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<b>Tuberculosis Treatment Guideline</b>	<b>ACA Standards: 4-4355, 4-ACRS-4C-09</b>		
<b>Joel McCurdy, MD, Chief Medical Officer      Signature on File</b> <b>Oklahoma Department of Corrections</b>			

## Tuberculosis Treatment Guideline

### I. Purpose and Scope

The intent of this guideline is to ensure the use of nationally recognized treatment regimens including appropriate monitoring, assessment, documentation, completion of therapy, and reporting, for TB disease and latent tuberculosis infection, LTBI. 4-4355

### II. Tuberculosis Treatment

#### A. Treatment (4-ACRS-4C-09)

Treatment for active TB disease will be at the direction of the Oklahoma State Department of Health (OSDH) TB Control Officer.

1. Recommendations for treatment of active TB disease made by the OSDH TB Control Officer will be written as an order in the offender's medical file by a DOC physician or designee.
2. Recommendations for treatment of active TB disease made by anyone other than the OSDH TB Control Officer will be approved by the OSDH TB Control Officer then written as an order in the offender's medical file by a DOC medical provider or designee.

3. Treatment recommendations for Latent Tuberculosis Infection (LTBI) are found in the MMWR (Morbidity and Mortality Weekly Report) "Treatment of Tuberculosis", June 20, 2003/Vol. 52/No. RR-11 and in accordance with "Tuberculosis Treatment Guidelines.

The treatment of LTBI, found in OP-140301, may be prescribed by a facility provider in accordance with MMWR guidelines or in consultation with the OSHD TB control officer.

#### B. Treatment Monitoring and Assessment

1. All medications administered for TB disease or LTBI are given by directly observed therapy (DOT). This ensures that offenders are observed swallowing the medications and, if compliance is questioned, a mouth check is done following the administration of each dose.
2. All medications used for the treatment of TB disease and infection can have adverse effects. Initial and ongoing offender education including signs and symptoms of adverse effects to report, and at least monthly evaluations by health care providers are required to ensure prompt identification of adverse effects. Refer to the attached individual medication fact sheets for information regarding potential adverse effects of each medication, keeping in mind that these fact sheets cannot include all potential adverse effects and individual adverse effects are possible. Also refer to "TB Medication Lab Work and Monitoring" (Attachment B) for specific laboratory tests and/or required assessments, with frequencies, for individual medications.
3. Monthly disease signs and symptoms evaluations are also required for offenders under treatment for TB disease to document improvement and sustained resolution of symptoms of TB disease.

#### C. Completion of Therapy

Treatment is considered complete when the ordered number of doses has been taken by the offender or the ordered duration of treatment has been reached. Recommendations to discontinue treatment will be written by the OSDH TB Control Officer and that recommendation will be written in the offender's medical file by a DOC physician or designee.

#### D. Reporting

When the offender begins, finishes or stops, or refuses treatment for TB disease or LTBI the Nurse Manager for Infection Control in the Office of Medical Services 405-962-6147 is notified via co-signature in EHR with the completed Tuberculosis Summary Record Closing Interchange (DOC

140301C) . If the OSHD TB Division is consulted for treatment of an offender then a copy of the "Tuberculosis Summary Record" (DOC 140301C) must be faxed to their office 405-271-6680.

E. Refusal of treatment

1. Offenders being treated for TB disease cannot refuse treatment. In the event an offender with TB disease refuses treatment the offender will be placed in respiratory isolation or arrangements made for transfer to a facility with respiratory isolation capability. The Chief Medical Officer, CMO, in Medical Services shall be notified for further recommendations.
2. Offenders being treated for LTBI have the option of treatment. If the offender chooses to refuse treatment, after a full explanation of the benefits of treatment, the offender will sign a "Preventive Therapy Waiver for Tuberculosis (TB) Infection" (DOC 140301E).

III. Documentation

A. Tuberculosis Summary Record

When an offender is started on medication for TB disease or LTBI the Tuberculosis Summary Record Opening Interchange (DOC 140301C) must be completed within 14 days of reception to the assigned Medical unit. The Nurse Manager (Infection Control) in the Office Medical Services will be co-signed via EHR for TB disease cases only.

B. Tuberculosis Medication Charting

The offender's "Tuberculosis Medication Charting" (DOC 140301G), is updated with the new TB medications according to OP 140301. TB medications are often ordered for a specific number of doses. Each dose is counted after DOT administration. Doses of medication are not counted if they are missed, refused, held or not taken for any reason.

C. Tuberculosis Monthly Monitoring

Offenders on medication for TB disease or LTBI must be assessed by medical staff monthly. Assessment information will be documented on the "Tuberculosis Monthly Monitoring" (MSRM 140301.04.1).

IV. References

Oklahoma State Department of Health. Epidemiology Manual, October 1998

OP 140301 entitled, "Tuberculosis Control Program"

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V. Action

The Chief Medical Officer, CMO, in Medical Services will be responsible for compliance with this procedure.

The CMO will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the CMO.

This procedure will be effective as indicated.

Replaced: Medical Services resource Manual 140301-04 "Tuberculosis Treatment Guidelines" Dated January 1, 2015

Distribution: Medical Services Resource Manual

Referenced Forms	Title	Located in
<a href="#">DOC 140301C</a>	"Tuberculosis Summary Record"	<a href="#">OP 140301</a>
<a href="#">DOC 140301E</a>	"Preventive Therapy Waiver for Tuberculosis (TB) Infection"	<a href="#">OP 140301</a>
<a href="#">DOC 140301G</a>	"Tuberculosis Medication Charting"	<a href="#">OP 140301</a>
<a href="#">MSRM 140301.04.1</a>	"Tuberculosis Monthly Monitoring"	Attached
Attachments -		
<a href="#">Attachment A</a>	"TB Medications Monitoring"	Attached
<a href="#">Attachment B</a>	"TB Medications Lab Work"	Attached
<a href="#">Attachment C</a>	"Aminoglycosides"	Attached
<a href="#">Attachment D</a>	"Clofazimine"	Attached
<a href="#">Attachment E</a>	"Cycloserine (CS)"	Attached
<a href="#">Attachment F</a>	"Ethambutol (EMB)"	Attached
<a href="#">Attachment G</a>	"Ethionamide (ETA)"	Attached
<a href="#">Attachment H</a>	"Fluoroquinolones"	Attached
<a href="#">Attachment I</a>	"Isoniazid (INH)"	Attached
<a href="#">Attachment J</a>	"p-Aminosalicylic Acid (PAS)"	Attached
<a href="#">Attachment K</a>	"Pyrazinamide (PZA)"	Attached
<a href="#">Attachment L</a>	"Rifabutin"	Attached
<a href="#">Attachment M</a>	"Rifampin (RMP)"	Attached