

**OLIVE VIEW-UCLA MEDICAL CENTER
MEDICAL ADMINISTRATION
POLICY & PROCEDURE**

**NUMBER: 2114
VERSION: 3**

SUBJECT/TITLE: STANDARDIZED PROCEDURE; PEDIATRIC NURSE PRACTITIONER MONITORING OF ISONIAZID THERAPY OF LATENT TUBERCULOSIS INFECTION IN PATIENTS 18-24 YEARS OLD

POLICY:

1. Function(s): To provide Pediatric Nurse Practitioners with guidelines for the monitoring and prescribing of Isoniazid (INH) therapy for latent tuberculosis infection in patients 18-24 year old according to standards set by the TB Control Program.
2. Circumstances
 - a. Setting: Primary Care Clinics in Olive View-UCLA Medical Center
 - b. Supervision: A designated Adult Physician will provide supervision
 - c. Patient Conditions: All **uncomplicated** Class I, II and IV patients referred by a physician or Family Nurse Practitioner, after initiation of treatment for Latent Tuberculosis Infection (LTBI) with INH.

Pregnant or postpartum patients (less than or equal to 6 months after delivery) will **NOT** be referred to clinic.

PURPOSE: This Standardized Procedure describes the treatment and monitoring by a Pediatric Nurse practitioner of class I, II and IV LTBI patients 18-24 year old who receive INH.

DEPARTMENTS: PEDIATRICS

DEFINITIONS: Standardized Procedure: The means designated to authorize performance of a medical function by a Pediatric Nurse Practitioner for patients 18-24 year old. Uncomplicated Class I, II and IV patients: Contacts, Converters, and Reactors without medical conditions associated with the development of Tuberculosis disease and/or liver disease. Also includes patients with no known exposure to resistant Mycobacterium tuberculosis strains.

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PROCEDURE: Standardized Procedure, Latent Tuberculosis Infection (LTBI), Isoniazid (INH) therapy, Mantoux reaction, Contact, Converter, Reactor

1. Definitions Mantoux Reaction: The standard method of identifying persons infected with Mycobacterium tuberculosis. The Mantoux test involves the intradermal injection of a standard dose of Purified Protein Derivative (PPD) most infected persons will have an area of palpable induration 48-72 hours after administration.

Positive Mantoux Skin Test: An area of induration greater than 10 mm when read 48-72 hours after administration of PPD in patients who are defined as Converters and Reactors. For Contacts more than 5 mm of induration when read 48-72 hours after administration of PPD.

Reactor: A person with a positive Mantoux reaction and no clinical, bacteriological or radiographic evidence of current disease.

Converter: A person with a positive Mantoux reaction and with a documented negative reaction within the past two years. Children 3 years of age or less with a positive mantoux reaction.

Contact: A person that has a history of contact to an infectious case of pulmonary or laryngeal Tuberculosis but has no manifestations of Tuberculosis disease and may or may not have a positive skin test.

2. Data Base

- a. Subjective: A symptomatic: A person that may or may not have a history of contact to an infectious case of Tuberculosis but has no manifestations of Tuberculosis disease.
- b. Objective: A positive Mantoux skin test with a chest x-ray that is read as normal or has no evidence of active disease.

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3. Criteria for Treatment An uncomplicated Class I, II or IV patient with a positive Mantoux skin test reaction after receiving a Mantoux skin test which was read at the appropriate time.
- a. Patient conditions requiring consultation with a physician for the following:
- Signs or symptoms of liver toxicity, (unexplained fatigue, weakness, malaise, anorexia, nausea, vomiting, dark urine),
- Signs and symptoms of TB disease, (chronic cough, night sweats, persistent low grade fever, hemoptysis, unexplained respiratory complaints, and any unexplained weight loss greater than 10 pounds in 3 months).
- Signs and symptoms of other medical problems (seizure disorders, cancer, high dosage of steroids, diabetes, etc.)
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- b. Education – patient/family:
- The principle of education is to emphasize the benefits of LTBI therapy and the infrequency of adverse reactions.
- Emphasize importance of taking medication regularly
- Explain possible adverse reactions to medication and procedure to follow if such signs and symptoms occur. (Procedure to follow includes stop taking medication and contacting the clinician)
- Provide the patient with appropriate written material in the appropriate language.
4. Plan: Patients will be evaluated **monthly**.

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a. Follow-up:

Close the patient to follow up when LTBI therapy is completed or if patient breaks appointment, follow broken appointment guidelines (see Chest Clinic Broken Appointment Guidelines Reference #1)

5. Record Keeping:

a.

During Documentation of Mantoux test results, chest Follow-up x-ray findings clinic visits, presence or absence of signs and symptoms of medication toxicity, amount and strength of medication prescribed, compliance with regimen, and broken appointments follow-up appointments, etc. will be completed on form H-261.

If additional space is needed to document problems, laboratory results, etc., a progress note or the Adult Visit Record form may be used. When either of these two forms is used, reference to the H-261 must be made each time. The SOAP format is to be used with documentation.

b.

At treatment

1. A tuberculosis Patient Discharge Status card Completion (H1832) will be given to those patients who complete LTBI treatment.
2. Documentation on the H-304 form shall be Completed and forwarded per protocol.

Requirements for Certification for Performance of the Standardized Procedure

Each Pediatric Nurse Practitioner performing this Standardized Procedure must be:

1. Licensure: Licensed with a current California Registered Nurse and Nurse Practitioner license.
2. Training: Oriented to the Standardized Procedure and trained in the administration of LTBI medical for patients 18-24 years old
3. Prior Experience: No additional prior experience required.

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- 4. Initial
Evaluation: Medical record review of 10 charts from patients receiving LTB1 Treatment. By the supervising physician in the first month of practice.

- 5. On-going
Evaluation: Annual medical record review of 10 charts from patients receiving LTB1 Treatment by the supervising physician

References: 1. County of Los Angeles Department of Health Services-Tuberculosis Control Program: <u>Protocol and Standardized Procedures for Extended Role Nurses Functioning in the Tuberculosis Control Program</u>	
2. County of Los Angeles Department of Health Services-Tuberculosis Control Program Standards: <u>Targeted Skin Testing and Treatment of Latent Tuberculosis Infection in Adults and Children</u> , Revised 10/2001	
3. CDHS/CTCA Joint Guidelines: <u>Targeted Skin Testing and Treatment of Latent Tuberculosis Infection in Adults and Children</u> , 3/12/02	
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