TB Nurse Assessment

Kimela Ledbetter, RN, BSN

April 29, 2026

TB Nurse Case Management • April 29 – May 1, 2026 • Fort Worth, Texas

Kimela Ledbetter, RN, BSN

Has the following disclosures to make:

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

TB Nurse Assessment

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Public Health

TB Nurse Case Management
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Objective

Review the components of the TB nurse assessment

- Gathering and collecting data
- Medical history
- Psychosocial history
- TB history
- Environmental assessment

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Initial TB Nurse Assessment:

What are we doing?

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Initial TB Nurse Assessment:
What are we doing?

- Establishing a **baseline database** of our patient's physical, psychological, social, cultural and environmental status

- **Building rapport** with our patient

- **Sharing information** with our patient

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Initial TB Nurse Assessment:

How are we doing it?

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Initial TB Nurse Assessment:

How are we doing it?

1.Gathering patient records

Gathering patient records

A. HOSPITAL

Must have

- Discharge summary
- AFB and MTB PCR reports
- Radiology reports: chest x-ray, CT scans and ultrasounds of affected area

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Gathering patient records

Helpful to have

- Infectious disease/Pulmonology notes; other specialists' notes; H&P
- Pathology report
- Labs: IGRA, HIV screen, Hepatitis screen, CBC, CMP, HgbA1C, pleural fluid cell count, ADA
- MARS for TB meds

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Gathering patient records

B. PCP/OP SPECIALIST

- Visit notes
- Labs
- Radiology reports

Gathering patient records

C. HEALTH DEPARTMENT

Local, state of Texas, another state

- Prior screening tests
- Previous evaluations including chest x-rays
- Prior treatment for TB infection or disease

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Initial TB Nurse Assessment:

How are we doing it?

1. Gathering patient records
2. **Talking to the patient**

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Talking to the patient

A. PROTECT PRIVACY AND CONFIDENTIALITY

- on phone calls
  - Are you somewhere private?
  - Do I have your permission to share information with your spouse, relative, friend?

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Talking to the patient

A. PROTECT PRIVACY AND CONFIDENTIALITY

- **During visits**
  - Wait until you are at the door to put your mask on
  - Ask patient when alone if they want to have someone with them
  - See patient outside

Talking to the patient

B. BUILD RAPPORT

"Building rapport is the process of establishing a meaningful connection with someone based on respect, understanding and trust."

Miles, 2024

Talking to the patient

B. BUILD RAPPORT

Tips for Therapeutic Communications

- ✅ **Listen more than you talk** – silence is powerful!
- ✅ **Use open-ended questions** – not yes/no questions.
- ✅ **Watch your body language** – sit down, make eye contact, and nod.
- ✅ **Stay calm and patient** – even if the patient is angry or upset.
- ✅ **Never argue or challenge the patient** – stay supportive.

RN-Nurse (2025)

Talking to the patient

B. BUILD RAPPORT

Use simple language without medical jargon

Talking to the patient

B. BUILD RAPPORT

Explain why you are asking questions about topics that might be sensitive

Talking to the patient

B. BUILD RAPPORT

Cue patients' memories by using **categories**

Do you use inhalers, nose sprays, medicated creams, vitamins?

Talking to the patient

B. BUILD RAPPORT

Cue patients' memories by using **chronological events**

What season did it start in? Did it start before or after a holiday? Before the school year ended?

Talking to the patient

B. BUILD RAPPORT

Answer patients' questions

Yes, we can cure TB.

Let me explain that lab result.

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Initial TB Nurse Assessment:

How are we doing it?

1. Gathering patient records
2. Talking to the patient
3. **Using the TB202**

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Using the TB202

Form TB-202 Tuberculosis Initial Health Risk Assessment/History

Revised 2/2020

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Using the TB202

To guide collection of the
PSYCHOSOCIAL HISTORY

Demographics

Residence

Employment

Substance use

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Using the TB202 – PSYCHOSOCIAL HISTORY

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

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:

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Using the TB202 – PSYCHOSOCIAL HISTORY

Population Risks
Contact to infectious TB patient (2 years or less): ☐ Yes ☐ No ☐ Unknown
Contact to MDR-TB case (2 years or less): ☐ Yes ☐ No ☐ Unknown
Inner-city resident: ☐ Yes ☐ No ☐ Unknown
Low income: ☐ Yes ☐ No ☐ Unknown
History of homelessness (current or previous): ☐ Yes ☐ No ☐ Unknown
Current resident of homeless shelter: ☐ Yes ☐ No ☐ Unknown
Homeless within past year: ☐ Yes ☐ No ☐ Unknown
History of incarceration (current or previous): ☐ 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:
Is the detainee in ICE custody? ☐ Yes ☐ No
Under custody of immigration and customs enforcement: ☐ Yes ☐ No
Incarceration date at diagnosis:

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Using the TB202 – PSYCHOSOCIAL HISTORY

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	

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Using the TB202 – PSYCHOSOCIAL HISTORY

Other Clinical Information	
M. bovis Status	
☐ M. bovis Contact with livestock: ☐ Yes ☐ No ☐ Unknown Consumed unpasteurized dairy: ☐ Yes ☐ No ☐ Unknown Information shared with zoonosis: ☐ Yes ☐ No Date zoonosis notified:	☐ M. bovis (BCG) History of BCG: ☐ Yes ☐ No Date(s) of BCG: Receiving BCG as cancer therapy: ☐ Yes ☐ No ☐ Unknown Dates:

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Using the TB202

To guide collection of the

TB HISTORY

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Using the TB202 – TB HISTORY

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:	

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Using the TB202 – TB HISTORY

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:			

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To guide collection of the

MEDICAL HISTORY

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Using the TB202 – MEDICAL HISTORY

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:

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Using the TB202-MEDICAL HISTORY

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 Specify other:	Comments:

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Using the TB202-MEDICAL HISTORY

Primary care provider: ☐ Yes ☐ No	Name of primary care provider:	Phone:
Specialty care provider: ☐ Yes ☐ No		
Specialty type: ☐ Pulmonologist ☐ Infectious disease ☐ Internal medicine ☐ Neurologist ☐ Other Specify other:	Name of specialty care provider: Phone:	
HIV status: ☐ Indeterminate ☐ Negative within past year ☐ Not offered ☐ Positive ☐ Refused ☐ Test done-results unknown ☐ Unknown	City/County HIV#:	
CD4 count, if HIV+:	Date, if HIV+:	
HIV counseling and referral provided: ☐ Yes ☐ No		

Medications taking (excluding TB drugs)				
Medication	Start date	Dosage/schedule	Stop date	Prescribing Provider/Facility

(Attach additional medication list, if needed)

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Using the TB202-MEDICAL HISTORY

Pregnant/Pregnancy	
Patient is pregnant: ☐ Yes ☐ No ☐ Unknown	If no, Patient pregnant within year previous to diagnosis: ☐ Yes ☐ No ☐ Unknown
If yes, as of (date):	Outcomes(s): ☐ Live birth ☐ Miscarriage ☐ Still birth ☐ Termination ☐ Other Specify other:
Due date:	Outcome date:
Placenta evaluated: ☐ Yes ☐ No	Term delivery: ☐ Yes ☐ No ☐ Unknown
Pregnancy clinical notes:	Baby evaluated for TB: ☐ Yes ☐ No ☐ Unknown Evaluation result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Other ☐ Unknown Specify other: Outcome of evaluation: ☐ TB infection ☐ TB infection window period ☐ TB suspect ☐ TB disease ☐ No TB disease or infection
	Live birth facility:
	Did anyone in the patient's household have a baby in the last 3 months? ☐ Yes ☐ No ☐ Unknown

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Using the TB202

To guide assessment of the

Environmental Status

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Using the TB202 – Environmental Status

Current resident of homeless shelter:
☐ Yes ☐ No ☐ Unknown

Homeless within past year:
☐ Yes ☐ No ☐ Unknown

History of incarceration (current or previous):
☐ 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:

Is the detainee in ICE custody? ☐ Yes ☐ No

Under custody of immigration and customs enforcement:
☐ Yes ☐ No

Incarceration date at diagnosis:

Current resident of long-term care facility:
☐ Yes ☐ No ☐ Unknown

Resident of other congregate setting at diagnosis:
☐ Colonia ☐ Displaced citizen ☐ School dorm ☐ Unaccompanied alien child/minor (UAC) ☐ Homeless Shelter ☐ Other
Specify other:

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Initial TB Nurse Assessment:

How are we doing it?

1. Gathering patient records
2. Talking to the patient
3. Using the TB202
4. **Using the TB205**

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Using the TB205

Form TB-205 Clinical Assessment for TB Medication Toxicity

Revised 8/2017

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Using the TB205 – Toxicity S/S

Do you have any of the following symptoms now or since your last clinic appointment?					
Abdominal pain/diarrhea** †					
Abnormal behavior**					
Allergic reaction (specify)** †					
Bruises, red/purple spots on skin†					
Change in heart rate**					
Change in urine output					
Convulsions**					
Dark urine (coffee colored) or change in color†					
Ears ringing/fullness/hearing loss**- AK,CAP,KM, SM					
Eye pain/irritation (redness, excessive tears)					
Fever or chills†					
Flu-like symptoms†					
Headaches (chronic)					
Increased gas/stomach cramps**					
Jaundice (yellow skin/eyes) †					
Joint pain/swelling (chronic) – PZA					
Light colored stools†					
Loss of appetite†					
Malaise/fatigue					
Memory Loss**					
Mood changes/depression**					
Musculoskeletal Pain†					

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Using the TB205 – Toxicity S/S

Nausea/vomiting†			
Numbness/tingling/pain, arms, legs†			
Nervousness/Giddiness/Restlessness			
Skin discoloration**			
Skin rashes/itching†			
Sleep problems**			
Sores on lips or inside mouth†			
Shortness of breath†			
Teeter/Fall to Left or Right when standing (eyes closed)			
Unusual bleeding (nose, gums, stool, urine, etc.) or easy bruising - RIF, RPT†			
Vertigo/dizziness/fainting†			
Visual problems/changes in vision*** - EMB, RBT			
Weakness, tiredness†			
Weave/Stagger when walking (normal gait)			

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Using the TB205 – Vision Screen

Ishihara Plate #	Normal Reading	Red/Green Deficiency				Date	I
1	12	12					
2	8	3					
3	5	2					
4	29	70					
5	74	21					
6	7	X					
7	45	X					
8	2	X					
9	X	2					
10	16	X					
11	Traceable	X					
		Protan		Deutan			
		Strong	Mild	Strong	Mild		
12	35	5	(3) 5	3	3 (5)		
13	96	6	(9) 6	9	9 (6)		
14	Can trace 2 lines	Purple	Purple (Red)	Red	Red (Purple)		
Results							
Initials							

Distance Acuity	Date	I
Right Eye	20/	
Left Eye	20/	
Both Eyes	20/	
Results		
Initials		

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Initial TB Nurse Assessment:

Why are we doing it?

To provide the TB care team with the data essential to developing and carrying out the patient's care plan

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Initial TB Nurse Assessment:

Why are we doing it?

To start the building of a positive, trusting relationship between the patient and the TB care team

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Initial TB Nurse Assessment:

Why are we doing it?

To prepare and empower the patient to have a successful treatment outcome

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Initial TB Nurse Assessment:

Why are we doing it?

To protect the health of our community

References

- Miles, M. (2024, December 11). *How to build rapport with someone and find common ground.* BetterUp. https://www. Betterup.com/blog/how-to-build-rapport
- RN-Nurse. (2025, June 23). *Therapeutic communication: phrases to use and what to avoid.* RN-Nurse. https://rn-nurse.com/therapeutic-communication-nursing/

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Initial TB Nurse Assessment:

QUESTIONS?

TARRANT COUNTY PUBLIC HEALTH

Main Address:
1101 S. Main Street
Fort Worth, Texas 76104

Phone:
817-248-6299

Scan the QR code or visit:
www.tarrantcountytx.gov/health

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