CITY OF BRIDGEPORT DEPARTMENT OF HEALTH & SOCIAL SERVICES
BRIDGEPORT HEALTH DEPARTMENT 99 Middle Street, Bridgeport, CT
06604 p (203) 576-7468 f (203)-576-7469

Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN Director of Health & Social Services

Mayor Joseph J. Ganim

BRIDGEPORT HEALTH DEPARTMENT (BHD) DISCHARGE CHECKLIST FOR PATIENTS WITH ACTIVE TB

PATIENTS WITH ACTIVE TUBERCULOSIS MAY ONLY BE DISCHARGED ONCE ALL OF THE FOLLOWING DOCUMENTATION HAS BEEN COMPLETED AND FAXED TO THE BHD. INCOMPLETE INFORMATION MAY RESULT IN A DELAY OF THE PATIENT'S DISCHARGE. FINAL APPROVAL WILL BE FAXED BACK WITHIN 24 HOURS. DISCHARGE REQUESTS RECEIVED AFTER 5:00 PM ON FRIDAYS AND DURING WEEKENDS WILL BE REVIEWED ON THE FOLLOWING MONDAY, EXCEPT ON HOLIDAYS.

FIRST NAME: _____ **ALL** LAST NAMES: _____ DOB:_____

CHECK OFF & FAX THE FOLLOWING TO THE BRIDGEPORT HEALTH DEPT. FOR REVIEW, BEFORE DISCHARGE.

_____ TB SURVEILLANCE REPORT (UPDATED) TO CT DPH TB FAX: (860) 730-8271 & BHD FAX (203) 576-7469

_____ FAX THE FOLLOWING MEDICAL RECORDS TO THE BHD FAX AT (203) 576-7469.

- □ PATIENT DEMOGRAPHIC SHEET, INSURANCE INFORMATION, PREFERRED LANGUAGE
- □ PROVIDER NOTES (INCLUDING ADMISSIONS, H&P, INFECTIOUS DISEASE, AND PULMONARY CONSULT NOTES)
- □ MEDICATION LIST (INCLUDING NON-TB MEDICATIONS)
- □ TB MEDICATION DOSAGES AND MAR OF TB MEDS
- □ DOCUMENTED CURRENT WEIGHT
- □ DIAGNOSTIC AND MICROBIOLOGY RESULTS: AFB SMEARS/CULTURES, NAAT'S, MOLECULAR DIAGNOSTICS, TISSUE OR BODY FLUID (PLEURAL/PERITONEAL/PERICARDIAL/CSF)
- □ RADIOLOGY REPORTS (CXR/CT SCAN)
- □ RECENT LAB RESULTS: QFT OR PPD, HIV, HEP B & C, LFT'S, CBC, COMP METABOLIC, IF DM HGB A1C OR FASTING GLUCOSE

_____ FAX COMPLETED CT TB PATIENT DISCHARGE AND TREATMENT PLAN (ATTACHED) TO THE CT DPH TB FAX: (860) 730-8271 & BHD (203) 576-7469.

_____ FAX COMPLETED BRIDGEPORT HEALTH DEPARTMENT DISCHARGE CHECKLIST (THIS FORM) TO BHD

_____ ✶APPLIES ONLY FOR PATIENTS WITH BOTH TB AND HIV DIAGNOSIS: FAX A COPY OF CADAP (LINK) LETTER OF APPROVAL AND REFERRAL COMPLETED FOR HIV CASE MANAGEMENT ONCE DISCHARGED (COPY OF REFERRAL).

_____ EDUCATE THE PATIENT ABOUT THEIR CONDITION AND TREATMENT PLAN (USE INTERPRETER, IF NEEDED).

_____ CALL IN 1 MONTH OF TB MEDS TO THE PHARMACY AT LEAST 1 WEEK BEFORE ANTICIPATED DISCHARGE DATE, BHD WILL PICK UP MEDICATIONS.

☎ FOR **NON-BRIDGEPORT RESIDENTS** CALL THEIR LOCAL HEALTH DEPARTMENT FOR THEIR PROCEDURE. FOR **BRIDGEPORT RESIDENTS ONLY**:

- ➢ **MEDICAID/HUSKY PTS**: SEND SCRIPT TO WALGREENS PHARMACY, 1000 PARK AVENUE, (203) 696-0127.
- ➢ **INSURED OR UNDERINSURED PTS**: CALL SCRIPT TO THE UCONN PHARMACY (PROCEDURE ATTACHED).

__DO NOT GIVE ANY TB PRESCRIPTIONS TO PATIENT TO TAKE HOME__, UNLESS DIRECTED BY BHD TB CASE MANAGER

AT THE TIME OF DISCHARGE:

_____ TB MEDICATIONS TO BE ADMINISTERED THE DAY OF DISCHARGE

_____ INFORM PATIENT THAT A BRIDGEPORT HEALTH DEPARTMENT PUBLIC HEALTH NURSE WILL VISIT THEIR HOME THE NEXT DAY TO SET UP MEDICATIONS

_____ ✶**ONLY FOR PATIENTS WITH BOTH TB AND HIV DIAGNOSIS**: COPY OF CADAP LETTER OF APPROVAL AND COPY OF REFERRAL COMPLETED FOR HIV CASE MANAGEMENT GIVEN TO THE PATIENT.