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Tuberculosis Treatment Guideline

I. Purpose and Scope

The intent of this guideline is to ensure the use of nationally recognized treatment regimens including appropriate monitoring, assessment, documentation, completion of therapy, and reporting, for TB disease and latent tuberculosis infection, LTBI.

II. Tuberculosis Treatment

A. Treatment

Treatment for active TB disease will be at the direction of the Oklahoma State Department of Health (OSDH) TB Control Officer.

1. Recommendations for treatment of active TB disease made by the OSDH TB Control Officer will be written as an order in the by a DOC health care provider.

2. Recommendations for treatment of active TB disease made by anyone other than the OSDH TB Control Officer will be approved by the OSDH TB Control Officer then written as an order in the by a DOC health care provider.

3. Treatment recommendations for Latent Tuberculosis Infection (LTBI) are found in the MMWR (Morbidity and Mortality Weekly Report) "Treatment of Tuberculosis", June 20, 2003/Vol. 52/No. RR-11 and in accordance with "Tuberculosis Treatment Guidelines.

   The treatment of LTBI, found in OP-140301, may be prescribed by a facility health care provider in accordance with MMWR guidelines or in consultation with the OSHD TB control officer.

B. Treatment Monitoring and Assessment

1. All medications administered for TB disease or LTBI are given by directly observed therapy (DOT). This ensures that inmates are observed swallowing the medications and, if compliance is questioned, a mouth check is done following the administration of each dose.

2. All medications used for the treatment of TB disease and infection can have adverse effects. Initial and ongoing offender education including signs and symptoms of adverse effects to report, and at least monthly evaluations by health care providers are required to ensure prompt identification of adverse effects. Refer to the attached individual medication fact sheets for information regarding potential adverse effects of each medication, keeping in mind that these fact sheets cannot include all potential adverse effects and individual adverse effects are possible. Also refer to "TB Medication Lab Work and Monitoring" (Attachment B) for specific laboratory tests and/or required assessments, with frequencies, for individual medications.

3. Monthly disease signs and symptoms evaluations are also required for offenders under treatment for TB disease to document improvement and sustained resolution of symptoms of TB disease.

C. Completion of Therapy

Treatment is considered complete when the ordered number of doses has been taken by the inmate or the ordered duration of treatment has been reached. Recommendations to discontinue treatment will be written by the OSDH TB Control Officer and that recommendation will be written by a DOC health care provider.

D. Reporting

When the inmate begins, finishes, stops, or refuses treatment for TB disease or LTBI the "Tuberculosis Summary Record Closing Interchange" (DOC 140301C) will be completed and co-signed to the Nurse Manager (Infection Control) for review and signature. If the OSHD TB Division is consulted for treatment of an inmate then a copy of the "Tuberculosis Summary Record" (DOC 140301C) must be faxed to their office 405-900-7591.

E. Refusal of treatment

1. Inmates being treated for TB disease cannot refuse treatment. In the event an inmate with TB disease refuses treatment the inmate will be placed in respiratory isolation or arrangements made for transfer to a facility with respiratory isolation capability. The Chief Medical Officer, CMO, shall be notified for further recommendations.

2. Inmates being treated for LTBI have the option of treatment. If the inmate chooses to refuse treatment, after a full explanation of the benefits of treatment, the inmate will sign a "Preventive Therapy Waiver for Tuberculosis (TB) Infection" (DOC 140301E).

III. Documentation

A. Tuberculosis Summary Record

When an inmate is started on medication for TB disease or LTBI the " Tuberculosis Summary Record Opening Interchange" (DOC 140301C) must be completed within 14 days of reception to the assigned Medical unit. The " Tuberculosis Summary Record Opening Interchange" (DOC 140301C) will be co-signed to the Nurse Manager (Infection Control) for review and signature for TB disease cases only.

B. Tuberculosis Medication Charting

The inmate's "RMP/EMB/PZA Tuberculosis Medication Regimen and Documentation" (DOC 140301G) or the "INH/B6 Tuberculosis Medication Regimen and Documentation" (DOC 140301H) is updated with the new TB medications in accordance with OP-140301 entitled "Tuberculosis Control Program". TB medications are often ordered for a specific number of doses. Each dose is counted after DOT administration. Doses of medication are not counted if they are missed, refused, held or not taken for any reason.

C. Tuberculosis Monthly Monitoring

Inmates on medication for TB disease or LTBI must be assessed by a RN/LPN monthly. Assessment information will be documented on the "Tuberculosis Monthly Monitoring" (MSRM 140301.04A).

IV. References

Oklahoma State Department of Health. Epidemiology Manual, October 1998

OP 140301 entitled, "Tuberculosis Control Program"

V. Action

The Chief Medical Officer, CMO, in Medical Services will be responsible for compliance with this procedure.

The CMO will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the CMO.

This procedure will be effective as indicated.

Replaced: Medical Services Resource Manual 140301-04 "Tuberculosis Treatment Guidelines" dated July 22, 2019

Distribution: Medical Services Resource Manual

Referenced Forms	Title	Located in
DOC 140301C	"Tuberculosis Summary Record"	OP-140301
DOC 140301E	"Preventive Therapy Waiver for Tuberculosis (TB) Infection"	OP-140301
DOC 140301G	"RMP/EMB/PZA Tuberculosis Medication Regimen and	OP-140301
DOC 140301H	"INH/B6 Tuberculosis Medication Regimen and Documentation"	OP-140301
MSRM 140301.04A	"Tuberculosis Monthly Monitoring"	Attached

Attachments -

Attachment A	"TB Medications Monitoring"	Attached
Attachment B	"TB Medications Lab Work"	Attached
Attachment F	"Ethambutol (EMB)"	Attached
Attachment I	"Isoniazid (INH)"	Attached
Attachment K	"Pyrazinamide (PZA)"	Attached
Attachment L	"Rifabutin"	Attached
Attachment M	"Rifampin (RMP)"	Attached