SUSPECTED TUBERCULOSIS (PEDIATRIC) REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF INFECTIOUS DISEASE) • 887 CONGRESS ST. PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Fevers, weight loss, night sweats

On exam may have abnormal chest exam, lymphadenopathy

Positive PPD or positive interferon assay

Abnormal chest x-ray

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Patient is well. TB testing done for routine screen (i.e. pre-volunteer, college physical, international adoptees, refugees, or immigrants)

Normal exam

Positive PPD or positive interferon assay

Normal chest x-ray

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Child with prior effective preventative therapy or treatment for tuberculosis

Normal exam

No labs necessary

SUGGESTED PREVISIT WORKUP

Contact MMP PSC ID 662-5522 option 9 to discuss evaluation and possible hospital admission

SUGGESTED WORKUP

Referral to MMP - Pediatric Specialty Care ID: (207) 662-5522 option 9.

Assessment will be made about need for preventative therapy

SUGGESTED MANAGEMENT

Reasonable to have non-urgent call with pediatric ID physician about prior evaluation and management

CLINICAL PEARLS

- Prior to patient visit, please send patient visit notes, Date/size
 of PPD or Interferon results, imaging, LFTs and CBC with diff
 results with referral. If imaging is not available in IMPAX, please
 supply on disc/CD if possible.
- PPD, interferon testing may be done at our office.
- Let office know if interpreter services will be necessary.



These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.