

Discharge Checklist for Active/Suspect Tuberculosis (TB) Disease



Continuity of care for patients being discharged from the hospital with suspected or confirmed active TB disease is vital for successful treatment. This checklist is intended to assist local public health departments in planning for patient needs in the community. The patient should not be discharged until all checkpoints are considered.

Obtain records and care team information:

- Introduce yourself to care management and providers to explain the role of local public health in discharge planning.
- Obtain provider notes, imaging reports, and laboratory results, including specimens collected for mycobacteria smear and culture.
- Confirm patient locating information (address, phone numbers, etc.), language spoken, and insurance information.

Consider isolation needs:

- Discharge infectious or potentially infectious patients only to settings where no new persons will be exposed.
- Do not discharge to households with children under five years of age and immunocompromised persons (i.e., HIV).
- Do not discharge to congregate settings (e.g., correctional facilities, homeless shelters) unless they will be in airborne isolation.
- Provide education on expectations for home isolation (see [instructions](#)) and criteria for release from isolation (see [Table 1](#)).
- Consider how the patient will attend follow-up appointments (i.e., lab draws) while still in isolation; confirm with the infection preventionist that the outpatient clinic is able to accommodate infectious patients.

Arrange for TB medication and follow-up care:

- Verify patient is tolerating TB medications; adverse effects should be addressed before discharge.
- Assist discharging provider in filling out initial request for medication ([F-44000](#)) and fax to the Wisconsin TB Program at (608) 266-0049.
- Schedule an initial directly observed therapy (DOT) visit. Consider timing of medication delivery from the dispensary.
- If the patient is receiving medications from the hospital, instruct the patient not to take them without a nurse present.

Whenever possible, visit the patient in the hospital before discharge:

- Educate patients on TB disease and transmission and the role of public health in treatment.
- Educate on the importance of directly observed therapy (DOT).
- Provide [instructions](#) on home isolation, if needed.
- Assess for barriers to treatment (housing, transportation, financial); consider treatment agreement form (see [Form 2](#)).

