



Imperial County Public Health Department TB Control Program

Telephone: (760) 482-4661 Fax: (760) 482-4897

Confidential Hospitalized TB Suspect / Discharge Care Plan / Approval Request

Patient Name: Submitted By:
D.O. B. MR# Phone: Cell:
If Pulmonary: Dates of three consecutive negative smears Facility:
Fax #:

Discharge to: [] Home [] Shelter [] SNF [] Jail/Prison [] Other
Discharge address and phone:
Date patient to be discharged F/U Appt. Date:
Physician agreeing to assume TB Care: Phone #:
Health Care Facility:
Address:

Discharge TB Medication regimen: (indicate total daily dose)
Medical complications (specify):
INH mg
Rifampin mg
Ethambutol* mg
Pyrazinamide mg
Other mg
Side Effects
of days of medication supply
(Must be sufficient to supply patient until follow up provider appointment).
Does the patient have risks that indicate Directly Observed Therapy (DOT)?
[] Mental Impairment
[] Homeless
[] HIV
[] Hx of any non-compliant behavior
[] Substance
*Contact TB Control of uncertain about risk.

Contact information/Household composition:
Number of people in household?
Are there children age 5 years and younger? [] Yes [] No
Are there individuals immunocompromised? [] Yes [] No

Tuberculosis Control Only
ICPHD Review - Problems Noted:
Discharge Approved
Action taken before discharge: [] Yes [] No
Date:
Reviewed by: Date Reviewed:
Approved by: Date Approved:

The Confidential Tuberculosis Suspect Case Report (H-803) form must be on file at Tuberculosis Control or submitted with this form.

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Confidential Hospitalized TB Suspect / Discharge Care Plan / Approval Request (H-804) 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 or designee (i.e., TB Controller).

To facilitate a timely and appropriate discharge, the provider should submit a written discharge plan to Tuberculosis Control 1 to 3 days prior to the anticipated discharge. Tuberculosis Control will review the discharge plan for approval or denial.

Health Department Response Plan:

Weekly discharge (Non-holiday 8:00 am – 5:00 pm): The written discharge plan should be submitted by FAX.

Tuberculosis Control staff will review the discharge plan and notify the provider **within 24 hours** of approval or inform the provider of any additional information/action required or needed for approval prior to discharge.

If a home evaluation is required to determine if the environment is suitable for discharge, health department staff will make a visit.

Holiday and Weekend Discharge: All arrangements for discharge should be made in advance when weekend discharge is anticipated. The process outlined above will be followed. If discharge cannot be approved, the patient must be held until the next business day until appropriate arrangements can be made (*to fulfill State requirements for communicable disease reporting, the Confidential Hospitalized Tuberculosis Suspect/Case Report must be completed and submitted prior to or concurrently with the Confidential Hospitalized Tuberculosis Suspect/Case Discharge Care Plan/Approval Request*).

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