

# Case Management Time Line

rev. 6/2020

## FIRST NOTIFICATION

Reporting and Notification	Date HD	Date State	Comments
Local Health Department (immediate) and State HD (w/i 24 HRS) Notification			
Interjurisdictional TB Notification (NTCA 3-2002) if from other State/Country			
Initial Report (form 3140 or 3141) and/or discharge summary from hospital			
Discuss with hospital Case Manager, if hospitalized			
Estimate potential Infectiousness			
Arrange to visit client while hospitalized (ideal). Call client in hospital if cannot visit			
Initial Interview to verify info – DISCUSS BARRIERS, infection control, arrange for accommodations			

## First Visit to Home: Within 24 – 48 hours of notification of TB Suspect

Legal	Date HD	Date State	Comments
Signed Consent (form 3609)			
Signed Treatment Plan (form 3144)			
Signed DOT agreement (form DPH06/060W)			
Signed Release of Information (form 5459)			
Documentation of Patient receiving Medication Information Sheet (DPH04/328HW)			
Case Management	Date HD	Date State	Comments
TB Services (form 3121R) Initial completion			
Physical Assessment in chart (hospital, physician or HD)			
SENDSS entry: demographics w/i 24 hrs of notification, assessment w/i 24 hrs of receipt			
Check weight/Recalculate TB med doses			
Initial chest x-ray report in chart			
HIV status and post test counseling documented			
Baseline labs: Adults: AST, ALT, bilirubin, alkaline phosphatase, CBC with platelet count, serum creatinine, Hemoglobin A1C, Hep B profile and Hep C Antibody. All ages FB: Hep B profile			
Other labs ordered per history and protocol			
Pregnancy test, if indicated			
Baseline visual acuity testing and red/green color discrimination for clients on Ethambutol			
Baseline hearing if on a “mycin” medication (injectable)			
Appropriate client education documented: Utilizing Client Education Guidelines in P&P			
3 Consecutive sputum specimens collected ( Check: smear, culture, & sensitivity and NAAT x2)			
3 Consecutive sputum smears date documented			
Refer for CXR if not already done			
Started on appropriate medications with at least 4 Drugs			
Medication start date documented			
Medical Case Review form started			
Make arrangements for DOT			
Discuss infection control measures (isolation in room in home and surgical mask when out)			
Assess Barriers to adherence. Consider incentives/enablers			
Referrals and f/u for:co-morbidities, tobacco cessation, drug &/or alcohol addiction treatment			
Contacts identified at 1 <sup>st</sup> patient visit (and with each visit thereafter)			

## Within First Month 1

Reporting and Notification	Date HD	Date State	Comments
Initial RVCT form completed in SENDSS within 30 days			
Case Management	Date HD	Date State	Comments
Initial chest x-ray report in chart			
HIV status and post test counseling documented			
Follow-up labs, as indicated. Refer where needed, e.g. primary MD for elevated A1C			
Weekly sputa x3 until 3 consecutive AFB smear neg. Then 1/week for AFB, C&S ‘til Culture neg			
Monthly visual acuity testing and red/green color discrimination for clients on Ethambutol			
Appropriate client education documented: Utilizing Client Education Guidelines in P&P			
High Priority Contacts initial encounter w/i 3-7 days w/medical eval w/i 5 days			
Medium Priority Contacts initial encounter w/i 14 days w/medical eval w/i 10 days			
Low Priority Contacts Initial encounter w/i 30 days			
Ensure that the case management plan is shared with the TB team			
Count Medication Doses to ensure Patient is on-target			
Monthly hearing and balance assessment if on “mycin” injectable			

## Within 3 Months

Reporting and Notification	Date HD	Date State	Comments
TB Classification within 90 days			
Follow Up RVCT form completed in SENDSS within 2 months of RVCT (Follow Up Report – 1)			
Monthly Follow up Reports from PMD (form 3142) if co-managed			
Case Management	Date HD	Date State	Comments
2 month sputum status documented			
Initial TB Drug Susceptibility			
Monthly Flow Sheets Completed			
Calculate number of doses taken within initial phase before starting Continuation Phase			
Initiation Phase Completed and Medications changed for Continuation Phase			
If no clinical improvement by 2 months, discuss w/MD – may need serum drug levels			
Appropriate client education documented: Utilizing Client Education Guidelines in P&P			
F/U on referrals, re-assess readiness to quit tobacco, alcohol, illicit drugs			
Medical Case Review form started			
TB Services (form 3121R) Updated			
Weeks 8 -12 Follow-up TSTs/IGRAs for Close Contacts			

## Monthly / On-Going

Case Management	Date HD	Date State	Comments
Follow up Chest x-ray reports in chart			
Monthly sputum specimen obtained for AFB/C&S			
Sputum conversion documented			
Follow up TB Drug Susceptibility, if needed			
Appropriate number of doses within time frame			
DOT form complete and current (form 3130)			
Appropriate action documented for side effects, adverse reactions and other identified problems			
Complete & current TB Flow Sheet (form 3135)			
Monthly labs: AST, ALT, bilirubin, alkaline phosphatase & CBC with platelets			
Monthly visual acuity and red/green color discrimination, if on Ethambutol			
Monthly hearing checks if on injectable			
Adherence assessed and documented with appropriate action taken documented			
Documented referrals and follow up as indicated			
Documented f/u for Mental Health, as needed			
Documented f/u for Tobacco, Drugs &/or Alcohol Treatment referrals			
Continue follow-up with Contacts: Complete Contact Investigation Sheet, make sure all needed CXRs are done, f/u with patients on LTBI treatment			
Medication stop date documented			
Appropriate client education documented: Utilizing Client Education Guidelines in P&P			
Medical Case Review form started			
TB Services (form 3121R) Updated			

## Close-out

Reporting and Notification	Date HD	Date State	Comments
Follow Up RVCT form completed in SENDSS when case is closed (Follow Up Report – 2)			
Appropriate number of doses of each recommended medication verified			
Appropriate completion of treatment within 12 months			
Cohort form completed			
All information regarding case is entered into SENDSS			