

Tuberculosis Assessment

Tuberculosis (TB) is a pulmonary infectious disease caused by the Mycobacterium tuberculosis, although it can affect other organs. There is a high rate of TB among patients with HIV infection due to their suppressed immune system. It is not a highly infectious disease, but requires close, frequent, and prolonged contact, which is why it occurs more often with the poor, homeless, underserved, and in long-term care facilities, prisons, and shelters.



PLAY PICMONIC

Etiology

Airborne Droplet

Airborne-infantry Droplet

The organism is transmitted via aerosolization when an infected person coughs, laughs, sneezes, whistles, or sings and their air droplets are inhaled by another person. TB is not spread by kissing, sharing food or drinks, shaking someone's hand, or touching bed linens or toilet seats.

Assessment

3 Week Productive Cough

(3) Tree with Productive Coughing Coffee-pot

A persistent cough and mucopurulent sputum with blood streaks present for 3 weeks or more is common. Dyspnea and hemoptysis (coughing up blood) are late symptoms of the disease. Patients also present with altered breath sounds like wheezing and dullness on percussion over the affected area of the lung.

Night Sweats

Sweaty Moon

Night sweats occur in conjunction with the fever and are characteristic of the disease process.

Chest Pain

Chest Pain-bolt

A dull pain in the chest or tightness of the chest is often noted.

Fever

Fever-beaver

Fever is often reported as low grade. Sometimes, an acute presentation of TB disease can present with flu-like symptoms, high fever, and pleuritic pain.

Weight Loss

Skinny with Baggy-pants

TB can often result in a lack of appetite, thereby weight loss occurs.



Fatigue

Sleepy-guy

Fatigue and malaise are symptoms associated with the infectious process and with pulmonary involvement there is hypoxia contributing to the fatigue.

Diagnosis

Chest X-Ray

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While a chest x-ray cannot solely be used to diagnose TB, it may be ordered if TB is suspected. Findings suggestive of TB include upper lobe infiltrates, cavitary infiltrates, and lymph node involvement.

Blood Tests

Blood Test-tubes

Two types of blood tests are performed that confirm diagnosis – QuantiFERON or the T-SPOT. Test results are available in several hours and can be used with patients who have received bacille Calmette-Guérin (BCG) vaccination, as their Mantoux test would be positive.

Mantoux Skin Test

Mantis-toe

This intradermal skin test uses 0.1 mL of purified protein derivative (PPD). Test is read in 48-72 hours and considered positive if induration is greater than 10mm for high risk individuals. In an immunosuppressed client an induration of 5mm is considered positive. In healthy individuals with low risk, a 15 mm induration is considered positive. A positive skin test does not necessarily indicate the patient has active TB. It does not tell whether the person has latent TB infection (LTBI) or has progressed to TB disease.

3 Positive Sputum Tests

(3) Tree Positive (+) from Spit-thumb

The collection of 3 consecutive sputum cultures collected on different days confirms diagnosis. This process may take up to 8 weeks to grow the cultures.