Guideline for referring children with TB and/or HIV to Sarah Fox (SF) / Tembacare (TC)

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General principles

# A social report, written by the involved Red Cross War Memorial Children's Hospital (RCWMCH) social worker, to accompany the admission forms of children with social concerns. This report should at least contain accurate contact details for the patient's family, an address and the name and contact telephone number of the community social work agency that the case has been referred to. For children with TB-HIV co-infection a copy of the social report should be given to the ID sister (Sr Apolles or Sr Horn) to file in the HIV folder.

# The RCWMCH social worker will provide social work support until the community social work agency becomes involved in the case.

# Older school going children (older than 5 years) may be better suited to St Josephs as they can attend school

# TB cases will in general be admitted to SF. There may be a group of sicker children that would be better suited to TC for a few months and then transferred to SF once "stable"

# As per the current arrangement, SF patients attending the ID clinic at RCWMCH will be seen at the Tuesday morning ID clinic

# Three categories of TB patients were identified:
   1. TB with / without HIV co-infection children who are clinically well, with severe malnutrition and / or social / adherence issues
   2. TBM patients
   3. TB-HIV co-infection, newly started on treatment, that still require fairly intense medical care

# All HIV-infected children at SF / TC [including those with adherence / social problems] and their parents / primary caregiver should have a scheduled appointment with the attending clinician at the ID clinic at RCWMCH before discharge. This will allow for counseling / recounseling / adherence counseling of the parents / caregiver by the clinic counselor and an assessment by the clinician of medical discharge readiness. For children with adherence problems, the attending clinician at the ID clinic should verify (by letter) when the parent / caregiver has been sufficiently educated to be discharged from SF or TC

Details for the specific patient categories

1. TB with / without HIV co-infection in a clinically stable child with severe malnutrition and / or social / adherence concerns (SF and occasionally TC)

   # These instructions apply to children with PTB and/or EPTB, but exclude those with TBM

   # A TB referral to Silvertown clinic must be done by RCWMCH before discharge. Please complete the TB notification form (GW17/5) & the TB referral letter – send both to the Infection Control Nurse before discharging the patient to SF or TC. Send the 2nd copy of the referral letter addressed to the Silvertown TB clinic to SF/TC send the CXR (hardcopies ar obtainable from radiology) and any other results of investigations with the patient for completeness of clinical picture. A 2-week supply of TB medication should accompany the child to SF or TC.
# TB medication will then be collected at Silvertown TB clinic once the child is in SF or TC

# Children with HIV will continue to receive their ARVs from ID clinic at RCWMCH. Please contact Sister Apolles of Sr Horn (021-658 5613 or 021 658 5517) before hospital discharge, for an IDC appointment. Provide pharmacy with the IDC follow-up date so that sufficient medication may be supplied.

# SF or TC will be responsible for discharge transfer of TB Rx to community clinic after discharge (done via Silvertown TB clinic)

# The child will be offered a bed at SF or TC for as long as it is needed

# Discharge of children with adherence problems from SF should only be done after the parent / caregiver has undergone adequate counseling and the ID clinic attending doctor has been consulted (refer general principles)

2. **TBM (SF only)**

# Children with TBM should be admitted to SF while awaiting transfer to BCH or in relatively uncomplicated cases admitted to SF for the duration of their TBM treatment.

# A TB referral to Silvertown clinic must be done by RCWMCH before discharge. Please complete the TB notification form (GW17/5) & the TB referral letter – send both to the Infection Control Nurse before discharging the patient to SF. Send the 2nd copy of the referral letter addressed to the Silvertown TB clinic to SF send the CXR and any other results of investigations with the patient for completeness of clinical picture. A 2-week supply of TB medication should accompany the child to SF.

# TBM medication will then be collected at Silvertown TB clinic once the child is in SF.

# For the duration of the TBM treatment, the B1 or B2 ward registrar must provide clinical oversight. SF doctors will communicate telephonically with the B1 or B2 registrar should clinical review be required

# SF is able to manage uncomplicated feeding through a gastrostomy tube (PEG). However, both stomaltherapy and dietetics oversight are required.

# Stomaltherapy review is required 2 weeks after transfer to SF and then at monthly intervals. The first appointment should be arranged by the attending B-ward doctor (021-658 5363). The stomaltherapist will manage the gastrostomy tube and provide all related consumables.

# The ward dietician will provide a starter enteral feed pack. The ward dietician will also complete a referral letter to the local community dietician, requesting that enteral feeds be supplied. The ward dietician will contact the community dietician by email. The ward dietician will review the nutritional status of gastrostomy-fed children when necessary, as determined by the SF doctors

# SF is able to manage uncomplicated feeding via NGT. However, the B-ward registrar should manage the NGT, including the duration of tube feeding.

# SF receives visits from 3rd year physiotherapy students three times per week. RCWMCH physiotherapy department is only able to provide rehabilitation and seating follow-up every 4-6 weeks. Since TBM patients require daily therapy from the rehabilitation team (physiotherapist, occupational therapist and language therapist)
children with severe neurological and/or cognitive deficits should preferentially be referred to Brooklyn Chest Hospital. If the child requires therapy support, the B-ward doctor should arrange a physiotherapy appointment before transfer to SF.

3. **HIV/TB co-infection, newly diagnosed, at risk for IRIS, sick children (TC only)**

# These children may initially be admitted to TC if they require more intensive nursing (For example, problems with feeding, supplemental O2 required, etc.)

# A TB referral to Silvertown clinic must be done by RCWMCH before discharge. Please complete the TB notification form (GW17/S) & the TB referral letter – send both to the Infection Control Nurse before discharging the patient to TC. Send the 2nd copy of the referral letter addressed to the Silvertown TB clinic to TC send the CXR and any other results of investigations with the patient for completeness of clinical picture. A 2-week supply of TB medication should accompany the child to SF.

# TB medication will then be collected at Silvertown TB clinic once the child is in TC

# Children with HIV will continue to receive their ARVs from ID clinic at RCWMCH.

Please contact Sister Apolles of Sr Horn (021-658 5613 or 021-658 5517) before hospital discharge, for an IDC appointment

# Once these children are stable, they may be transferred to SF. Transfer will be arranged internally by TC.

# TC / SF will be responsible for discharge transfer of TBRx to community clinic after discharge from TC / SF (done via Silvertown TB clinic)

# The child will be offered a bed at SF / TC for as long as is needed

# Discharge of children with adherence problems from TC / SF should only be done after the parent / caregiver has undergone adequate counseling and the ID clinic attending doctor has been consulted (refer general principles)

4. **Contact telephone numbers**

Sarah Fox Convalescent Home: 021-637 1302

Themba Care: 021-637 8337

Ward B1: 021-6585464 or 021-6585051 or 021-6585151

Ward B2: 021-658 5052 or 021-658 5152

Stomaltherapy: 021-658 5363

Social workers: 021-658 5111 and ask for the specific social worker

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