

TB Case or Suspect Chart Audit Tool

Local Health Dept: _____

Pt. Initials: _____

Reviewer: _____

Date of Review: _____

Criteria	Yes	No	N/A	Comments
A. Overall Medical Record				
Demographic, locating, and TB risk factor information is documented.				
Case management plan is documented (esp. if TBTCM site)				
Assignment of nurse case manager is documented.				
B. Medical Evaluation & Diagnosis				
Complete medical history (reason for evaluation, s/s, list of medications, medical conditions other than TB)				
Complete social history (risk factors for TB, any housing, psych, substance abuse issues, other)				
TST date(s) and result(s) recorded in "mm" and positive/negative or QFT results recorded or is a laboratory confirmed case before reported to HD				
Chest radiography date(s) and result(s) documented (PA and Lateral for ages ≤5)				
Criteria	Yes	No	N/A	Comments
Bacteriology (smears, cultures, susceptibilities) and/or histologic examinations date(s)/results documented				
Initial isolate was tested for drug resistance. (if culture +)				
HIV test offered, or documentation of results in record if HIV test done by another provider, or documentation of previous + result (result should not be older than 6 months, new testing preferred).				
If HIV+, CD4 count documented in medical record.				
Patient education (test results, adverse reactions, symptoms of disease, compliance and consequences of non-compliance) documented.				
Suspects reclassified within 90 days of initial report. (Class 5)				
C. Infection Control				
Isolation initiated, if infectious				
Patient education on importance of isolation, proper use of masks and tissues is documented.				
Isolation discontinued appropriately after three consecutive negative smears (8-24 hours apart, with at least one sample collected in early morning) and favorable response to therapy.				