

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 lasting two 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 Evaluation and Diagnostic Workup

- Vital signs
- Lung exam
- Assess extrapulmonary signs (pain, swollen lymph nodes, wound)
- CXR and CT if indicated
- Three sputum samples (eight to 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 and unstable or after consult.

Standard = **RIPE**

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

Disposition

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

Patient Education

- Isolation importance
- Local health department info
- TB versus LTBI
- Signs and symptoms
- Direct observed therapy
- Medication adherence
- Contact investigation
- [Infectious Disease Epidemiology & Prevention Division: Tuberculosis Prevention and Care](#)

Notify Infectious Disease and Infection Control

Notify Local Health Department via LTBI or TB Report