

Emergency Department TB Checklist



October 2026

Immediate Actions

1. Place patient in Airborne Isolation
2. Patient wears surgical mask, staff uses N95/PAPR
3. Limit room entry
4. Notify Infection Prevention Department

Know Clinical Signs and Symptoms and Risk Factors

Signs and Symptoms

- Cough > 2 weeks
- Hemoptysis
- Fever
- Night Sweats
- Weight Loss
- Fatigue
- Chest Pains, SOB, DOE

TB Risk Factors

- TB exposure
- Prior TB/incomplete treatment
- Immunocompromised
- Congregate Settings
- Travel to/from high endemic area

Initial Eval and Diagnostic Workup

- Check vital signs
- Complete lung exam
- Assess extrapulmonary signs (pain, swollen lymph nodes, wound)
- CXR and CT if indicated
- Collect three sputum samples (8-24 hours apart for AFB Smear, PCR and Culture)
 - If unable to produce sputum, induce or bronchoscopy
- Labs IGRA, CBC, CMP, HIV
- Refer to appropriate service (Infectious Disease, Pulmonary)

Treatment

Start treatment if high suspicion + unstable or after consult.

Standard = **RIPE**

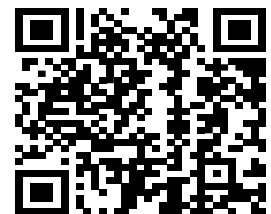
- Rifampin
- Isoniazid (+B6)
- Pyrazinamide
- Ethambutol

Disposition

- **Admit for** suspected/confirmed TB if:
 - Unstable
 - Cannot isolate safely
 - High-risk social situation
- **Discharge** only if low suspicion:
 - Stable
 - Reliable follow up

Patient Education

- Isolation importance
- Local Health Dept Info
- TB versus LTBI
- Signs and Symptoms
- Direct Observed Therapy
- Medication Adherence
- Contact Investigation



Notify Infectious Disease and Infection Control

Notify Local Health Dept via LTBI or TB Report