Case Management Timeline-A Tracking Form for TB Medical Records

Month 1					
Reporting and Notification	Date HD	Date State	Req Date	Rec Date	Comments
Date State Office Notified					
Notification date of Health Department documented					
Initial Report (form 3140 or 3141) and/or discharge summary from hospital					
Initial RVCT form completed in SENDSS within 30 days					
Interjurisdictional TB Notification (NTCA 3-2002)					
Legal	Date HD	Date State	Req Date	Rec Date	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	Req Date	Rec Date	Comments
TB Services (form 3121R) Initial completion					
Physical Assessment in chart (hospital, physician or HD)					
Initial chest x-ray report in chart					
HIV status and post test counseling documented					
Baseline labs: AST, ALT, bilirubin, alkaline phosphatase, CBC with platelet count, serum					
uric acid and creatnine, and if indicated					
Hepatitis B and C profile and a pregnancy test.					
Other labs ordered per history and protocol					
Baseline visual acuity testing and red/green color discrimination for clients on Ethambutol					
Appropriate client education documented: Utilizing Client Education Guidelines in P&P					
3 Consecutive diagnostic sputum specimens collected					
3 Consecutive negative sputum smears date documented					
Started on appropriate medications with at least 4 Drugs					
Medication start date documented					
Medical Case Review form started					

Month 3					
	Date	Date	Req	Rec	
Reporting and Notification	HD	State	Date	Date	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	Req Date	Rec Date	Comments
2 month sputum status documented					
Initial TB drug susceptibility					
Monthly flow sheet completed					
Initiation phase completed and medications changed for continuation phase.					
Appropriate client education documented: Utilizing client education guidelines in P&P					
Medical Case Review form started					
TB services (form 3121 R) updated					
Monthly/On-going					
Reporting and Notification	Dte HD	Dte State	Req Dte	Rec Dte	Comments
Reporting and Notification	Dte HD	Dte State	Req Dte	Rec Dte	Comments
Follow up Chest x-ray reports in chart					
Monthly sputum specimen obtained					
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					
Adherence assessed and documented with appropriate action taken documented					
Documented referrals and follow up as indicated					
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	Req Date	Rec Date	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					
NOTES:					
Missing Contact Investigation Form Items					

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