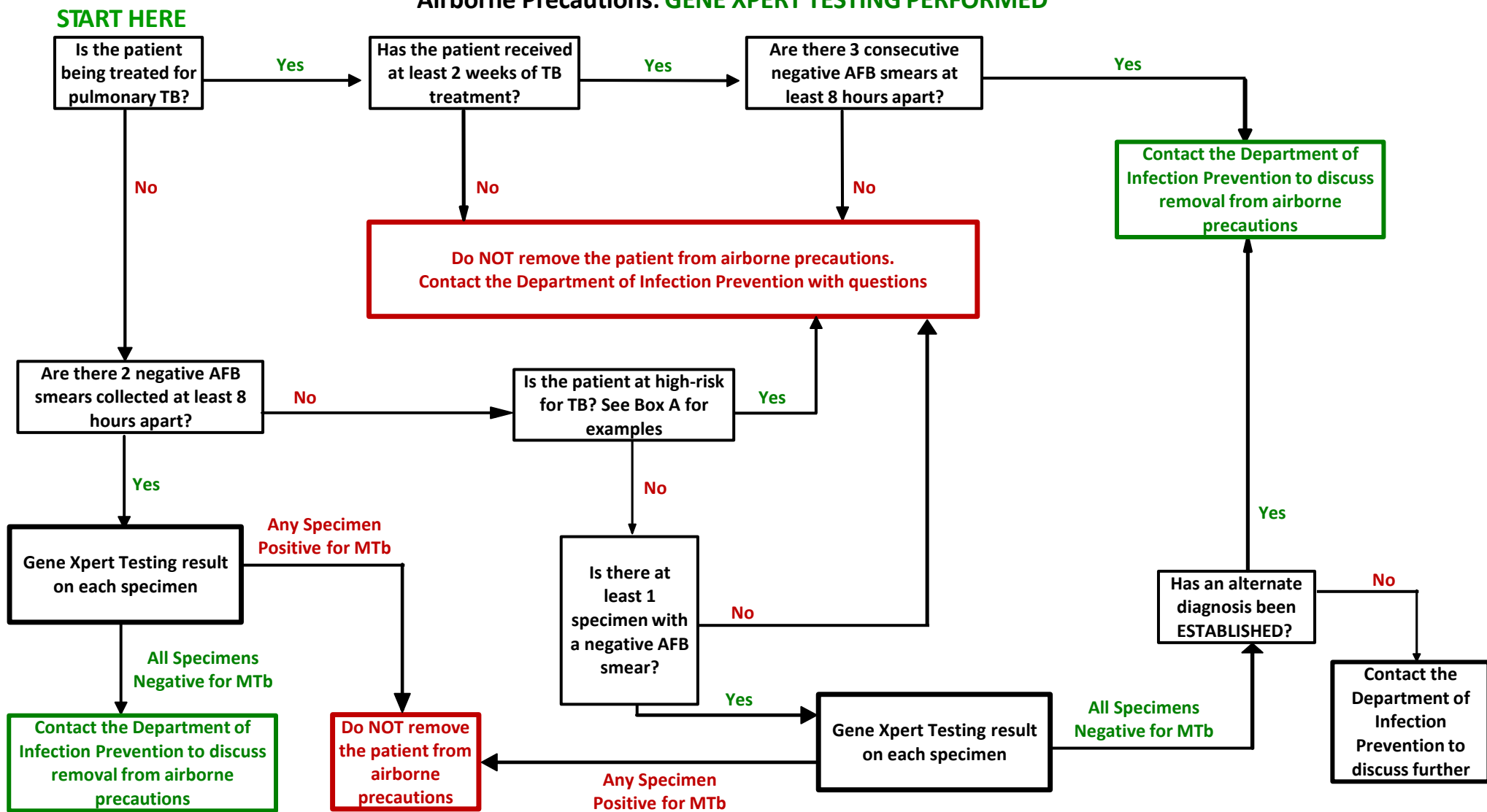


Decision Guide for Removing Patients with Suspected or Confirmed Tuberculosis from Airborne Precautions: **GENE XPERT TESTING PERFORMED**



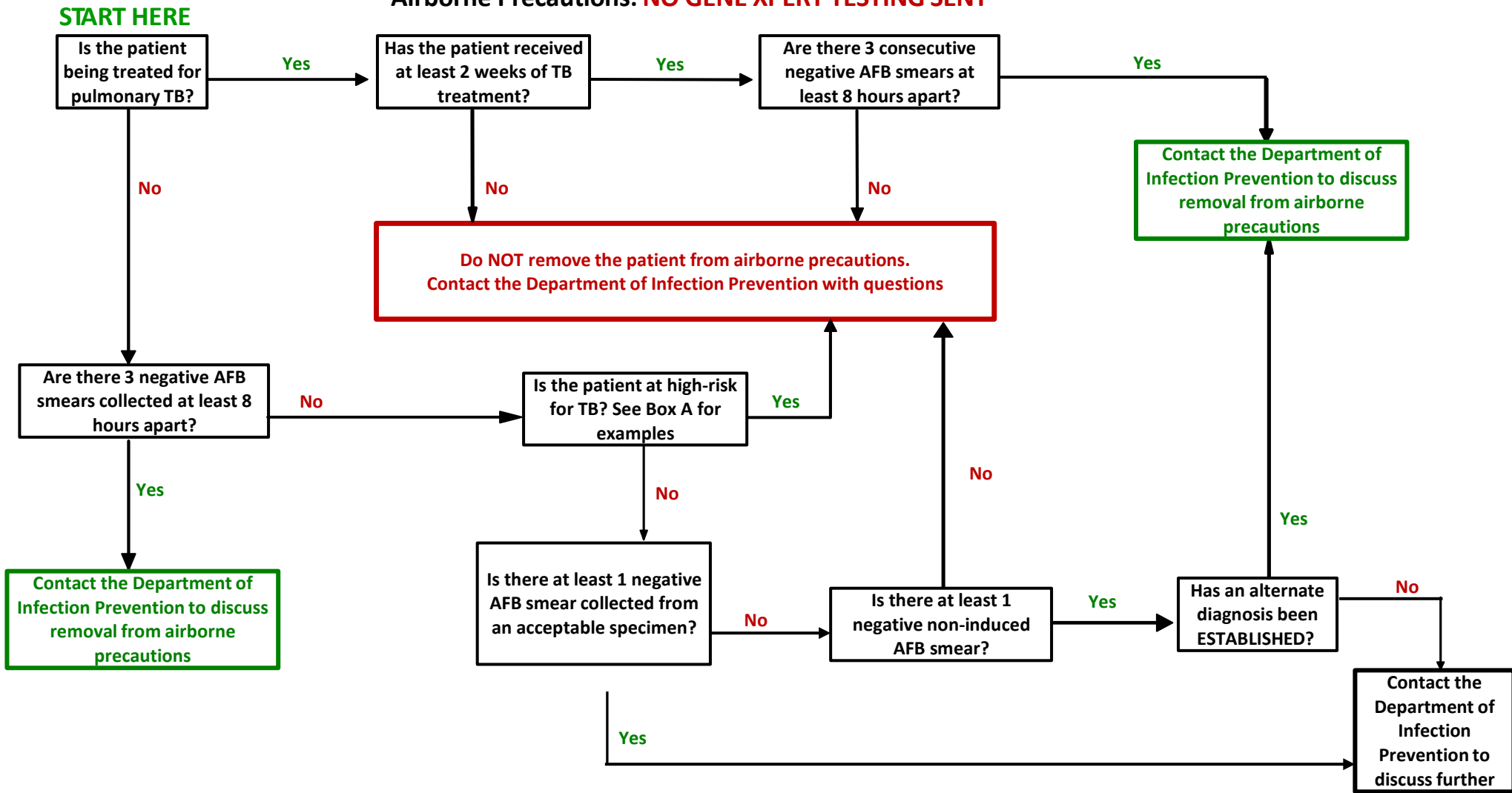
Acceptable specimens to r/o pulmonary TB: sputum, tracheal, endotracheal aspirate, BAL, gastric aspirate

*The decision to remove a patient from airborne precautions must consider the risk of possible disease transmission to other patients as well as healthcare workers. The decision should be careful and well-reasoned. This guide is designed to assist clinicians in determining if a patient may be eligible for removal from airborne precautions in patients with suspected or confirmed pulmonary tuberculosis. It is not intended to replace sound clinical judgment. Many patients have specific issues that make the use of this guide difficult. Such patients should be discussed with the Department of Infection Prevention **before** a patient is removed from airborne precautions.*

BOX A: High-risk conditions

1. Any HIV + patient
2. Cavitory upper lobe lung lesion
3. Cough ≥ 2 weeks with fever, abnormal CXR
4. Travel to/from a high-risk area
5. History of incarceration or homelessness
6. Use of immunosuppressants with the past 6 months (e.g. TNF-α inhibitors, high-dose steroids)

Decision Guide for Removing Patients with Suspected or Confirmed Tuberculosis from Airborne Precautions: **NO GENE XPERT TESTING SENT**



Acceptable specimens to r/o pulmonary TB: sputum, tracheal, endotracheal aspirate, BAL, gastric aspirate

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