

LSUHSC-S ANTIBIOTIC GUIDELINES	
<b>SUSPECTED OR KNOWN PULMONARY TUBERCULOSIS</b>	
I. When to Consider TB	
A. Suggestive symptoms	Any patient who presents with anorexia, fatigue, fever, night sweats, weight loss, and productive cough that may be blood-streaked
B. High-risk groups	Close contacts with active TB patients; immigrants from areas where TB is prevalent; patients with HIV/AIDS; transplant patients; the immunocompromised; HIV-negative injection drug users; residents and employees of high-risk congregate settings such as prisons, nursing homes, health care facilities, residential facilities for persons with HIV/AIDS, drug treatment centers, and homeless shelters; mycobacteriology laboratory personnel; persons with high risk medical conditions, including silicosis, diabetes, chronic renal failure, leukemias and lymphomas, carcinoma of the head or neck and lung, more than 10% loss of ideal body weight, gastrectomy, and jejunioileal bypass
C. History of BCG	A history of BCG vaccination does <u>not</u> alter the diagnostic consideration of TB or the interpretation of the TB skin test
II. Initial Management of suspected or known TB	Place in Respiratory Isolation and notify Infection Control Obtain PA and lateral CXR Send sputum for AFB smear and AFB culture; if this smear is negative, then order early morning sputum specimens for AFB smears and cultures x 3; use sputum induction if necessary In young children and other patients from whom sputum cannot be obtained, order early morning gastric aspirates for AFB Three early morning urine samples for AFB may be indicated Order HIV serology Place an I-PPD skin test Consider Infectious Diseases or Pulmonary consultation

<p>III. Initial treatment for patients with known TB, those highly suspected of having TB, or those seriously ill with presumed TB</p>	<p>Daily dosing of the standard 4-drug regimen of INH, Rifampin, Pyrazinamide, and Ethambutol.</p>
<p>A. Adults and children 15 years of age and older</p>	<ul style="list-style-type: none"> <li>▪ INH 300 mg once daily</li> <li>▪ Rifampin 600 mg once daily</li> <li>▪ Pyrazinamide 1000 mg once daily for those weighing 40-55 kg, 1500 mg once daily for those weighing 56-75 kg, or 2000 mg once daily for those weighing =76 kg</li> <li>▪ Ethambutol 800 mg once daily for those weighing 40-55 kg, 1200 mg once daily for those weighing 56-75 kg, or 1600 mg once daily for those weighing =76 kg</li> </ul>
<p>B. Children weighing &lt;40 kg</p>	<ul style="list-style-type: none"> <li>▪ INH 10-15 mg/kg once daily, up to a maximum of 300 mg/day</li> <li>▪ Rifampin 10-20 mg/kg once daily, up to a maximum of 600 mg/day</li> <li>▪ Pyrazinamide 15-30 mg/kg once daily, up to a maximum of 2000 mg/day</li> <li>▪ Ethambutol 15-20 mg/kg once daily, up to a maximum of 2500 mg/day</li> </ul>
<p>C. Concomitant HIV infection</p>	<ul style="list-style-type: none"> <li>▪ Consult Infectious Diseases</li> </ul>
<p>D. Infants and children younger than 5 years of age</p>	<ul style="list-style-type: none"> <li>▪ Consult Pediatric Infectious Diseases</li> </ul>
<p>E. Known or suspected drug resistance</p>	<ul style="list-style-type: none"> <li>▪ Consult Infectious Diseases or Pulmonary</li> </ul>
<p>F. Pregnancy or Breastfeeding</p>	<ul style="list-style-type: none"> <li>▪ Consult Infectious Diseases or Pulmonary</li> </ul>
<p>G. Renal insufficiency</p>	<ul style="list-style-type: none"> <li>▪ Consult Infectious Diseases or Pulmonary</li> </ul>
<p>H. Unstable or advanced liver disease</p>	<ul style="list-style-type: none"> <li>▪ Consult Infectious Diseases or Pulmonary</li> </ul>

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