

# (TUBERCULOSIS) NURSING CARE PLAN

Medical Diagnosis: Tuberculosis		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Patient reports persistent cough</li> <li>• Patient reports weight loss</li> <li>• Anorexia</li> <li>• Chills</li> <li>• Fatigue</li> <li>• Chest pain</li> <li>• SOB</li> </ul>	Screen patient for symptoms and risk factors	Screening for possible TB can help to identify patients who are at risk sooner rather than later. Containing the infection is a priority. As soon as you suspect TB Infection, place the patient in airborne isolation.
	Place and Read TB skin test (PPD) (Intradermal Injection)	Evaluate 48-72 hours after placement for signs of redness and induration. The size of the induration determines if the test is positive: Anyone > 15 mm High Risk > 10 mm Immunocompromised > 5 mm
	Collect Sputum Cultures	Ensure the sample is entirely sputum, not saliva. You can use nasotracheal suction if necessary. Collaborate with your Respiratory Therapist to obtain this culture if needed.
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• Night sweats</li> <li>• Cough</li> <li>• Hemoptysis</li> <li>• Decreased SpO2</li> <li>• Decreased PaO2</li> </ul>	Place the patient in Airborne Isolation and adhere to these precautions strictly	TB is spread via invisible airborne particles. The longer you are exposed to these particles, the more likely you are to develop a TB infection. Protect yourself and other patients.
	Monitor respiratory status and lung sounds	Patients may report shortness of breath and have a persistent cough. Evaluate their respiratory effort and listen to their lungs. Coarse rhonchi or wheezing may indicate they need a breathing treatment like a bronchodilator.
	Monitor oxygenation (SpO2 and PaO2) and intervene as appropriate	Because the alveoli are affected, the patient's oxygenation and gas exchange will be affected. Monitor ABGs and SpO2 closely. If the patient cannot oxygenate and ventilate on their own, they may require mechanical ventilation or other supplemental oxygen support.

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	Nursing Intervention (ADPIE)	Rationale
	Administer Anti-Tuberculosis Drugs as ordered: Rifampin Isoniazide Pyrazinamide Ethambutol	RIPE therapy is the most common and most effective drug therapy against TB infections. In some cases, patients are resistant to isoniazide or have Multi-Drug Resistant TB. In these cases, other drugs may be given.
	Educate the patient on the importance of completing the ENTIRE course of treatment	This treatment can be 6-12 months long. Although they'll feel better and no longer be contagious after about 3 weeks, they need to continue the full course. If they do not, they risk their TB laying dormant and resurfacing later OR they risk developing Multi-Drug Resistant TB.