

# **TUBERCULOSIS DISCHARGE AUTHORIZATION REQUEST**

- Please complete Part I and fax to (831) 454-5049 at least 24 hours prior to anticipated discharge date.
- Note: Santa Cruz County office hours are Mon-Fri 8am-5pm, excluding weekends and holidays
- Patient must meet criteria of TB Hospital Discharge Procedure; see page #2

Part I: To	be Com	pleted b	y the Dis	cha	arging Fa	cility				
Patient Name:			Date of Birth:	D	ischarg	ing Facility:				
Anticipated Discharge Date:			Discharged t	to:	☐ Home	☐ Skilled Nursing Facility ☐ Shelter				
☐ Jail/Pri					☐ Residential Facility ☐ Other:					
Discharge Add	City:		Zip Code:		Phone Number:					
Name of Medical Provider for TB <u>after</u> Discharge:				ı	Phone Number:			Fax Number:		
Follow-Up TB Appointment:					Meds Provided Through Pat Next Business Day?			tient still on isolation?		
Date: Time:			am / pm		☐ Yes ☐ No			☐ Yes ☐ No		
Active TB Diagnosis: ☐ Suspected ☐ Confirmed					cient Weight:	□ II	os	mments:		
Site: 🗆 Pulmo		Dat	te of Weight:		6					
TB Discharge Medications					Other Discharge Medications					
Medication	Daily Dosage in mg	Start Date	Stop Date		Medication	Daily Dosage in mg		Start Date	Stop Date	
Isoniazid	Ü					`				
Rifampin										
Pyrazinamide										
Ethambutol										
Vitamin B6										
Please fax all of the following documents and lab results with this form:  ☐ Face sheet with insurance information ☐ Discharge instructions for patient, including need for Home Oxygen or Other Medical Equipment ☐ Chest X-ray (most recent) ☐ CT of chest ☐ Quantiferon ☐ TB skin test ☐ AFB tests (send all) ☐ TB PCR/NAAT ☐ HIV test ☐ CBC (most recent) ☐ Metabolic panel (most recent) ☐ Uric acid level										
Form Completed by: Date Com		Date Comple	leted:		Phone Number	:		Fax Number:		
	o be com	•	y the He	alt	h Depart	ment	t			
Actions requir	ed prior to disc	charge: 								
Reviewed by: Title: Date and Time:										
nevieweu by.					nue.			Date and Time.		
Discharged approved by:				Tit	Title:			Date and Time:		

## TB HOSPITAL DISCHARGE PROCEDURE

The California Health and Safety Code, section 121361, mandates that patients with suspected or confirmed tuberculosis (TB) may not be discharged or transferred without prior local health department approval. In some instances the public health staff may need to do a site visit at the setting to which the patient will be sent before the patient can be discharged. See the guidelines below to facilitate discharge:

### > REPONSIBILITY OF THE DISCHARGING FACILITY

The facility must submit a complete Tuberculosis Discharge Authorization Request and accompanying documents at least 24 hours prior to the anticipated discharge date, Monday through Friday. County offices are closed weekends and holidays.

Send the request via fax to (831) 454-5049. Call our office at (831) 454-4114 to assure the documents have been received.

If a request must be made on a weekend or holiday, call Netcom at (831) 471-1170 and ask for the Health Officer.

#### > RESPONSIBILITIES OF THE SANTA CRUZ COUNTY TB CONTROL PROGRAM

TB staff will review the request and respond to the submitter within 24 hours or the next business day.

If TB staff need to do a site visit of the discharge location, this will be done within 1 business day from receiving the TB Discharge Authorization Request. After the site visit the TB staff will respond as soon as possible to the submitting facility.

#### **DISCHARGE CRITERIA**

The approval for discharge depends upon the setting to which the patient will be sent upon discharge. General categories:

- 1) Home with no high risk or unexposed individuals:
  - Patient is clinically stable
  - Patient is determined to be an appropriate candidate for home isolation if isolation is still warranted.
  - Patient is on an appropriate TB drug regimen
- 2) Home with high risk or previously unexposed individuals:
  - Patient is clinically stable
  - Patient no longer needs to be isolated OR
  - Patient is determined to be an appropriate candidate for home isolation AND does not need to be in shared airspace.
- 3) High risk setting (long term care, rehab or other congregate living situation):
  - Patient no longer needs to be isolated
  - Patient is clinically improving
  - There is no concern for resistance to isoniazid and rifampin