

Texas Department of State Health Services
Tuberculosis and Hansens Disease Unit

Tuberculosis Case Management Care Plan

Patient's Name/DOB: _____ **Initial Report (Date/Source):** _____

Nurse Case Manager (NCM): _____ **Licensed Healthcare Provider (LHP):** _____

Directions: Document TB case management activities* for patients with known/suspected drug susceptible TB including the date and initials when a task is completed. The referenced [DSHS TB forms](#) contain key information for each activity. Programs may use an alternative form or electronic health record (EHR) template that contains *equivalent* information.

*Refer to the [DSHS TB Standing Delegation Orders \(SDOs\)](#) and the [Texas TB Manual](#) for detailed information on these case management activities. Refer to **TB-701** form for documenting case management activities on patients that require a second line drug regimen.

Treatment Months		0	1	2	3	4	5	6	9	12
Weeks				8				26	39	52
Activity	Details									
Responsibility	Assign NCM and identify LHP and other team members. TB-201									
Consents	General L-36 Acknowledgement of Understanding TB-409 Hurricane Questionnaire TB-209 HIPPA									
	Medical Information Release L-30 <ul style="list-style-type: none"> • Obtain if requesting and sharing medical information with other providers. 									
	Health Authority Control Order TB-410 <ul style="list-style-type: none"> • Issue for all patients with known or suspected TB disease. 									
	TB Medication Consent TB-411 <ul style="list-style-type: none"> • Obtain before treatment initiation <i>and</i> anytime a drug is added to the regimen. 									
	Client/DOT Provider Agreement TB-206 Signed monthly by patient and DOT staff.									
	Video-DOT Client Agreement if using VDOT. 12-15762									
	Indicate when interpreter used.									
Education	Provide initial and ongoing patient education. Document specific education, at minimum monthly. TB-203									

Texas Department of State Health Services
Tuberculosis and Hansens Disease Unit

Tuberculosis Case Management Care Plan

Treatment Months		0	1	2	3	4	5	6	9	12	
<i>Weeks</i>				8				26	39	52	
Clinical Evaluation	Medical history and TB symptom screening. TB-202										
	Baseline IGRA or TST testing (unless <i>documented</i> previous positive result).										
	CXR at baseline, and as indicated.										
	Sputum collection (x 3) at baseline with AFB smear and culture testing: <ul style="list-style-type: none"> • 8-24 hours apart; 1 observed and 1 morning specimen; and • 1 specimen with NAA/PCR testing including RIF resistance. Repeat sputum collection if indicated.										
	Drug susceptibility testing (DST) on initial positive <i>M.tb</i> culture.			√ DSTs							
	HIV testing.										
	Collect labs at baseline, monthly, as outlined in SDOs and per LHP order.										
	LHP reviews case, documents, and signs orders, ideally monthly, but <i>at minimum</i> : <ul style="list-style-type: none"> • before treatment initiation; • before end of intensive phase; • as needed for clinical concerns; • at closure: 26 weeks (6-months); and/or • at closure: 39 weeks (9-months). 										
	NCM ensures completion of clinical evaluation and toxicity assessment at baseline, monthly, as needed for clinical concerns. TB-205 Include: <ul style="list-style-type: none"> • Snellen visual acuity and Ishihara color discrimination (EMB); • peripheral neuropathy (high dose INH); and • eye assessment (RBT). 										
Consultation	Request a consult when indicated.										
Treatment	Drug regimen is approved as per SDOs with correct weight-based doses.										
	DOT/VDOT medication administration documented. TB-206										
	PZA discontinued after 8 weeks (40-56 DOT doses) <i>and</i> LHP order.										

Texas Department of State Health Services
Tuberculosis and Hansens Disease Unit

Tuberculosis Case Management Care Plan

Treatment Months		0	1	2	3	4	5	6	9	12
<i>Weeks</i>				8				26	39	52
Treatment (continued)	EMB discontinued after INH and RIF DSTs confirmed <i>and</i> LHP order.									
Adherence	NCM reviews medication adherence at least weekly; documents interventions for missed DOT or appointments.									
	Court-ordered management may be pursued after unsuccessful steps to address non-adherence, per TB Manual.									
Contact Investigation (CI)	Conduct initial CI interview for case/suspect within 3 working days. CI Worksheet 12-12062									
	Visit primary residence of patient within 3 days. Visit other settings where transmission may have occurred (i.e., congregate settings, workplace, dialysis center, long term care facility).									
	Prioritize contacts <i>before</i> initiating contact screening.									
	Initiate high priority contact screening within 7 working days. TB-208 Include: <ul style="list-style-type: none"> • IGRA/ TST test; • TB disease signs and symptoms; • risk factors; and • CXR (if indicated). Provide education and counseling.									
	Consider if CI expansion is warranted. TB-460									
	Perform second round screening for contacts with negative first round results 8-10 weeks* after: <ul style="list-style-type: none"> • break in contact or • end of index case's infectious period. Report screening results. TB 340 *See <i>Texas Manual</i> .									
TB Isolation	Initiate and discontinue isolation when indicated.									
Quality Assurance (QA)	Perform routine QA activities per program protocol (e.g., case review, cohort review, CI review).									

Texas Department of State Health Services
Tuberculosis and Hansens Disease Unit

Tuberculosis Case Management Care Plan

Treatment Months		0	1	2	3	4	5	6	9	12
Weeks				8				26	39	52
Patient Centered Care	Evaluate barriers to treatment at baseline; reassess throughout care.									
	Medical referrals: Medicare (if eligible), Federal Qualified Health Center (FQHC), drug/alcohol treatment, nutritional support, diabetes education, HIV care, etc.									
	Social services referrals: social work, behavioral health, TB support group, etc.									
Reporting (NEDSS)	Create NEDSS Investigation within 3 business days of notification.									
	Reclassify TB suspect (ATS 5) within 90 days.									
	Update NEDSS Tabs: Patient, Case Info, TB History, Tuberculosis, TB Disease Only, Comprehensive TB Treatment Details, and Contact Investigation.									

Case Management Team:

Name: _____ Initials: _____ Name: _____ Initials: _____ Name: _____ Initials: _____
 Name: _____ Initials: _____ Name: _____ Initials: _____ Name: _____ Initials: _____
 Name: _____ Initials: _____ Name: _____ Initials: _____ Name: _____ Initials: _____