

ACTIVE TUBERCULOSIS (TB) DISEASE SCREENING FOR RESIDENTS OF LONG-TERM CARE HOMES AND RETIREMENT HOMES

Name of Resident: _____ Date of Birth: _____

The presentation of active TB disease in the elderly population can be atypical. The following is a list of signs and symptoms of active TB disease, including additional symptoms that may be present in the elderly. If any symptoms are present, which are not attributable to another diagnosis, the resident should be assessed by a health care provider for active TB disease. This checklist must be completed by a nurse, nurse practitioner or physician upon admission.

SYMPTOM	YES	NO	DATE OF ONSET	COMMENTS
Current cough of more than 2-3 weeks duration	<input type="checkbox"/>	<input type="checkbox"/>		
Pneumonia not responsive to antibiotics	<input type="checkbox"/>	<input type="checkbox"/>		
Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>		
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>		
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>		
Fever	<input type="checkbox"/>	<input type="checkbox"/>		
Night sweats	<input type="checkbox"/>	<input type="checkbox"/>		
Weight loss	<input type="checkbox"/>	<input type="checkbox"/>		
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>		
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>		
Failure to thrive	<input type="checkbox"/>	<input type="checkbox"/>		
Worsening cognitive function	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist Completed By (Name & Title): _____

Signature: _____ Date: _____

**All suspect cases of active TB disease should be reported immediately to the
Eastern Ontario Health Unit at 613-933-1375 extension 1336.**

