PASADENA PUBLIC HEALTH DEPARTMENT

Request for Hospital Discharge/Transfer Approval Form

(Please call before faxing)
TEL (626) 744-6089 FAX (626) 744-6115
AFTERHOURS Call (626) 744-6043

Patient Name: _____ Submitted By: _____

D.O.B.: _____ MR#: _____ Phone: _____ Pager: _____

Fax: _____

☐ Pulmonary TB ☐ Extrapulmonary TB _____(specify site)

☐ **High-risk settings** (e.g. health care facility, nursing home, congregate living, drug treatment program, homeless shelter, jail, dialysis center, other settings with children under 5 years of age or persons with compromised immunity). Dates of three (3) consecutive AFB smear negative sputum (collected at least 8 hours apart, one of which should be induced or early morning) ___/___/___ ___/___/___ ___/___/___
Smear positive patient will also need to complete 14 days of TB medication. If smear negative 5 days.

☐ **Low-risk setting**, sputum clearance not necessary, home isolation instructions provided (if smear positive)

Discharge to: ☐ Home ☐ SRO ☐ SNF ☐ Other _____ ☐

Discharge Address: _____ Phone: _____

City, State Zip Code: _____

Date patient to be discharged: ___/___/___ Follow up Appointment Date: ___/___/___ Time: _____

Physician assuming TB care: _____ Phone: _____

Health Care Facility: _____

Address: _____

Discharge TB medication regimen:

(Indicate total daily dose)

INH _____mg

Rifampin _____mg

Rifabutin _____mg

Rifamate® (INH+RIF)* _____caps

Ethambutol* _____mg

Pyrazinamide* _____mg

Pyridoxine _____mg

Other _____

*Current CDC/ATS and Pasadena Public Health recommendations for treatment of uncomplicated TB for 2 months followed by INH &RIF for 4 months.

# of days of medication supply: _____

Must provide patient with sufficient supply of medication (in hand), not a Rx, until follow-up provider appointment

Medical complications *(specify):*

Potential barriers to TB therapy adherence

☐ Mental Impairment
☐ Homeless
☐ Substance abuse
☐ Hx of any non-compliant behavior
☐ HIV

Is patient ambulatory:

☐ Yes — ☐ Self ☐ With Assist
☐ No

Tuberculosis Control Program use only:

Problems/Action: _____

Discharge Approved
☐ Yes ☐ No
___/___/___

Reviewed by: _____ Date reviewed: ___/___/___

Approved by: _____ Date approved: ___/___/___

The Confidential Tuberculosis Suspect Case Report form must be on file at Pasadena Public Health Department or submitted with this form

Revised 02/2015

City of Pasadena Public Health Department

1845 N Fair Oaks Ave, Room 1131
Phone: 626-744-6089 Fax: 626-744-6115

Hospital Discharge Approval Request Instructions

Discharge of a Suspect or Confirmed Tuberculosis Patient

As of January 1, 1994, State Health and Safety Codes mandate that patients suspected or confirmed with tuberculosis may not be discharged or transferred from a health facility (e.g. hospital) without prior approval of the Local Health Officer (i.e., TB Controller).

To facilitate a timely and appropriate discharge, the provider should submit a written discharge plan to Pasadena Public Health Department1 to 2 business days prior to the anticipated discharge. Pasadena Public Health Department1 will review the discharge plan for approval or denial.

Health Department Response Plan:

Weekday discharge (Non holiday 8:00 am- 5:00 pm): The written discharge plan should be completed in its entirety and submitted by FAX.

Will review the discharge plan and, **within 24 hours**, notify the provider of approval or request additional information/actions required, before the patient can be discharged or transferred.

Discharge approval is valid for one working day from the "Date Approved". Any changes to the plan (i.e., change of discharge address, provider, medication regimen, infectious status) necessitates submission of a revised discharge care plan.

All AFB smear positive pulmonary TB suspects require a home evaluation, to determine if the environment is suitable for discharge. A Public Health Nurse has three (3) business days to complete an in-person visit to verify discharge address and assess for high risk contacts. The Public Health Nurse will inform the primary team of the status of the home evaluation, once completed.

Weekend and Holiday Discharge: All arrangements for discharge should be made in advance when weekend discharge is anticipated. When unusual circumstances necessitate weekend or holiday discharge, the provider will phone the Pasadena Public Health Department at (626) 744-6043 Press #1 and leave a message with call back number. A response will usually occur within one hour. The process outlined above will be followed. If the discharge cannot be approved, the patient must be held until the next business day until appropriate arrangements can be made.

(NOTE: This form is used for discharge care planning only. Call the Pasadena Public Health Department prior to faxing documents to ensure timely processing.)