

HOSPITAL DISCHARGE/TRANSFER APPROVAL FORM

Patient Name: _____ Discharge Address: _____
 D.O.B: _____ MR#: _____ Phone: _____
 Ethnicity: _____ Language Spoken: _____

Pulmonary TB Extrapulmonary TB (specify site) _____

High-risk settings (e.g. health care facility, nursing home, congregate living, drug treatment program, homeless shelter, jail, dialysis center, other settings with children under 5 years of age or persons with compromised immunity). Dates of three (3) consecutive AFB smear negative sputum (collected at least 8 hours apart, one of which should be induced or early morning) Smear positive patient will also need to complete 14 days of TB medication. If smear negative 5 days. Home isolation instructions provided (if smear positive)

Discharge to: Home Discharge SNF Other _____
 from: _____ Date of discharge: _____

BACTERIOLOGY

Date	Source of Specimen	AFB Smear Concentrate	AFB Culture
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOLLOW-UP CARE

Physician for TB FOLLOW-UP after discharge: _____ Phone#: _____
 Other follow-up care scheduled after discharge: _____
 Phone#: _____

**Must provide patient with sufficient supply of medication (in hand), not a Rx, until follow-up provider appointment.*

Number of days of Medication Supply _____

Discharge TB medication regimen	Date Started	Does this patient require Directly Observed Therapy (D.O.T.) by the Health Department?
Isoniazid _____ mg	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rifampin _____ mg	_____	
Ethambutol _____ mg	_____	
Pyrazinamide _____ mg	_____	
B6 _____ mg	_____	
Other _____ mg	_____	
Other _____ mg	_____	

CONTACT INFORMATION/HOUSEHOLD COMPOSITION

of people in household? _____ Children age 5 and younger? _____ Any immunocompromised individuals? _____

WHEN COMPLETED, FAX TO LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES for approval (562) 570-4391

FOR TB CONTROL USE ONLY

Reviewed/Approved by: _____
 Discharge Approved Yes No

Home Isolation? Yes No
 If yes, review Home Isolation Instructions and sign attached form.

COMMENTS:

Date of approval: _____

**Long Beach Department of Health & Human Services
Tuberculosis Control Program**

2525 Grand Ave #167
Long Beach, CA 90815
(562) 570-4526 Fax (562) 570-4391

Hospital Discharge Approval Request Instructions

Discharge of a Suspect or Confirmed Tuberculosis Patient

As of January 1, 1994, State Health and Safety Codes mandate that patients suspected or confirmed with tuberculosis may not be discharged or transferred from a health facility (e.g. hospital) without prior approval of the Local Health Officer (i.e., TB Controller).

To facilitate a timely and appropriate discharge, the provider should submit a written discharge plan to Tuberculosis Control Program 1 to 2 business days prior to the anticipated discharge. Tuberculosis Control Program will review the discharge plan for approval or denial.

Health Department Response Plan:

Weekday discharge (Non holiday 8:00 am- 5:00 pm): The written discharge plan should be completed in its entirety and submitted by FAX.

Tuberculosis Control Program staff will review the discharge plan and, within 24 hours, notify the provider of approval or request additional information/actions required, before the patient can be discharged or transferred.

All AFB smear positive pulmonary TB suspects require a home evaluation, to determine if the environment is suitable for discharge. Tuberculosis Control Program Liaison will inform the primary team of the status of the home evaluation, once completed.

Weekend and Holiday Discharge: All arrangements for discharge should be made in advance when weekend discharge is anticipated. If the discharge cannot be approved, the patient must be held until the next business day until appropriate arrangements can be made. We hope to review and approve discharges in a timely manner, but if unusual circumstances occur, such as patient leaving against medical advice, please notify the TB control program ASAP. Please leave a voicemail or fax pt info, and we will follow-up with the patient the next business day.

(NOTE: This form is used for discharge care planning only. Call the Tuberculosis Control Program prior to faxing documents to ensure timely processing.