



Hospital TB Discharge Planning Checklist for Clients with TB

Initiate TB discharge planning a few business days prior to the client's anticipated discharge date.

Successful TB treatment as an outpatient starts with effective discharge planning. All TB clients being considered for hospital discharge require an assessment to determine if additional supports are needed. Considerations include but are not limited to:

- Stable housing and if indicated, the ability to safely isolate and limit contact with persons at high-risk for TB, such as PLWH and children under 5 years of age.
- Ability to attend and engage with outpatient care appointments and follow-up.
- Ability to safely tolerate TB treatment.

Clients with TB have diverse experiences that may impact their engagement in care. Supporting a smooth transfer of care from hospital to community requires a trauma-informed, culturally safe comprehensive approach.

Please use the following checklist as a guide for TB discharge planning.

☐ **ARRANGE AN APPOINTMENT AT BCCDC TB SERVICES (TBS)**

Contact TBS, on behalf of the client: _____

☐ **ENSURE ACCESS TO TB MEDICATIONS**

Supply 1-2 days of medication or arrange access to a medication supply to continue treatment until the client's BCCDC TBS appointment. Note: Most community pharmacies do not stock TB medications.

☐ **PROVIDE TB EDUCATION**

Discuss TB diagnosis and care plan, medication management, infection prevention and control measures and follow-up care at BCCDC TBS. Refer to the following client resources:

- Discuss the need for wearing a mask if being discharged on home isolation. Provide surgical masks as needed.
- BCCDC TB Translated Content: bit.ly/TBtranslated-content
 - Includes TB medication handouts and HealthLink BC files for TB, Home Isolation, and Sputum Testing
- TB Stories content: bit.ly/TB-patientstories

☐ **COMPLETE HOSPITAL TB DISCHARGE FORM (attached)**



Hospital TB Discharge Form

INSTRUCTIONS	
<ul style="list-style-type: none">Complete this form as part of the Hospital Discharge Planning Checklist.Fax this form with the client's Discharge MAR to the TB Clinic at: (604)-707-_____	
DEMOGRAPHICS	
Name on BC Services Card	
LAST	FIRST
Personal Health Number	Date of Birth
	YYYY/MM/DD
Phone number(s)	Current address
Designated spokesperson (if applicable)	Translator required No <input type="checkbox"/> Yes <input type="checkbox"/> Language
TB CLINICAL INFORMATION	
TB treatment start date	TB medication carries given No <input type="checkbox"/> Yes <input type="checkbox"/>
YYYY/MM/DD	If yes, # of days:
TB treatment interruptions No <input type="checkbox"/> Yes <input type="checkbox"/> , please list individual TB medications and dates:	
Client on isolation No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide surgical masks	Weight ____ (kg)
Baseline bloodwork completed No <input type="checkbox"/> Yes <input type="checkbox"/> (HIV, Hep B/C, HbA1c, AST, total bili, CBC, Cr/GFR)	Discharge Summary faxed No <input type="checkbox"/> Yes <input type="checkbox"/> If not in CareConnect
Current or relevant health history (E.g., complex or multiple medical conditions; substance use; mental health; etc.)	
FACILITATORS OR BARRIERS TO CARE	
All medically stable clients, regardless of infectivity, need to be assessed if additional supports are needed for successful outpatient treatment. Consider spiritual, cultural, emotional, and physical wellness.	
Transportation	Housing
Supports	Disability Accommodation(s)
Other involved health care teams (E.g., Circle of Care, Mental Health, Medical Specialists)	
QUESTIONS?	
Contact BCCDC TB Services Phone: _____	