

TUBERCULOSIS (TB) PEDIATRIC SYMPTOM SCREENING TOOL FOR ACTIVE TB

For use by the School Nurse

This tool should be used with students, who have:

- 1. been referred for a TB test following a "Yes" response to Student Tuberculosis Risk Assessment Questionnaire; or*
- 2. have a positive TB skin or blood test, and are pending results of TB status verification.*

Department of Education Regulation 805.5.5: "In the event an individual shows any signs or symptoms of active tuberculosis disease he/she shall be excluded from school until all required medical verification is received by the school. During the specified verification and follow-up an asymptomatic individual, as described by the Division of Public Health, may remain in school until testing and evaluations are complete, but no longer than ten weeks."

Date	Time
Student Name	Date of Birth
School Nurse Name	School/District

Symptoms

NOTE: Symptom assessment must be conducted by the school nurse through a health interview with the parent/guardian in person or via phone.

QUESTION: Has the student reported or shown any of the following symptoms?

(Circle the symptom and circle YES if any symptom is present)

<ol style="list-style-type: none">1. Persistent non-remitting cough of >2 weeks (coughing throughout the day and night, every day, for more than two weeks)2. Weight loss or failure-to-thrive during the preceding 3 months3. Fatigue (complains of being unusually tired with no apparent cause) or lethargy (less playful)4. Chest pain	YES	NO
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Response

If YES is circled (indicating one or more of the four symptoms is reported or confirmed by nursing assessment):

1. Exclude the student until documentation of evaluation and medical clearance are received.
2. Refer to primary care healthcare provider for prompt evaluation of symptoms.
3. Direct the student to remain home from school and avoid contact with the public until medical clearance.

If NO is circled (indicating none of the four symptoms is reported or confirmed by nursing assessment), the individual is considered to be asymptomatic:

1. If the student is scheduled for TB skin or blood test, s/he may remain in school for up to ten weeks.
2. If the student is scheduled for a TB status verification, s/he may remain in school for up to ten weeks.

Instructions

1. Fill in the areas indicating date, time, student name, school information and school nurse name.
2. Circle the symptoms reported by the client or identified by the nurse.
3. If any symptom is present, circle YES in the corresponding column.
4. Follow the recommendations that follow the symptom assessment.
5. This is a Tool and should not replace nursing judgment.

References

CDC Overview: <http://www.cdc.gov/tb/>

Delaware TB Elimination Program: <http://www.dhss.delaware.gov/dhss/dph/dpc/tbelimination.html> or 302-744-1050

TB in Children: <http://www.cdc.gov/tb/topic/populations/TBinChildren/default.htm>

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