Column1	Column2
Key	
*** Baseline**	Meeting and work to be performed **within 24 hours of initial report of suspected or confirmed TB**. Any laboratory or clinical testing that had not been done, should be scheduled within 48 hours of initial meeting with the patient. **ANY TB MEDICATIONS** should start **after** the collection of three respiratory specimens, but as soon as possible after determining TB medications are necessary. All medications are required to be given through the LPHA using directly-observed therapy.
1	Standard treatment is Rifampin (R), Isoniazid (H [proper]) or (I), Ethambutol (E), Pyrazinamide (Z), and Pyradoxine (Vitamin B6 50mg). IRZE or (HRZE) is weight based dosing and is daily M-F. Contact TB nurse consultant for dosing recommendations. This regimen is sometimes referred to as RIPE.
2	Patient education and legal documents (treatment agreement, isolation education and agreement, etc.) shall be provided on initial visit with the patient. Education should cover the following tops: Diagnosis, treatement, directly-observed therapy, isolation agreement along with instructions on what isolation means (e.g., no leaving home other than for predetermined and approved doctor appointments or emergency room and no visitors in home, including family members who reside outside of patient's residence). Isolation will depend on several factors. Consult with the Colorado TB Nurse Consultant prior to this meeting to discuss possible timelines. This is also the time to assess the safety of the home, both for the patient and any co-inhabitants. **Of Note:** Isolation starts with a verbal agreement, which is documented in the patient record. If the patient is not complying to isolation agreement, educate the patient again and assess understanding. If the patient continues to not comply, a public health isolation order would be the next step. It is imperative that the RN case manager updates and consults with the Colorado TB Nurse Consultant whever the patient is not complying.
3	Collect sputa every other week for AFB smear/culture until there are two consecutive negative cultures. The best specimens are 5mL or more, early-morning (NPO-including no brushing of teeth), and nurse-observed. It is recommended to collect every other Monday morning (after the initial three) to establish a routine. If the patient is relying on three negative smears to be released from isolation, this allows time to collect twice more (Wednesday and Thursday) in that same week with the hopes to release the patient from isolation by the weekend. **IMPORTANT:** Sputa must be collected M-TR only. Do not send any samples after Thursday morning as the specifmen must be at the state lab prior to 9 am on Friday to test before the weekend. They do not accept samples on weekends. **OF NOTE:** resources, including instructions can be found on the Colorodo TB Program website at https://cdphe.colorado.gov/tb-tools-lpha
4	Nucleic Acid Amplification Test (NAAT) should be performed on the two best initial samples; prefer positive smear, but not necessary to perform the NAAT. A geneXpert is one type of NAAT. Other possible rapid molecular testing includes PCR. If the patient is hospitalized, the nurse case manager or designee should contact the Infection Control Manager (ICP) to confirm this testing is ordered. If the patient is not hospitalized, the PHN will order this through the state lab.
5	Drug susceptibility testing can be performed at the state lab or at a reference lab. If the sample is not at the state lab, the nurse case manager or designee should contact the hospital ICP or microbiology lab to ensure that those are ordered and are being performed.
6	Chest Xray (or other imaging) is done initally and then upon request. Please consult with the Colorado TB Nurse Consultant regarding the need for further imaging.
7	Assess adherence and monitor the improvement of tuberculosis symptoms (e.g., cough, fever, fatigue, night sweats) as well as the development of medication side effects or adverse effects (e.g., jaundice, dark urine, nausea, vomiting, abdominal pain, fever, rash, anorexia, malaise, neuropathy, arthralgias). If a non-RN is providing DOT, then the RN must physically see the patient, minimumly of monthly to perform full-assessment. This should be more often if warranted (patient change in status, complaints of side effects or adverse reactions, etc.).
8	Vision screening to include a Snellen and Ishihara initially and monthly while on Ethambutol, and more often if symptomatic. If the patient reports any changes in vision, the RN case manager should assist the patient in making an appointment to an optometrist to ensure a timely exam, and hold Ethambutol. Call the Colordado TB Nurse Consultant to provide update as soon as possible.
9	Serial labwork, including CMP or LFTs may be warranted if patient has abnormal baseline testing, lifestyle risk factors, pregnancy, or s/s associated with liver toxicity. Other testing such as A1C may be necessary.
10	The discussion of contacts needs to happen on the first visit to identify any high-risk contacts who may require immediate assessment and testing (e.g., children <5 years old, immune compromised, significant exposures, and those with respiratory symptoms who were exposed to this person). This should be a relatively quick conversation to start identifying those who need follow-up quickly. This is an ongoing conversation with the patient and may expand or change often. Contact the Colorado TB Nurse Consultant to discuss nuances and discuss timelines.
11	Any high-risk contacts should be interviewed and assessed in-person within 72 hours of report.