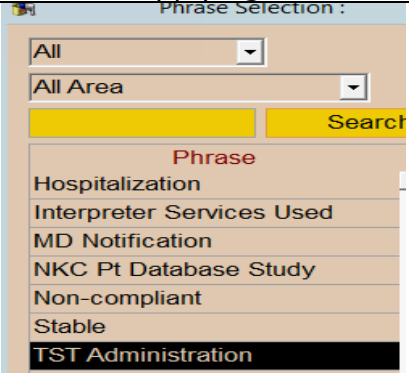
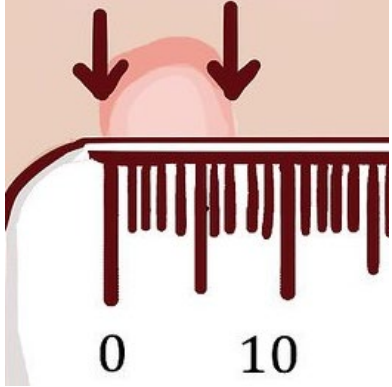
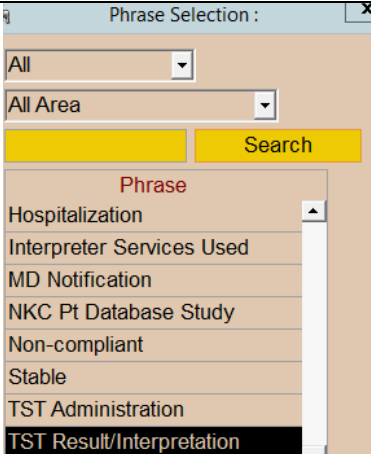


Standard Work:		TUBERCULIN SKIN TEST (TST) Patient Administration and Reading of Results	
Frequency	#	Actions / Step	Key Points
<u>Who:</u> <u>Clinical</u>		<u>Owner:</u> Donna Ballard	<u>Date Created:</u> 3/18/19 <u>Revision Date:</u>
Patient Admission	1.	Ask the patient if they have received a TB skin test in the past.	<ul style="list-style-type: none"> If the patient has had a previous reaction you will need to do the TB Symptom Checklist (instead of a TST)
Within the First Week	2.	Explain to the patient that they will need to have a TST (Tuberculin skin test) to determine if they have been exposed to Tuberculosis in the past.	<ul style="list-style-type: none"> Tell the patient that you will be injecting a small amount of fluid into his or her arm. If infection is present, the injection site will show a reaction; redness or swelling/ a raised, hard area. Explain that the patient must return to clinic(next treatment) after 48-72 hours to have the test site examined.
	3.	Draw up and administer 0.1 ml of PPD into the top layer of the skin using a 27g needle tuberculin syringe. (intradermally)	<ul style="list-style-type: none"> Make sure that the skin area is free of veins and abnormalities. Perform hand hygiene/gloves. Practice the 6 rights of Medication Administration.
	4.	Confirm that there is a slight elevation of the skin (wheal) 6-10 mm in diameter.	<ul style="list-style-type: none"> DO NOT cover the site with a band aid/bandage, it could interfere with the test Instruct the patient to avoid scratching, covering with a band aid or applying itch creams.
	5.	Document the TST Administration in the EMR using the "TST Administration" phrase from the phrase catalog.	 <p>Phrase Selection:</p> <p>All [dropdown] All Area [dropdown] [Search] Phrase Hospitalization Interpreter Services Used MD Notification NKC Pt Database Study Non-compliant Stable TST Administration</p>

	6.	Use the New Patient TB/TST tracking form to record either the 1 st or 2nd step PPD Administration.	<ul style="list-style-type: none"> The tracking form will assist in you tracking when to “Read” the results. (You may also want to add it to your patient schedule)
Reading Results	7.	Results MUST be read between 48-72 hours post administration.	<ul style="list-style-type: none"> If you are unable to read the results due to missed treatment, then you can do the TB Symptom Checklist.
	8.	Reading the Test: <ul style="list-style-type: none"> Find the mark of induration (use your fingertips). If there is a firm bump, use a pen to mark the widest edges. Using the TST measuring tool, measure the induration across the forearm in millimeters. Measure side to side (not wrist to elbow) 	<ul style="list-style-type: none"> The only part you will need to measure is the hard bump (if there is one). The reddened area or any slight swelling does not count towards the size of the induration. 
Interpreting the Results	9.	<ul style="list-style-type: none"> An induration of 5mm or more in a High-Risk group is considered positive. If there is no firm bump (induration) the test is negative. 	<ul style="list-style-type: none"> All ESRD patients are in the High-Risk group. Remember: positive/negative is not an acceptable result. (ex. 0 mm induration, 5 mm induration are acceptable results)
	10.	Document the TST result in the EMR using the “TST Result/Interpretation” phrase from the phrase catalog.	
	11.	Use the New Patient TB/TST tracking form to record either the 1 st or 2nd step TST results.	The tracking form will assist in you tracking where the patient is in the process. (You also may want to add it to your patient schedule)