

## LTBI - Level II

### LTBI Treatment Level II (No Level I)

Skill Level: CREDENTIALLED RN - TB COORDINATOR ONLY

Definition: Latent Tuberculosis Infection (LTBI) occurs when a patient is infected with Mycobacterium tuberculosis, but does not have active tuberculosis disease. Patients with latent tuberculosis are not infectious; the risk of developing active tuberculosis is approximately 10% over a lifetime for most people, but is highest soon after infection occurs. The identification and treatment of people with latent TB is an important part of controlling this disease.

<p><b>Subjective:</b> Obtain history of infection by completing TB screening flow sheet. Verify no symptoms of TB disease.</p>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>Latent TB infection at risk for TB disease. Treatment is indicated to prevent disease in future.</li> </ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>Patient is a known positive PPD reactor either past or present, and</li> <li>Has not received treatment or was not treated for an adequate period of time.</li> <li>Chest x-ray and CBC, CMP, HIV, HBsAg/Ab, HCV Ab are completed. Chest x-ray read as normal or calcified granuloma or apical pleural thickening only.</li> <li>Conversion to positive PPD occurred within the past two years .</li> <li>Patient has no signs of TB disease.             <ul style="list-style-type: none"> <li>Cough &gt; 3 weeks</li> <li>Wt. Loss &gt; 10 lbs. in 6 weeks</li> <li>Hemoptysis</li> <li>Unexplained fever or chills</li> </ul> </li> </ul>	<p><b>Plan:</b> This plan is to be put into place by the RN TB Coordinator:</p> <ul style="list-style-type: none"> <li><b>Check for allergies to medications.</b></li> </ul> <p><b>Order:</b></p> <ul style="list-style-type: none"> <li>Chest x-ray and CBC, CMP, HIV, HBsAg/Ab, HCV Ab.</li> <li>INH 900 mg/ RPT 900 mg / B6 50 mg weekly x 12 doses within 16 weeks.</li> <li>Educate patient regarding signs and symptoms of TB.</li> <li>Educate to report any signs and symptoms of hepatitis</li> <li>Enter in DOC 400 as SN TB Meds</li> <li>Monitor MAR for adherence weekly, if non-adherent administer dose. Doses will be at least 72 hours apart.</li> <li>Meet with patient at least monthly while on INH/RPT to review side effects and ensure adherence.</li> <li>Educate regarding the difference between exposure, infection, and disease; cause and spread of tuberculosis infection; why the medication is being recommended; importance of taking the medication as directed; DOC policy regarding direct observed treatment; side effects of INH/RPT; length of treatment.</li> <li>Educational handouts available (see below)</li> <li>Enter TBDONE after LTBI regime complete in the DOC 400 face sheet.</li> <li>If patient reports possible adverse effect, draw CBC, CMP, UA (may be dip) and review prior to the next scheduled dose. Discuss with provider if abnormalities noted.</li> </ul>

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### Nursing Education:

1. Review the difference between Latent and active tuberculosis.
2. Treatment for those who are pregnant or HIV positive is contraindicated.
3. Drug to drug interactions refer to pharmacist.

### Patient Teaching and Precautions:

1. Provide the patient with patient education information sheets, in appropriate language.
2. INH/RPT/B6 weekly for 12 doses within 16 weeks.
3. Teach body fluid color change.

### APPROVED:

\_\_\_\_\_  
Medical Services Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

Effective Date: \_\_\_\_\_

Revised: Nov. 2015