**Example of Chart Review**

**Patient Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Intermediate Outcomes** | **Time frame** | **Date(s) accomplished** | | | | | |
| TB contact investigation interview | 3 days |  |  |  |  |  |  |
| Contacts identified and tested | 15 days |  |  |  |  |  |  |
| Medical evaluation of contacts | 30 days |  |  |  |  |  |  |
| Appropriate medication regimen | At 1st visit/monthly |  |  |  |  |  |  |
| DOT arranged | 24 hours |  |  |  |  |  |  |
| Testing/Screening | Baseline and PRN |  |  |  |  |  |  |
| * Blood |  |  |  |  |  |  |  |
| * Vision |  |  |  |  |  |  |  |
| * Hearing |  |  |  |  |  |  |  |
| * Sputum |  |  |  |  |  |  |  |
| * X-rays |  |  |  |  |  |  |  |
| * HIV test |  |  |  |  |  |  |  |
| Sputum smear conversion | 2-3 weeks |  |  |  |  |  |  |
| Sputum culture conversion | 8-10 weeks |  |  |  |  |  |  |
| Clinical improvement | Monthly |  |  |  |  |  |  |
| * Subjective |  |  |  |  |  |  |  |
| * Objective |  |  |  |  |  |  |  |
| Patient Education |  |  |  |  |  |  |  |
| * Initiated | At 1st visit |  |  |  |  |  |  |
| * Documented | Monthly |  |  |  |  |  |  |
| Appointments |  |  |  |  |  |  |  |
| * Physician follow up | Monthly |  |  |  |  |  |  |
| * DOT adherence | Monthly |  |  |  |  |  |  |
| * Referrals | PRN |  |  |  |  |  |  |
| Nursing care plan |  |  |  |  |  |  |  |
| * Initiated | At 1st visit |  |  |  |  |  |  |
| * Documented | Monthly |  |  |  |  |  |  |