

# TUBERCULOSIS (TB) NURSING ASSESSMENT

## Tuberculosis (TB) Symptom Review: (if YES, give duration)

Cough  No  Yes, \_\_\_\_\_  
Phlegm  No  Yes, \_\_\_\_\_  
Weight loss  No  Yes, \_\_\_\_\_  
Dyspnea  No  Yes, \_\_\_\_\_  
Pain  No  Yes, (location) \_\_\_\_\_  
Hemoptysis  No  Yes, \_\_\_\_\_  
Fever  No  Yes, \_\_\_\_\_  
Fatigue  No  Yes, \_\_\_\_\_  
Night sweats  No  Yes, \_\_\_\_\_

## Tuberculin Skin Test (TST):

#1 TST placed on (date): \_\_\_\_\_

Placed by: \_\_\_\_\_

TST read on (date): \_\_\_\_\_

Read by: \_\_\_\_\_

Results: \_\_\_\_\_ mm

#2 TST placed on (date): \_\_\_\_\_

Placed by: \_\_\_\_\_

TST read on (date): \_\_\_\_\_

Read by: \_\_\_\_\_

Results: \_\_\_\_\_ mm

## List all Current Medications:

## Past Medical History:

Previous Treatment for Tuberculosis (TB):  No  Yes  Pulmonary  Non-Pulmonary  
Specific Therapy:  Multiple Drug Therapy  Single Drug Therapy  
Any Tuberculosis (TB) drug reaction:  No  Yes, (describe) \_\_\_\_\_

## Other Illness and Diagnosis:

Diabetes  Kidney Disease  Immunocompromised  Cardiac Disease  Liver Disease  
 Hypertension  Asthma  Nutritional Deficiencies  Other: \_\_\_\_\_  
Previous HIV Test:  No  Yes, date: \_\_\_\_\_  Positive  Negative  
Prior Bacillus Calmette-Guerin (BCG) Vaccination:  No  Yes, date: \_\_\_\_\_  
Country of Origin: \_\_\_\_\_ Month and Year of Immigration: \_\_\_\_\_  
Allergies/Drug Reactions: \_\_\_\_\_  NKDA  
Regular Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Family/Social History:

Previous Tuberculosis (TB) Exposure:  No  Yes, explain: \_\_\_\_\_  
Tobacco Exposure:  No  Yes  
Domestic Violence issues:  Denies  Yes  
Occupation: \_\_\_\_\_

## Risk Factors: (check all that apply)

History of Alcohol or Drug Use  History of Poor Adherence with Health Care  
 Child/Adolescent  History of Incarceration  
 Homeless/Shelter Resident, or Unstable Housing  Mental Health History  
 History of Tuberculosis (TB)/History of Relapse  Too Ill to Self Manage

## Potential Barriers to Treatment Adherence: (check all that apply)

Mental/Emotional/Cognitive Impairment  Misuse or Abuse of Alcohol or Drugs  
 Unstable Housing or Living Situation  Language and Literacy Limitations  
 Problems with Work History  Lack of Income  
 Lack of Support System/Family Discord  Cultural/Religious Beliefs that may Impact Adherence

Tuberculosis (TB) Isolation Precautions Initiated:  No  Yes  Contact Roster Initiated

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

TUBERCULOSIS (TB) NURSING ASSESSMENT

VENTURA COUNTY HEALTH CARE AGENCY

Patient Label

or

Two Patient Identifiers



\* T B C L \*