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Tuberculosis Hospital Discharge Planning List

Patients with active tuberculosis (TB) disease should be discharged only after *all of the following* recommendations are addressed. Because TB treatment is complex and long (e.g., minimum of 6 months), coordination of TB care with local public health departments and providers is essential for successful treatment outcomes.

- Complete the Tuberculosis Discharge Treatment Plan, and request discharge approval in accordance with California Health and Safety Code §121361.
- Review patient's infectiousness and isolation needs in accordance with California Department of Public Health/CTCA Guidelines: <https://ctca.org/wp-content/uploads/2018/11/InfectiousnessOctober2017.pdf>
 - Consult with Alameda County Public Health Department (ACPHD) to determine whether infectiousness criteria have been met.
- Verify insurance and locating information for patient is accurate on Hospital's Face Sheet.
 - Obtain correct address and phone number; also, ensure emergency contact information is correct.
 - Determine if there are any high co-pays for TB medications or diagnostic tests required as an outpatient that may be a barrier to completing TB treatment.
- Provide 30-day supply of TB medications to the patient prior to discharge.
 - If prescription is given/ordered for pick-up, ensure family member or support person:
 - (1) pick up TB medication from pharmacy
 - (2) bring medication to patient's bedside and
 - (3) have RN or pharmacist check accuracy of medication bottles prior to discharge.
 - Determine, in consultation with ACPHD, if directly observed therapy (DOT) is indicated. If DOT is needed, fax TB Control a completed and signed DOT order.
- Consideration for outpatient follow-up:
 - Schedule a follow-up appointment with a provider who has experience managing TB patients.
 - Verify outpatient TB treating provider accepts patient's insurance.
 - If Public Health determines patient is a candidate for discharge to home isolation, call and confirm with outpatient provider that patient can be seen while infectious.
 - If patient cannot expectorate sputa and outpatient provider does not have capability to do sputum induction - schedule appointment for sputa induction at the hospital or at another facility.

This Discharge Planning List was adapted from the following form used by the Minnesota Department of Public Health:
<http://www.health.state.mn.us/divs/idepc/diseases/tb/discharge.pdf>