

**Napa County Health & Human Services – Public Health Division**

**TUBERCULOSIS DISCHARGE CARE PLAN**

SEE REVERSE SIDE FOR INSTRUCTIONS FOR USE

Patient Name:				Submitted by:			
DOB		MR#		Phone:		Pager:	
Payor Source:				Facility:			
Primary Language:		<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other			
<b>If Pulmonary TB</b>							
Dates of three consecutive AFB Smears		/	/	/	/	/	/

Discharge to:	<input type="checkbox"/> Home	<input type="checkbox"/> Shelter	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Other	
Discharge Address:					
Date Patient to be Discharged:			Follow-Up Appt. Date:		
Name of Physician who has agreed to assume care:				Phone:	

<b>Discharge TB Medication Regimen</b>		
		Dates Started
INH	mg	
Rifampin	mg	
Ethambutol	mg	
Pyrazinamide	mg	
B6	mg	
Other	mg	

Number of days of Medication Supply \_\_\_\_\_  
 (There must be enough to get patient through follow-up provider appointment)

Significant Psychosocial Problems that might impact treatment/compliance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Information/Household Composition**

Number of people in household? \_\_\_\_\_

Any children age 5 and younger? \_\_\_\_\_

Any Immunocompromised individuals? \_\_\_\_\_

**FOR H&HS AGENCY TB CONTROL USE ONLY**

Agency review – Problems noted: \_\_\_\_\_

Action taken before discharge: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date of Review:            /            /            Discharge Approved?    Yes    No            Date:            /            /

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**HEALTH AND HUMAN SERVICES AGENCY  
TUBERCULOSIS CONTROLLERS OFFICE  
2344 OLD SONOMA ROAD  
NAPA, CALIFORNIA 94559-3721  
PHONE 707/253-4231 FAX 707/299-4479**

**DISCHARGE OF A SUSPECT OR CONFIRMED TUBERCULOSIS PATIENT**

In order to protect the Public Health, as of January 1, 1994, State Health and Safety Codes mandate that patients suspect for or confirmed with TB may not be discharged or transferred without prior Napa County Health Officer/Tuberculosis Controller approval.

To facilitate timely and appropriate discharge, the provider should notify the Napa Health and Human Services Agency 1-2 days prior to anticipated discharge to have the provider's discharge criteria reviewed by the receiving Agency.

**HEALTH AND HUMAN SERVICES AGENCY RESPONSE PLAN**

**WEEKLY DISCHARGE NON-HOLIDAY (8AM – 3 PM)**

Upon receipt of the discharge plan, which may be sent by FAX to the Supervising Public Health Nurse at (707) 299-4479 or by phone to (707) 253-4231 the Napa TB Control Staff will provide a response within one half-day. Plans must be submitted by 12 Noon for same day approval.

The Napa TB Control Staff will review the plan and notify the provider of approval or will inform provider of additional information/action that is needed prior to discharge to obtain approval.

If a home evaluation is needed to determine if the environment is suitable for discharge, the Napa TB Control Staff will make a home visit within 3 working days of notification.

If the patient is homeless or there is concern for non-compliance the case shall be discussed with the Napa Supervising Public Health Nurse and at such time as the SPHN is satisfied with Plan she will seek the Health Officer's approval of the Plan.

**HOLIDAY AND WEEKEND DISCHARGE**

There are no provisions at this time for either Holiday or Weekend discharge due to staffing limitations. If the discharge cannot be approved, the patient **MUST** be held until the next business day for appropriate arrangements to be made.

**NOTE:** Use of this form is for discharge planning only. To fulfill State requirements for disease reporting a TB Suspect Case Form must be completed and submitted.