



**NEPHROLOGY PROGRAM
DEPARTMENT POLICIES AND PROCEDURES**

**Hemodialysis - Section 03 - Patient Assessment & Management - Neph 3-09
Mantoux Testing following Medical Directive Neph 2-07
No.: 00732 (TOH Standardized Policy Number)**

ISSUED BY:

Hemodialysis Clinical Practice Committee

DATE OF APPROVAL:

N/A

APPROVED BY:

Nephrology Steering Committee

LAST REVIEW/REVISION DATE:

2018/07

CATEGORY:

Patient Assessment and Management

IMPLEMENTATION DATE:

2002/05

Special Instructions: Refer to [Policy # 00096](#)

PURPOSE:

- The Mantoux Tuberculin Skin Test (TST) will be performed by RNs and RPNs after implementing [Medical Directive Neph 2-07](#). Reading of the test will be performed by RNs and RPNs who have the knowledge, skill and judgment to independently perform this assessment.

BACKGROUND STATEMENTS:

- As per [Medical Directive Neph 2-07](#) all patients starting maintenance hemodialysis will be tested. Note that the test may have been performed in PRI.
- All patients that have travelled outside of North America (Canada and USA) for greater than one month will be tested. This test should be performed 2 months after return.
- Tuberculin skin testing should be performed to diagnose latent TB infection in persons at increased risk of developing the disease. There are three general situations when risk of disease is increased:
 - Recent infection, most commonly contacts of a patient with a recent diagnosis of active, contagious respiratory TB or immigrants and visitors from countries of high TB incidence within 2 years of arrival in Canada

- Increased risk of reactivation due to impaired immunity. This includes HIV infection and other immunosuppressed conditions, diabetes, renal failure, immunosuppressant medication and pulmonary silicosis.
- When there is radiographic evidence of old, healed inactive TB but no prior treatment
- As per [Policy # 00096](#) and [Medical Directive Neph 2-07](#), Mantoux testing is contraindicated for patients with:
 - Anaphylactic reactions to tuberculin in the past
 - Documented active tuberculosis or a clear history of treatment for TB infection or disease in the past
 - Documented positive TST
 - Extensive burns or eczema
 - Major viral infections
- For patients who have received or will be receiving live vaccines (e.g. measles, mumps, varicella, yellow fever vaccine the TST:
 - May be administered the same day as a live vaccine
 - May be administered at least 4 weeks after live-virus vaccination. If the 2 step method is used wait 4 weeks after the administration of a live virus vaccination.
 - Cannot be administered within 4 weeks of the live vaccine
 - Wait 4 weeks if the patient is unsure of the type of vaccination(s) received

**Patients with a common cold may be tested for TB

DEFINITION(S): N/A

ALERTS:

1. Mantoux testing should **NOT** be done on the current functioning access (AV fistula or AV graft) arm

PROCEDURE & DOCUMENTATION:

1. Refer to [Policy # 00096](#):
 - Confirm the patient will be in the unit for the Mantoux test to be read 48 to 72 hours after its administration
2. Activate the Mantoux Test Care Map using Dr. Medical Directive as the ordering physician. Acknowledge the Care Map orders.
3. Document the administration of the 5 tuberculin units/0.1mL of purified protein derivative (PPD) solution in the medication list screen

4. Document site of tuberculin skin test in the progress notes using the pre-scripted phrase- '**Mantoux test given**'. Clearly note which site is to be read if a second test had to be given if a wheal did not appear.

48-72 hours later document in the progress notes using the pre-scripted phrase '**Mantoux test read**', the measurement of the induration in mm.

Note: Measure the induration (swelling), if present, not redness. Document any blistering, which can occur in 3-4% of patients with positive tests.

The nurse will not use the terms "positive" or "negative" to describe the results of the reading. **Document the actual measurement of the induration.** The absence of induration is recorded as "0" mm. The physician will interpret whether the measurement reflects a positive or negative result based on each clinical situation.

5. All measurements will be communicated to the responsible nephrologist
6. If the physician interprets the results as being positive, the following steps need to occur. Remind physicians to complete all the steps and follow reporting process:
 - In accordance with the Health Protection and Promotion Act, the physician is required to report the following to the local Medical Officer of Health:
 - i. All positive TST by using the Tuberculin Skin Testing Reporting form found at the following link:
 - i. http://www.ottawapublichealth.ca/en/professionals-and-partners/resources/Documents/tst_reportingform_en.pdf
 - ii. Physician to complete the form and fax as directed on the form. See Appendix A for sample form.
 - iii. New and suspected cases of pulmonary or extra-pulmonary TB within one business day by calling 613-580-6744 ext. 24224
7. The physician will assess for symptoms of active tuberculosis. This includes symptoms such as unexplained fever, weight loss, adenopathy and unexplained chronic cough.
8. The patient will be sent for a screening chest x-ray
9. The patient will be referred for an evaluation at either the Infectious Disease clinic at the Civic Campus or the Tuberculosis Clinic at the General Campus, according to patient and physician preference. Please stamp a pre filled consult form and leave on the physician's Hit list. See Appendix B for sample Consultation form for Infectious Disease—TB Clinic.

RELATED POLICIES / LEGISLATION:

1. Nephrology Policies and Procedures - [Hemodialysis - Section 02 - Medical Directives - Neph 2-07 Tuberculosis Testing - Mantoux Skin Test](#)

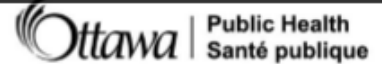
2. Nursing Policies, Procedures & Protocols - Nursing: Clinical Procedures - [#00096 Tuberculosis Testing - Mantoux Method](#)

REFERENCES:

1. Canadian Thoracic Society. The Public Health Agency of Canada & The Lung Association. Canadian Tuberculosis Standards 7th Ed., 2013.
2. Center for Disease Control & Prevention. TB Elimination: Tuberculin Skin Testing. October 2011.
3. Center for Disease Control & Prevention. Mantoux Skin Testing: A Facilitators Guide. November 2013.
4. Ottawa Public Health: Communicable diseases found at:
<http://www.ottawapublichealth.ca/en/professionals-and-partners/forms-for-health-professionals.aspx#Communicable-diseases>

COMMENTS / SIGNIFICANT REVISIONS: N/A

APPENDIX A—sample only



TUBERCULIN SKIN TEST REPORTING FORM

Positive tuberculin skin test (TST) results must be reported to Ottawa Public Health (OPH) as per the *Ontario Health Protection and Promotion Act, 1990*.

Please complete all fields and fax to the Communicable Disease Control Program at **613-580-9640**.

Last name: _____		First Name: _____	
Ontario Health Card # _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
DOB: _____ <small>y / m / d</small>	Phone: _____	Weight: _____	
Address: _____			
Country of Birth: _____		Date of Arrival: _____	
Tuberculin Skin Test:	Date given: _____ <small>y / m / d</small>	Date read: _____ <small>y / m / d</small>	Result: _____ mm
IGRA/QuantIFERON- TB GOLD:	Date collected: _____ <small>y / m / d</small>	Value _____ IU/mL	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
CXR:	Date: _____ <small>y / m / d</small>	Results: _____	

Prescription for Treatment of Latent TB Infection (LTBI)

Refer to the *Canadian Tuberculosis Standards, 7th Edition 2013*, for information on drugs, dosage, side effects and monitoring. <http://www.respiratoryguidelines.ca/tb-standards-2013>

Medication(s)	Dose	Duration
---------------	------	----------

Health Care Provider's
Signature: _____ Date: _____

Treatment for LTBI not recommended: _____

Treatment for LTBI recommended but declined by patient: _____

Health Care Provider Name (printed): _____

Address: _____ **Phone:** _____

OttawaPublicHealth.ca
SantePubliqueOttawa.ca

613-580-6744
TTY/ATS : 613-580-9656



/OttawaHealth
/OttawaSante

