ Yes ☐ No ☐ Unknown	Immunosuppression (not HIV/AIDS): ☐ Yes ☐ No ☐ Unknown
Homeless within past year: ☐ Yes ☐ No ☐ Unknown	Incomplete TB infection therapy: ☐ Yes ☐ No ☐ Unknown
History of incarceration (current or previous): ☐ Yes ☐ No ☐ Unknown	Missed contact (2 years or less): ☐ Yes ☐ No ☐ Unknown
Type of correctional facility: ☐ Federal prison ☐ Juvenile correctional facility ☐ Local jail (city or county) ☐ State prison ☐ Other correctional facility ☐ Unknown Specify other:	Recently infected with M. tuberculosis (within the past 2 years): ☐ Yes ☐ No ☐ Unknown Skin test conversion - increase of 10mm or more within 2 years: ☐ Yes ☐ No ☐ Unknown
Is the detainee in ICE custody? ■ Yes ☐ No	TNF-alpha antagonist therapy: ☐ Yes ☐ No ☐ Unknown
Under custody of immigration and customs enforcement: ☐ Yes ☐ No	Other medical risks: ☐ Yes ☐ No ☐ Unknown Specify other:
Incarceration date at diagnosis:	Testing required by employer or school program: ☐ Yes ☐ No
Current resident of long-term care facility: ☐ Yes ☐ No ☐ Unknown	Injecting drug use within past year: ☐ No ☐ Injected drugs ☐ Cocaine ☐ Heroin ☐ Other illicit drug Specify other: Patient was provided additional resources: ☐ Yes ☐ No
Resident of other congregate setting at diagnosis: ☐ Colonia ☐ Displaced citizen ☐ School dorm ☐ Unaccompanied alien child/minor (UAC) ☐ Homeless Shelter ☐ Other Specify other:	Non-injecting drug use within past year: ☐ No ☐ Marijuana ☐ Cocaine ☐ Heroin ☐ Crack ☐ Methamphetamines ☐ Other illicit drug Specify other: Patient was provided additional resources: ☐ Yes ☐ No
Employee of high risk congregate setting or institution: ☐ Yes ☐ No ☐ Unknown	
Primary occupation in the past year: ☐ Correctional facility employee ☐ Health care worker ☐ Migrant/seasonal worker ☐ Not seeking employment ☐ Retired ☐ Unemployed ☐ Other ☐ Unknown Specify other:	Tobacco use: ☐ Yes ☐ No Packs per day: Years of use: Patient was provided additional resources: ☐ Yes ☐ No
Correctional facility employee type: ☐ Inmate ☐ Volunteer	Alcohol use: ☐ Yes ☐ No ☐ Unknown In the last 30 days, how many days did the patient consume more than 4 drinks? ☐ 0-4 days ☐ 5 days or more ☐ Unknown Patient was provided additional resources: ☐ Yes ☐ No
Reason not seeking employment: ☐ Child ☐ Disabled ☐ Homemaker ☐ Institutionalized ☐ Student	

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

References

- American Association of Colleges of Nursing. (n.d.) Person-centered care. https://www.aacnnursing.org/5b-tool-kit/themes/person-centered-care#:~:text=The%20Institute%20of%20Medicine%20describes,48%2D50).
- Institute of Medicine. 2001. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: The National Academies Press. https://doi.org/10.17226/10027.
- The Free Dictionary. Nurse assessment. https://medical-dictionary.thefreedictionary.com/nursing+assessment
- Debbie Davalia

THANK YOU
for all you do!

It's time

to invest in nurses and healthcare workers

Nurses and health workers play a critical role in tuberculosis prevention and care. Enabling them to work to their full potential improves healthcare for all.

World Health Organization

END TB