**Clinical Features**
- General: Fever, drenching night sweats, weight loss
- Respiratory: persistent cough, haemoptysis, CXR upper lobe consolidation, mediastinal lymphadenopathy or caviation
- Brain: persistent headache or vomiting (meningism may be absent), abnormal neurology, lymphocytic CSF
- Abdomen: mimic other pathologies depending on site eg abdominal pain, non-healing ulcers mouth or anus, dysphagia, malabsorption, diarrhoea; calcification abdominal LN
- Bone / spine: abnormal neurology eg spinal cord compression
- Joints: persisting effusions
- Abscess: often slow growing, usually not 'hot' or red

**Initial Management & Investigations**
- Isolate with standard PPE (mask to patient) if respiratory symptoms or abnormal CXR
- CXR (all patients)
- FBC, CRP, VBG. Add UE, LFT, HIV if admitting or referring to clinic
- Sputum for AFB if cough
- Consider: x-ray (bone / spinal), MRI (spinal), CT abdomen (abdominal)

**Is the patient clinically unwell?**
Eg Abnormal vital signs: RR > 24 or PaCO2 < 4.3 kPa, P > 90, sBP <90 mmHg, GCS < 15, severe pain

**Are there exclusions to discharge?**
- Miliary TB
- Known or suspected multi-drug resistant TB (eg contact with MDR case)
- Abnormal neurology
- Signs of brain TB
- Public health risk with respiratory TB eg hostel dweller, prisoner
- Homeless (unable to contact for follow up)

**Discharge**
Follow up will be at TB Clinic, Shrewsbury Road

1. Ensure CXR complete for all patients
2. Sputum for AFB:
   a) Send first sample from ED if possible
   b) Request on EPR x 3 and label 3 sputum pots
   c) Advise patient to collect early morning specimen if possible
   d) Give pots to patient in specimen bag and advised to return to Pathology, Zone 3
3. Give patient advice leaflet (for home isolation and sputum) – in FORMS – Patient Advice, and advise to self-isolate as per instructions
4. Complete discharge letter, including:
   a) Suggestive features in history
   b) Radiology result (description or copy of report if available)
   c) If sputum sent from ED
   d) If advocate required
5. Complete out-patient referral form with correct mobile number and leave in front of notes with copy of discharge letter.

**Contacts for Advice**
- 0900-1700 Mon - Fri
- Respiratory SpR bleep 158
- TB Nurses extension 5222
- TBNurses@newhamhealth.nhs.uk

**High Risk Patients**
- Known TB contact
- Recent migrant
- HIV
- Homeless
- Prisoner
- Alcoholic

**Admit**
- Refer Medical SpR bleep 627 (inform Resp SpR bleep 158 in hours)
- Request side room if “open” TB ie: “Respiratory (even if not coughing) “Discharging open abscess
- CBM bleep 338

**ECAM Guideline Group**
- v1

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Emergency Department

Asthma in Adults

Lead Author

Respiratory Team

Co-Authors / Collaborators

ED Consultant

Reference Documents