Section 6: Care of Clients with TB Signs/Symptoms

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Steps in Caring for a Client with TB Signs/Symptoms

Step 1: Determine if airborne precautions are needed

Initiating and maintaining appropriate infection prevention and control precautions is essential for protecting yourself and others who are sharing airspace with someone who has or is suspected to have active TB.

- Initiate **AIRBORNE PRECAUTIONS immediately** when sharing airspace with a client who has:
    - Symptoms suggestive of active TB including cough for three weeks or longer, **AND/OR**
    - Abnormal chest x-ray results (e.g. cavitary disease), **OR**
    - Positive sputum AFB smears or mycobacterial cultures.

Once initiated, airborne precautions must continue until the client is no longer considered infectious **OR** until respiratory TB disease has either been ruled out or determined unlikely by a physician with expertise in TB. This means:

- Until/unless hospitalized, the client must follow **Home Isolation Guidelines** (see **Section 15: Infection Prevention and Control**);
- You must advise receiving and transferring providers/programs that airborne precautions are necessary when sending the client to another facility or provider (e.g. for testing) or when arranging for his/her transport out of community.

For information on airborne precautions, see Newfoundland and Labrador Tuberculosis Guideline Section 7: Prevention and Control of TB Transmission in Health Care Settings, page 50.

https://www.gov.nl.ca/hcs/publichealth/cdc/infectionpreventionandcontrol/

See **Section 15: Infection Prevention and Control** for information on mask types.

Depending on the reason you are seeing the client, refer to the **General TB Testing Flowchart** (see **Section 3: General TB Assessment**) or the **TB Contact Testing Flowchart** (see **Section 12: Contact Investigation, Window Period Prophylaxis (WPP) and Source Case Investigation or Appendix C)**.

Step 2: Testing

- Initiate a **Tuberculosis Assessment Form (TBAF)**. See **Appendix D**.
- Consult with the CDCN for plan of care and follow-up.
- Monitor for the results of chest x-rays ordered by the physician and document in **Part 6** of the **TBAF.**

New posterior/anterior and lateral chest x-rays are required when assessing a client with TB signs/symptoms (i.e. pre-existing x-rays may not be used).

- Collect three sputum specimens for TB testing (see **Section 5: Collection of Specimens for TB Testing**). Consult the CDCN if the client is not able to spontaneously produce a sputum specimen.

Sputum specimens may only be collected where airborne precautions can be adhered to. In Regional Community Clinics without negative pressure rooms, direct clients to produce sputum specimens outdoors, in an area away from other people (see Section 15: Infection Prevention and Control).

See **Appendix E** for the **Fact Sheet: Sputum Collection Instructions**.

- Administer a tuberculin skin test (TST) unless contraindicated or already done.

Step 3: TST follow-up

- **If TST was given**:

- Inspect the test site for induration 48 to 72 hours later. Record the date and result on **Part 5** of the **TBAF**.
- Record the TST measurement **in millimetres (mm)**. If there is no induration, record the TST result as '0 mm'.

A negative TST DOES NOT rule out active TB in a symptomatic client.

Step 4: Other follow-up

- Send the partially completed **TBAF** to the CDCN.
- Monitor for results of chest x-rays, sputum testing and blood tests. The CDCN will consult the CHN and Regional Nurse with abnormal chest x-ray findings or abnormal sputum and blood results.

Step 5: Complete Part 6 of the TBAF

- Complete the **TBAF** and sign and date it once all tests have been completed.
- Fax the **TBAF** to the CDCN.
- File the **TBAF** in the client's chart and send a copy to the Regional Community Clinic or attending physician.

If treatment for active TB or LTBI is recommended, consult the CDCN to obtain a prescription before filling out the drug related information on the Active TB DOT Record or the Latent TB Infection (LTBI) DOT Record.