

Discharge Planning: SUSPECTED/CONFIRMED TUBERCULOSIS

Utilize this checklist to ensure every requirement and need has been addressed **BEFORE** a TB patient is discharged. The patient should not be discharged until all points are addressed.

Patient Name: _____ DOB: _____ Discharge planner name: _____

Patient's local health department: _____ Phone: () _____

Provider responsible for ongoing treatment: _____ Phone: () _____

All proven and suspected TB cases must be **reported within 24 hours** to the patient's local health department. The case can be a suspect and does not have to be confirmed in order to report. For a list of local health departments and contact information, visit www.malph.org/directory.

Medical records including radiology films, lab results, and notes are not subject to HIPAA when sent to a local health department. This includes future medical records pertaining to TB management. Michigan Public Health Code authorizes the Michigan Department of Health and Human Services and local health departments to investigate any active or suspect TB case. To read more, go to http://www.michigan.gov/documents/Director_HIPAA_and_communicable_disease_110947_7.pdf

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| 1. Has the hospital discharge planning team and the patient's local health department agreed upon a discharge plan at least 48 hours prior to discharge? | Y | N |
| 2. Has the attending physician discussed the case directly with the local health department Medical Director or TB Nurse Consultant? | Y | N |
| 3. Has the local health department nurse visited the patient in hospital? | Y | N |
| 4. Have arrangements for airborne isolation been made? | Y | N |
| 5. Is the patient tolerating daily doses of TB medications? | Y | N |
| 6. Has the patient received education in their primary language about the TB treatment plan, including directly-observed therapy? | Y | N |
| 7. Has patient's primary and secondary contact information been verified? | Y | N |
| 8. Has an outpatient follow-up appointment been scheduled? | Y | N |

Appointment date, time, and location is: _____

