


Clinical Features

- General: Fever, drenching night sweats, weight loss
- Respiratory: persistent cough, haemoptysis, CXR upper lobe consolidation, mediastinal lymphadenopathy or cavitation
- Brain: persistent headache or vomiting (meningism may be absent), abnormal neurology, lymphocytic CSF
- Abdomen: mimic other pathologies depending on site eg abdominal pain, non-healing ulcers mouth or anus, dysphagia, malabsorption, diarrhoea; calcification abdominal LN
- Bone / spine: abnormal neurology eg spinal cord compression
- Joints: persisting effusions
- Abscess: often slow growing, usually not 'hot' or red

Contacts for Advice

0900-1700 Mon - Fri
Respiratory SpR bleep 158

TB Nurses extension 5222
TBnurses@newhamhealth.nhs.uk

High Risk Patients 

- Known TB contact
- Recent migrant
- HIV
- Homeless
- Prisoner
- Alcoholic

Initial Management & Investigations

Isolate with standard PPE (mask to patient) if respiratory symptoms or abnormal CXR
CXR (all patients)
FBC, CRP, VBG. Add UE, LFT, HIV if admitting or referring to clinic
Sputum for AFB if cough
Consider: x-ray (bone / spinal), MRI (spinal), CT abdomen (abdominal)

Is the patient clinically unwell?
Eg Abnormal vital signs: RR > 24 or PaCO2 < 4.3 kPa, P > 90, sBP <90 mmHg, GCS < 15, severe pain

No

Yes

Are there exclusions to discharge:

- Miliary TB
- Known or suspected multi-drug resistant TB (eg contact with MDR case)
- Abnormal neurology
- Signs of brain TB
- Public health risk with respiratory TB eg hostel dweller, prisoner
- Homeless (unable to contact for follow up)

Admit

Refer Medical SpR bleep 627
(inform Resp SpR bleep 158 in hours)

Request side room if "open" TB ie:
*Respiratory (even if not coughing)
*Discharging open abscess

CBM bleep 338

Yes

No

Discharge

Follow up will be at TB Clinic, Shrewsbury Road

1. Ensure CXR complete for all patients
2. Sputum for AFB:
 - a) Send first sample from ED if possible
 - b) Request on EPR x 3 and label 3 sputum pots
 - c) Advise patient to collect early morning specimen if possible
 - d) Give pots to patient in specimen bag and advised to return to Pathology, Zone 3
3. Give patient advice leaflet (for home isolation and sputum) – in FORMS – Patient Advice, and advise to self-isolate as per instructions
4. Complete discharge letter, including:
 - a) Suggestive features in history
 - b) Radiology result (description or copy of report if available)
 - c) If sputum sent from ED
 - d) If advocate required
5. Complete out-patient referral form with **correct mobile number** and leave in front of notes with copy of discharge letter. Reception will fax to TB clinic

TB Clinic Fax: 0207 363 8332

If urgent OPA needed, email TB nurses at
TBnurses@newhamhealth.nhs.uk
cc Nivenka.Jayasekera@bartshealth.nhs.uk (TB consultant NUH)

Lead Author

Respiratory Team

Co-Authors / Collaborators

ED Consultant

Reference Documents