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## SITUATIONS REQUIRING DISCHARGE APPROVAL

- 1. Any person who has been placed in TB isolation, even if they have three (3) negative (-) smears.
- 2. Any person in whom a smear or preliminary culture results from any body fluid or tissue is positive for acid-fast bacilli.
- 3. Any person with pathologic findings consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely.
- 4. Any person with clinical radiographic, or laboratory evidence consistent with active TB, even if the diagnostic evaluation is incomplete or culture results are pending, in whom the level of clinical suspicion of active TB is high enough to warrant the initiation of antituberculous therapy, whether or not such therapy has actually been started.
- 5. Any person who has started on antituberculous therapy for clinical suspicion of active TB.

## PROCEDURES FOR OBTAINING DISCHARGE APPROVAL OF TB SUSPECTS AND CASES

- 1. Complete a Confidential Discharge Plan and Approval Form, ensuring all information requested is approved (see Situations Requiring Discharge Approval).
- 2. Clinical information to be completed and signed by physician.
- 3. Fax completed form and chest x-ray/CT reports to Disease Control at (951) 358-7922.
- 4. Ideally, the form should be submitted to TB Control one (1) or two (2) days prior to anticipated discharge.
- 5. If discharge approval is needed after regular business hours, contact the answering service at (951) 782-2974 and request the TB Duty Officer.

Please Note: Discharge approval is required every time a patient is admitted, even if it is for another problem.