

TUBERCULOSIS (TB) SCREENING IN LONG-TERM CARE & RETIREMENT HOMES

Active TB Screening: Checklist for Clinicians

REMINDER: Elderly clients may not present with classic signs and symptoms of active TB disease. TB should be considered as part of the differential diagnosis for clients with failure to thrive and unexplained fatigue.

SYMPTOM	YES	NO	COMMENTS
Cough greater than 3 weeks			
Hemoptysis			
Fever			
Night sweats			
Unintentional weight loss			
Anorexia			
Chest pain			
Dyspnea			

Chapter 3 Canadian TB Standards – 7th Edition: The classic symptom of pulmonary TB disease is a chronic cough of at least 2-3 weeks' duration. This cough is initially dry but after several weeks to months will become productive. Cough of 2 weeks' duration is a more sensitive criterion, but cough of 3 weeks' duration will be more specific. Selection of 2 or 3 weeks as the criterion depends on the local experience and epidemiology of TB. Fever and night sweats are common but may be absent in the very young and the elderly.

Hemoptysis, anorexia, weight loss, chest pain and other symptoms are generally manifestations of more advanced disease.

CHEST X-RAY FINDINGS	YES	NO	COMMENTS
Cavities			
Infiltrates			
Nodules			
Pleural effusions			
Hilar or mediastinal lymphadenopathy			
Changes in apices of lungs			
Densities			
Volume loss			
Fibrosis			
Granulomas			

NOTE: If there are concerning findings on either the symptom review or the chest x-ray, three sputum for smear acid -fast bacilli and cultures should be ordered for collection. Samples should be taken at least 8 hours apart, to rule out active TB. Please refer to the current Canadian Tuberculosis Standards for testing and diagnostic information.

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