

<b>UMC Health System</b>  <b>TB TESTING PLAN</b>	<b>Patient Label Here</b>
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**PHYSICIAN ORDERS**

**Diagnosis** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

**Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.**

**ORDER ORDER DETAILS**

**Communication**

Order for Place Patient on Isolation Precautions will be placed automatically when AFB Culture is ordered

**Place Patient on Isolation Precautions**  
 Airborne, Tuberculosis

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

Hypertonic saline 3% and albuterol will automatically be ordered when the order for Sputum Induction for AFB is selected.

**sodium chloride (hypertonic saline 3% inhalation solution)**  
 4 mL, inhalation, soln, as needed, PRN

**albuterol**  
 2.5 mg, inhalation, soln, as needed, PRN                       5 mg, inhalation, soln, as needed, PRN

**Laboratory**

If you suspect ACTIVE TB, place an order for AFB Culture. Work-up for hospitalized patients suspected of having an active M.Tb infection should include radiography, 3 sputums for AFB culture, and Mycobacterium Tb/RIF by PCR testing on at least 2 sputums.

Sputum collections MUST be done 8-24 hours apart with one of the first two collections occurring in the early morning. If the timing of the first sputum is less than 8 hours or greater than 24 hours before 0700 the next day, you MUST modify the collection date/time of the second and third orders.

**Culture Mycobacteria (AFB Culture)**  
 Specimen Type Sputum, Routine, T;N                       Specimen Type Bron Alveolar Lavage, Routine, T;N  
 Specimen Type Bronchial Washing, Routine, T;N

**zMycobacterium/RIF by PCR**  
 Specimen Type: Sputum, Routine, T;N                       Specimen Type: Bron Alveolar Lavage, Routine, T;N  
 Specimen Type: Bronchial Washing, Routine, T;N

**Culture Mycobacteria (AFB Culture)**  
 Specimen Type Sputum, Timed, T+1;0700                       Specimen Type Bron Alveolar Lavage, Routine, T+1;0700  
 Specimen Type Bronchial Washing, Timed, T+1;0700

**zMycobacterium/RIF by PCR**  
 Specimen Type: Sputum, Timed, T+1;0700                       Specimen Type: Bron Alveolar Lavage, Timed, T+1;0700  
 Specimen Type: Bronchial Washing, Routine, T+1;0700

**Culture Mycobacteria (AFB Culture)**  
 Specimen Type Sputum, Timed, T+1;1500                       Specimen Type Bron Alveolar Lavage, Timed, T+1;1500  
 Specimen Type Bronchial Washing, Timed, T+1;1500

If you suspect a HISTORY of TB, place an order for Quantiferon TB Gold.

Call the lab for quantiferon tubes if ordered. Quantiferon Gold must be drawn before 1200 on Fridays.

**Quantiferon TB Gold Plus**  
 Routine, T;N

**Diagnostic Tests**

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TO     Read Back                       Scanned Powerchart     Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

TB TESTING PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	If patient has not had a chest x-ray done, select one of the x-ray orders below.
	<b>DX Chest Portable (CXR Portable)</b>
	<b>DX Chest PA &amp; Lateral (CXR PA &amp; Lat)</b>
<b>Respiratory</b>	
	<b>Sputum Induction (Sputum Induction for AFB)</b> <input type="checkbox"/> Sputum for AFB Culture, PRN

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

