

 <p style="text-align: center;"><b>CREDIT VALLEY</b> THE CREDIT VALLEY HOSPITAL</p>	<p>CLINICAL PRACTICE GUIDELINE</p>	<p>PROFESSIONAL PRACTICE</p>
<p><b>TITLE: Management of Tuberculosis</b></p>		
<p><b>DATE OF ISSUE:</b> 2001, 09</p>	<p><b>PAGE</b> 1 <b>OF</b> 3 (Appendix)</p>	<p><b>NUMBER:</b> CPG 20-1</p>
<p><b>SUPERCEDES:</b> 1998, 01</p>	<p><b>ISSUED BY:</b> _____ <b>TITLE:</b> Chief of Medical Staff</p>	
	<p><b>ISSUED BY:</b> _____ <b>TITLE:</b> President</p>	

**Purpose:**

To provide consistent guidelines for the management of patients with possible respiratory tuberculosis.

**Definition:**

Transmission of Mycobacterium tuberculosis complex, within health care facilities, presents a risk to patients, visitors and employees.

The guideline will be utilized to identify and manage individuals who may have active disease due to mycobacterium tuberculosis complex.

Individual circumstances may dictate the most appropriate treatment or management.

**Physician Responsibilities:**

All patients for whom pulmonary tuberculosis is part of the differential diagnosis will be placed on respiratory isolation as outlined Policy INF-V-8a.

Patients identified as high risk for tuberculosis will have their care managed according to the algorithm **Management of Respiratory Tuberculosis**. Copies of the algorithm will be kept on all nursing units.

**Treatment and Monitoring:**

The Infection Control Practitioner/Infection Control Officer will review the patient's chart to ensure that 3 sputum for AFB and culture have been ordered and collected and that isolation is being followed.

Consultation with an Infectious Disease physician or Respiriologist is suggested for all patients for whom tuberculosis is suspected.

The Infection Control Practitioner/Infection Control Officer will report to Peel Health Department all patients who are diagnosed with tuberculosis.

Consideration should be given to requesting HIV testing on all patients who are confirmed to have tuberculosis.

**Evaluation:**

An audit of all reported tuberculosis cases will be conducted at 6 and 12 months, after the introduction of the clinical practice guideline, to evaluate compliance with the algorithm.

**Approval:**

Infection Control Committee: October 1997

Professional Practice Committee: December 1997, March 2001

Clinical Quality Care Committee: December 1997, April 2001

Medical Advisory Committee: January 1998, May 2001

**Management of Pulmonary Tuberculosis**

