Indigenous Services Canada / Services aux Autochtones Canada

At Risk TB Screening Algorithm (First Screen)

MODERATE RISK Medical Conditions

Name:_____
First Last
DOB:_____ PHN:_____
(yyyy-mm-dd)
Community:_____

☐Diabetes mellitus……..Date of Diagnosis: _____

Treatment with:

☐ Azathioprine (Imuran)……..Date Initiated:_____

☐ Leflunomide……..Date Initiated:_____

☐ Other*(Specify)_____ Date Initiated:_____

START HERE
Symptom Inquiry

☐ Symptoms of TB present. — S1

☐ No symptoms of TB. — N1

History of positive TB skin test AND/OR History of TB disease? — N2

☐ Yes
History of TB disease: Date:_____ (yyyy-mm-dd)
Positive Tuberculin Skin Test: Date:_____ Size_____ mm (yyyy-mm-dd)

Adequate treatment of TB disease or infection?

N3 ☐ No.

N4 ☐ Yes. No further follow up unless symptoms present.

Ensure client is aware of symptoms and what to do if they occur. Flag file re previous TB disease or infection – treated.

N5 ☐ No
Do TB skin test. Date: _____ (yyyy-mm-dd)

N7 ☐ Negative
Size: _____mm

No further screening necessary unless a new exposure.

N6 ☐ Positive.
≥ 10mm
Size: _____mm

Is the client less than 60 years of age

A1 ☐ Yes.

A2 ☐ No.

Client interested in taking prophylaxis?

P1 ☐ Yes.

P2 ☐ No.

S2

☐ a. Refer to family physician or nurse practitioner for assessment (including CXR).
Date:_____ (yyyy-mm-dd)

☐ b. Collect Sputum for AFB x 3.
Date 1:_____ (yyyy-mm-dd)
Date 2:_____ (yyyy-mm-dd)
Date 3:_____ (yyyy-mm-dd)

☐ c. Refer to TB Services using the TB Services Referral form.
Date:_____ (yyyy-mm-dd)

TB File #_____

Prophylaxis recommended, accepted and completed?

T1

☐Not recommended.
☐Not accepted.
☐Not complete.
Date: _____ (yyyy-mm-dd)

T2 ☐ Yes.
Date prophylaxis completed:
_____ (yyyy-mm-dd)

No further follow up necessary.

Follow up every 6-12 months OR with deterioration in health status.

Use 'Follow-Up' screen algorithm.

Date Algorithm completed:_____ (yyyy-mm-dd)

Signature_____

☐ Faxed to Alberta Region TB Program - Date: _____ (yyyy-mm-dd)

Fax: 780-495-8070

*Other- Some chemotherapy drugs and treatments for psoriasis may qualify. Please consult TB services for more information and guidance.

Revision Date: April 2018

☐ **Original to client file.**

☐ **Copy to binder/file for annual tracking.**

Canada