



**TUBERCULOSIS HOSPITAL DISCHARGE PLANNING CHECKLIST**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**DIVISION OF DISEASE CONTROL**  
SFN 59977 (6-11)

Patient's Name	Birth Date	Home Phone Number	Work Phone Number	Cell Phone Number
Patient's Home Street Address		Apartment Number	City	State
Emergency Contact Name		Home Phone Number	Work Phone Number	Cell Phone Number
Patient's Local Public Health Agency				Telephone Number
Provider Responsible for Ongoing Treatment				Telephone Number

**Patients with active TB disease should be discharged only after all of the following recommendations are addressed.**

Continuity of care is essential to successful TB treatment. Because of the complexity of treatment and the public health concerns involved, the TB patient's local public health department should be involved in hospital discharge planning.

- Report to North Dakota Department of Health** within one working day of identifying the suspected case by calling 701.328.2376 or 1.800.472.2180. Don't wait for culture confirmation.
- Consider isolation needs.**
  - Discharge potentially infectious TB patients only to settings where no new persons will be exposed. Immuno-compromised persons and children younger than 5 years should be on window period treatment with isoniazid.
  - Reinforce the need to stay home (except for health care visits, where masks should be worn) until the NDDoH and clinician determine that isolation is no longer needed.
  - Do not discharge infectious patients to congregate settings (e.g., nursing home, shelter, correctional facility) unless they will be in an airborne infection isolation room.
- Ensure that the patient is tolerating daily dosing of TB medications.**
  - The first-line TB medications should be given at the same time of day in a single daily dose.
  - Address any adverse effects prior to discharge.
- Educate the patient.**
  - Use a professional medical interpreter when necessary.
  - Educate the patient about the length of therapy, the importance of careful adherence to treatment and follow-up appointments, and the consequences of untreated TB.
  - Emphasize the benefits of directly observed therapy (DoT) as an effective way to complete TB therapy as quickly as possible and prevent drug resistance. DoT is strongly recommended for all patients with presumed or confirmed active TB.
  - Review potential medication side effects and when to report them.
  - Reinforce infection control measures to patients with infectious TB (i.e., wearing a mask; staying home from school, work, or other public settings; avoiding contact with previously unexposed persons; covering the mouth when coughing or sneezing).
- Coordinate discharge plan and arrange DoT.**
  - Coordinate follow-up care between the patient, their local public health department (see phone number above), and NDDoH to ensure that treatment continues and infection control precautions are followed in the community.
  - Assess the patient for potential barriers that could interfere with treatment (e.g., access to care, unstable housing, language barriers, cultural beliefs, substance abuse, and medical conditions), and collaborate with the local health department to address them.
  - If the patient has skilled nursing needs other than DoT, these may need to be coordinated with a separate home care agency.

- Inform the patient that the local health department may call to confidentially arrange follow-up and contact testing.**
- Provide TB medications.**
  - Do not simply provide prescriptions, because there is no assurance that the patient can or will fill them.
  - Obtain free medications by calling NDDoH at 701.328.2376 or 1.800.472.2180. You may be asked to supply enough medications to last until NDDoH medications arrive at the local health department (approximately 5 days).
- Verify patient locating information.**
  - Obtain correct street address and an apartment number (not a P.O. box) where the patient will be staying if their address is different from home.
  - Obtain the patient's phone numbers (home, work and cell).
  - Obtain phone numbers of the patient's emergency contacts (home, work and cell.)
- Schedule a follow-up outpatient appointment.**
  - Set up a specific appointment within one month of discharge with the provider responsible for the patient's ongoing TB treatment. Give the appointment to patient. If the patient is not on DoT, the appointment should be scheduled within two weeks of discharge.

This checklist was adapted from the Minnesota Department of Health.

#### References

<sup>1</sup>Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings. MMWR 2005, 54 (No. RR-17). [38, 45].

<sup>2</sup>Centers for Disease Control and Prevention. Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR 2005, 54 No. RR-12): [28]