

PUBLIC HEALTH

Tuberculosis Nursing

By

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Lesson II

Function of the Tuberculosis Center

Tuberculosis control requires a combination of outpatient clinics, health centers and hospitals with indoor and home services to the patient and family.

Key words

1. Definition

2. Purpose

2.1 Diagnostic

3. Departmental functions

3.1 History

3.2 Screening— Fleuroscopy

3.3 X-ray

3.4 Bacteriology

3.41 Sputum

3.42 Laryngeal swab

3.43 Pleural fluid and pus dis- charge (cultural)

3.44 Blood tests

3.45 Mantoux or tuberculin test

Discussion

1.1 A Tuberculosis Center is a public, voluntary or private clinic staffed with specialists and equipped with essential materials to prevent, treat and control tuberculosis.

2.11 History.

2.12 Physical findings.

2.13 Tests—X-ray, mantoux, sputum and other laboratory tests.

3.1 Registration office—Record.

3.21 Fleuroscope chest—every patient who comes to clinic with complaints; those with positive tuberculi test; P.P. & A.P. during treatment and others.

3.31 Susceptible cases found during screening process.

3.32 Mass-X-ray (35 m.m. films) industrial plants; schools; villages; community groups.

3.33 During treatment as indicated.

3.34 Other patients as ordered by the physician.

3.411 All newly diagnosed patients.

3.412 All diagnosed patients every 3 months.

3.413 Others as ordered by physician.

3.421 When sputum is not available—this procedure is done in the laboratory by the bacteriologist or technician. The swab is cultured and then examined.

3.431 Fluid is withdrawn from the pleural cavity or from a discharging lesion. This material is cultured in the laboratory and/or injected into the guinea pig for diagnostic purpose.

3.441 Sedimentation rate.

3.442 Hemoglobin tests.

3.451 Tuberculin is injected intradermally on the inner side of the left forearm. When the first test is given. These tests determine the presence and prevalence of infection.

4. Treatment

4.1 Chemotherapy

- 4.11 Streptomycin.
- 4.12 Para amino salicylic acid (P.A.S.)
- 4.13 Iso-Nicotinic Acid Hydrazine.
- 4.14 General—Iron, calcium, tonics, etc. *All drugs must be prescribed and controlled by the doctor.* Explain use and effects to the patient. Explain importance of regularity, and dangers of over and under dosage.

4.2. Surgery

4.21 Collapse Therapy

- 4.211 Artificial pneumothorax—Introducing air into pleural cavity.
- 4.212 Pneumo-Peritoneum—Introduction of air into peritoneal chamber which pushes diaphragm up and gives rest to the lung.

4.22 Phrenic Nerve

- 4.221 Phrenic nerve is cut and diaphragm is raised.

4.23 Pneumolysis

- 4.231 Lung is collapsed—Adhesions are severed.

4.24 Therocoplasty

- 4.241 Permanent collapse of diseased part of the lung by removal of a number of ribs.

4.25 Aspirations

- 4.251 Removal of fluid from plural cavity by means of trocar-cannula.

4.3. General

4.31 Rest

- 4.311 Complete bed rest unless otherwise ordered.

4.32 Food

- 4.321 High protein, well balanced diet.

4.33 Fresh air, sunshine

- 4.331 Ventilation in the home.

4.34 Freedom from worry

- 4.341 Adjustment of economic stress and home situations.

6. Interview

5.1 Newly diagnosed patient

- 5.11 Add to and follow up on the physicians interview—help relieve fear by helping the patient adjust and face his problem. Be a good listener.

5.2 Patient under treatment

- 5.21 Talk with the patient each time he visits the clinic, listen to his problems and offer assistance as indicated.

5.3 Patient for hospitalization

- 5.31 Help the patient understand what he can expect from the hospital and what the hospital will expect of him. Tell him what to take with him.

5.4 Contact

- 5.41 Help the patient and family plan transportation and other details for all persons living in the home to come to the center for examination.

6. Follow-up and care of Patients. Patients must understand *why* continuous care is essential to recovery.

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| 6.1 Initial referral by agencies | 6.11 Private practitioners ; hospitals ; social agencies ; public health nurses and health visitors ; and patients themselves. |
| 6.2 Inter-agency relationship | 6.21 Cooperation with all health nurses and social agencies is essential.
6.22 Referral forms for reporting back and forth are used for information and for directive purposes. |
| 6.3 Frequency of visits | 6.31 Depends on stage and degree of disease ; on facilities in the home ; understanding of family.
6.32 Visit all newly diagnosed patients to help adjust home conditions for maximum isolation ; to help plan for contact examination ; to learn about socio-economic situation in the family ; and to teach the patient and family.
6.33 Far advanced (P.I) refers to patient whose condition is poor. Hospitalization is necessary for isolation purposes. Visits are made according to need to give information, to demonstrate care, to give instructions regarding sputum examination and other.
6.34 Moderately advanced (P.II) refers to patients whose condition may indicate surgery, chemotherapy, and/or other modern treatments. These patients need sanatorium care.
6.35 Early Minimal infection (P.III) can be treated at home provided rest, food, and good ventilation are provided.
6.36 Arrested (P. IV) can be treated from the clinic. |
| 7. Contact examination | |
| 7.1 The problem | 7.11 For each diagnosed case of tuberculosis there are about 5 other infected persons and about 20 contacts. |
| 7.2 Definition | 7.21 A contact to tuberculosis is a person who lives or has lived in the same house with the patient ; or a person who works or who has worked next to or near the patient ; or who has been near the patient in a school. A susceptible person develops tuberculosis when he is exposed to an open (positive sputum) case for a period of time. |
| 7.3 Family contacts | 7.31 Re-examine every three months as long as the patient is in the home. |
| 7.4 Nursing contact | 7.41 Re-examine the wife, mother or the person who cares for the patient every 3 months. |
| 8. Teaching—Prevention | |
| 8.1 Patient and family | 8.11 See lesson III. |

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| 8.2 Community | 8.21 Illustrated lectures to schools, colleges, etc. |
| | 8.22 Posters placed in public places, in clinics, buses, trams, bulletin boards. |
| | 8.23 Films—with a talk before and discussion after the showing. |
| | 8.24 Newspapers. |
| | 8.25 Radio talks. |
| | 8.26 Pamphlets. |
| | 8.27 Other. |
| 8.3 Professional education | 8.31 Tuberculosis study and practice in basic education of doctors and nurses, health visitors, teachers, and others. |
| | 8.32 Refresher courses. |
| | 8.33 Seminars, workshops, etc. |
| | 8.34 Attendance at public meeting. |
| | 8.35 Other. |
| 9. Welfare | |
| 9.1 Cooperation | 9.11 Know and cooperate with all welfare agencies and seek their cooperation. |
| 9.2 Economic assistance | 9.21 Distribute milk, fruits and vegetables and bedding for selected cases. |
| 9.3 Treatment | 9.31 Cost charges. |
| | 9.32 Free treatment. |
| 9.4 Transportation | 9.41 Tonga fare for those that cannot otherwise come to the centre for care. |
| 9.5 Monthly allowances | 9.51 For some few destitute families. |
| 9.6 Food packets | 9.61 CARE and other organizations supply limited food parcels. |
| 9.7 Utilize community resources | 9.71 Utilize individual and family resources first then refer the family to social agencies for assistance. |
| 9.8 Care & Aftercare Conferences | 9.81 Participate in welfare meetings and interpret patient needs. |
| 10. Rehabilitation | |
| 10.1 Readiness | 10.11 When the doctor finds that the patient can do limited work without harm to himself or others, he will give specific orders about the kind and amount of work and exercise that the person can do. |
| | 10.12 The T.B. Center may initiate and help organize a rehabilitation unit to help the person learn a new trade. |
| | 10.13 The Center assists the patient to find suitable work when he is able. |
| | 10.14 Patients are referred to employment agencies with a letter of introduction and illustrating limitations of activity. |

Assignment : Lesson III—Teaching The Patient & Family.