

## B. ED TB Triage Evaluation Worksheet

Evaluation is not only a good way to ascertain that your efforts at establishing appropriate triage and fast-tracking procedures have been well implemented, but should also be considered as a good way to begin looking at the practices which are currently being used. This can give you an ED-specific baseline to use as a later comparison.

The easiest and most comprehensive evaluation method we have found is a retrospective review of patient charts. We recommend that you select a random sample of the medical records of patients with confirmed TB who were admitted to your hospital through the ED within the past year. You can quickly develop a sense of what is happening in your ED by using the ED TB Triage Evaluation Worksheet, found on the following page.

### Using the ED TB Triage Evaluation Worksheet

**SECTION 1** asks for general information about the patient with confirmed TB whose chart is being reviewed.

- **Medical record number:** This is a more private identifier than patient name
- **Patient race/gender/age:** This is optional information, but may allow you to compare your confirmed TB cases with your county's confirmed TB cases
- **Discharge diagnosis in the ED:** This may give you a quick idea of whether TB was a suspected diagnosis after being seen in the ED

**SECTION 2** asks for documentation of the time of four specific events:

- **Time of entry:** When did the patient arrive in the ED?
- **Time of triage check-in:** What time was the patient seen by the triage nurse? How long was the interval between arrival and triage?
- **Time of ED admission:** When was the patient placed in an emergency bed? How long was the interval between arrival and admission?
- **Time isolation was initiated:** When was the patient placed in isolation/segregation? How long was the interval between arrival and isolation/segregation?

While all of these times should be documented in the ED record, it often is not done. Sometimes the ED records have no spaces that ask for this information, sometimes the spaces are there but are left blank.

The information in **Section 2** gives you an idea of the effectiveness of early identification efforts.

**SECTION 3** asks about documentation of risk factors associated with TB disease. It asks if each risk factor is documented positively, negatively, or not at all. For example, a notation such as:

*“Patient’s roommate was diagnosed with TB two months ago”*

would be considered positive documentation for recent TB exposure. A notation such as:

*“Patient denies recent exposure to anyone with TB”*

would be considered negative documentation for recent TB exposure.

A thorough history should contain the basic information asked for in this section. Sometimes, especially when the ED physicians do not admit patients to the hospital, a thorough history is deferred to the admitting physician and is done on the floor after admission. A practice of deferring the history can often contribute to delay in identification and isolation of a patient with TB.

## ED TB TRIAGE EVALUATION WORKSHEET

### SECTION 1

Medical Record Number	
Patient Age	
Patient Race/Ethnicity	
Patient Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Discharge Diagnosis in ED	

### SECTION 2

EVENT	TIME	TIME ELAPSED SINCE ARRIVAL	NOT DOCUMENTED
Time of arrival in ED		0 hours, 0 minutes	<input type="checkbox"/>
Time of triage check-in			<input type="checkbox"/>
Time of ED admission			<input type="checkbox"/>
Time isolation initialed			<input type="checkbox"/>

### SECTION 3

HISTORY OF	DOCUMENTED AS YES	DOCUMENTED AS NO	NOT DOCUMENTED
Cough lasting more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemoptysis (blood in sputum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive TST or IGRA result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other chronic illness (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration from an area of high TB incidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent TB exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>