

Date: _____ County: _____

Client Initials: _____ DOB: _____ Computer MR#: _____

Criteria	Met	Not Met	N/A	Comments
Legal				
Signed Consent/Treatment Plan (form 3609.LTBI)				
Signed Refusal of Treatment (form 3575)				
Signed Release of Information				
Documentation of Patient receiving Medication Information Sheet (DPH04/328HW)				
Discount Eligibility form completed				
Signed Consent for Non-Childproof Containers				
Signed DOT Agreement for LTBI Treatment (form 603 DOT) if needed				
Signed DOT Provider Agreement (form 604 DOT) if needed				
Signed VDOT Agreement for LTBI Treatment (form 603.VDOT.LTBI) if needed				
LTBI Management				
TB Services (form 3121) Documented date sent to Pharmacy if needed				
Physical Assessment in chart (hospital, physician or HD)				
Read note for the record to ensure following M.D. orders				
Mailed copies of records/labs to TB Consultant if needed				
Document labs discussed with client				
Initial TST/IGRA date and results in chart & EMR				
Follow up TST/IGRA in 8 – 10 weeks date and results, if indicated				
Initial chest x-ray report in chart & EMR				
Follow up Chest x-ray reports in chart & EMR				
HIV status and post test counseling documented in chart & EMR				
Baseline labs: Liver Function Test, Hepatitis B and C profile if indicated and a pregnancy test.				
Other labs ordered per history and protocol				
Appropriate client education documented utilizing “Client Education Guidelines” in P&P Manual				
Started on appropriate medication				
Medication start date documented in chart & EMR				
Medication order correct in EMR				
Medication order correct on prescription bottle				
Appropriate number of doses within time frame				
DOT form complete and current (form 3130) if indicated				
Appropriate action documented for side effects, adverse reactions and other identified problems				
TB Flow Sheet (form 3135)				
Monthly labs: Liver Function Test documented in chart & EMR				
Adherence assessed and documented with appropriate action documented for non-compliance				
Documented referrals and follow up as indicated				
Medication stop date documented in chart & EMR				
Progress note in EMR on admission and discharge				
Progress note in EMR for any problems noted on Flow Sheet				
LPN’s – Must have RN co-sign Flow Sheet				
Allergies addressed in chart & EMR				
Problem list utilized in chart				
Chart order correct				

ADDITIONAL COMMENTS:

Reviewer Name/Title: _____