

TUBERCULOSIS DISCHARGE PLAN

This form must be filled out completely. Please allow for at least 1 business day for response after submitting.

Return this completed form to Kern County Public Health TB Control

Fax: (661) 868-0261 or (661) 868-0281

Secure Email: PHTBControl@kerncounty.com

Patient Name: _____

Submission Date: _____

Date of Birth: _____ MR #: _____

Submitted By: _____

Address: _____

Fax #: _____ Phone #: _____

Payer Source: _____

Email Address: _____

Admitting Diagnosis: _____

Facility Name: _____

Symptoms Upon Admission: _____

Three most recent sputum smears:

#1 Date: _____ Time: _____ Result: _____

#2 Date: _____ Time: _____ Result: _____

#3 Date: _____ Time: _____ Result: _____

	Date	Result
TB Skin Test (TST)	_____	_____ mm
TST Booster	_____	_____ mm
IGRA	_____	_____
NAAT/PCR	_____	_____

	Date	Result
CXR	_____	(Fax CXR Reading)
HIV	_____	_____
Cocci	_____	_____
Cocci	_____	_____

Discharge Diagnosis: _____

Symptoms on Discharge: _____

Requested Date of Discharge: _____

Weight at Discharge: _____

Discharged Location: ☐ Home ☐ Shelter ☐ SNF ☐ Jail/Prison ☐ Other: _____

Discharge Address: _____

Phone: _____

Physician Assuming TB Care: _____

Phone: _____

Appointment Date: _____ Time: _____

DISCHARGE TUBERCULOSIS MEDICATION REGIMEN

Isoniazid (INH) _____ mg/day

Rifampin (RIF) _____ mg/day

Ethambutol (EMB) _____ mg/day

Pyrazinamide (PZA) _____ mg/day

Other: _____ mg/day

Other: _____ mg/day

of days of medication supply: _____ (Must include enough to complete treatment through scheduled follow-up appointment)

☐ Directly Observed Therapy (DOT) order completed and submitted to Health Department.

Additional items to Fax/Email to TB Control

☐ MARs with TB medications

☐ H&P

☐ Infectious Disease MD-Consult Notes

☐ Discharge Summary

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Questions? Contact Kern County Public Health TB Control at (661) 321-3000 during regular business hours.

FOR PUBLIC HEALTH USE ONLY

Public Health Review/Problems Noted: _____

Action Required Before Discharge: _____

Discharge approved by Public Health: PENDING _____ ☐ YES ☐ NO

Reviewed by: _____ Date: _____

Kristopher Lyon, MD, Public Health Officer