

## **SECTION: Nursing Policies**

### **POLICY: # 435 TB Treatment**

**POLICY:** CVHD will dispense medications for the treatment of TB.

#### **PROCEDURE:**

1. Medications for TB treatment are supplied by the North Dakota State Health Department.
2. Physician orders are obtained prior to initiation of treatment.

#### **Initial visit to initiate treatment:**

1. Complete paperwork as outlined on the INH checklist.
2. Place physician's order in client's chart/**EMR**.
3. Instruct client on the importance of taking medication daily and returning to CVHD for monthly refills
4. Review with client the INH monitoring checklist and encourage client awareness of any symptoms that may develop and to report these symptoms to CVHD.
5. Provide client information materials on TB disease process and treatment.
6. Dispense a 1 month supply of the medications as ordered.
7. Notify CVHD TB nurse coordinator that the new client has been in for initial visit.
8. Dictation/charting will be completed per charting policy.

#### **Follow-up visits**

1. Check physicians order.
2. Complete INH monitoring checklist at each visit.
3. If symptoms are present:
  - a. Referral to MD.
  - b. Inform the CVHD TB nurse coordinator that a referral was made.
4. Dictation/charting will be completed per policy.

#### **Completion of prescribed treatment**

1. Upon completion of prescribed course of treatment, MD and NDDoH will be notified.
2. Client will be presented certificate of successful completion.
3. Documentation will be completed per policy.

#### **Refusal of treatment**

##### **In the event that a client refuses treatment:**

1. Phone contact to client will be attempted x 2 and documented on the client's chart to indicate refusal.
2. A letter will be sent by certified mail to the client requesting that client meet with the TB Coordinator at CVHD to discuss the case and assist them to make an educated decision regarding refusal of treatment. Receipt will be filed in the Correspondence section of the client chart.



## POLICY AND PROCEDURE MANUAL CENTRAL VALLEY HEALTH DISTRICT

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3. Upon meeting with the TB Coordinator, if the client continues to refuse treatment he/she will be asked to sign a refusal of treatment form (see attached form) in the presence of a witness at CVHD.
4. TB Coordinator will document a client's refusal of treatment for LTBI in the client chart and the primary MD will be notified of the refusal for treatment.