RUHS – Public Health
TB Control
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SITUATIONS REQUIRING DISCHARGE APPROVAL

1. Any person who has been placed in TB isolation, even if one or more AFB smears are negative.

2. Any person in whom a smear or preliminary culture results from any body fluid or tissue is positive for acid-fast bacilli.

3. Any person with pathologic findings consistent with active TB.

4. Any person with clinical radiographic or laboratory evidence consistent with active TB, even if the diagnostic evaluation is incomplete or culture results are pending, in whom the level of clinical suspicion of active TB is high enough to warrant the initiation of anti-tuberculous therapy, whether or not such therapy has actually been started.

5. Any person who has been started on anti-tuberculous therapy for suspect or confirmed active TB.

6. If a single AFB smear is part of a bronchoscopy or orthopedic panel, and TB is not part of the differential diagnosis (no other TB testing is ordered, or indicated by the patient's clinical presentation) discharge approval will not routinely be required. However, if the AFB smear from the bronchoscopy, or orthopedic procedure is positive, usual discharge procedures must be followed.

7. **Discharge approval is required every time a patient is admitted, even if it is for another problem**.

PROCEDURES FOR OBTAINING DISCHARGE APPROVAL OF TB SUSPECTS AND CASES

1. Complete a Confidential Discharge Plan and Approval Form, ensuring all information requested is provided (see Situations Requiring Discharge Approval).

2. The clinical information is to be completed and signed by the physician.

3. Fax the completed form and chest x-ray/CT reports to Disease Control at (951) 358-7922.

4. Ideally, the form should be submitted to TB Control one (1) or two (2) days prior to the anticipated discharge.

5. If the discharge approval is needed after regular business hours, contact the answering service at (951) 782-2974 and request the Public Health Duty Officer.