**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 |  |  |  |  |  |  |