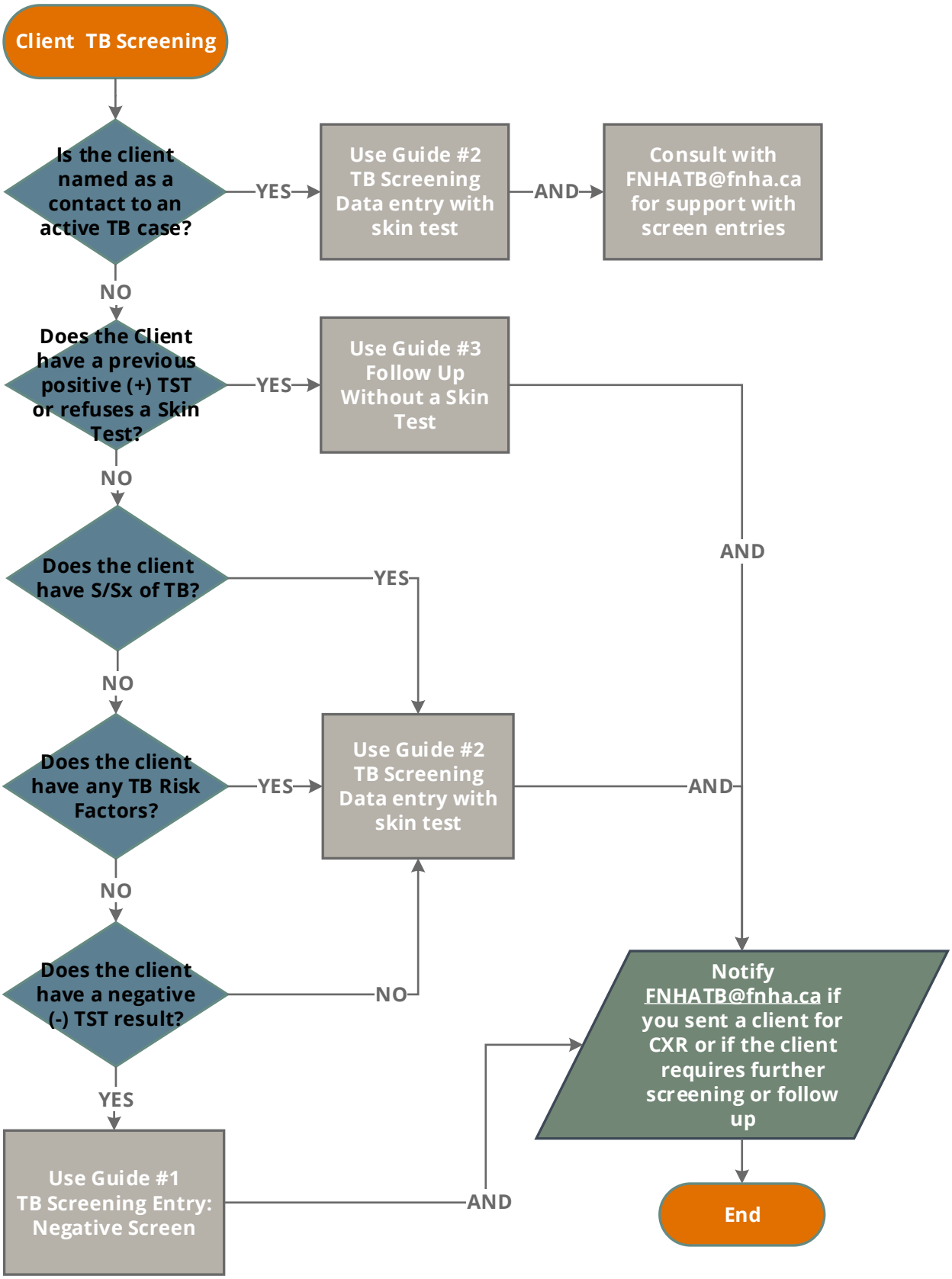
Which Panorama TB Guide Should I Use?
TB Screening Algorithm

First Nations Health Authority
Health through wellness



Panorama TB Module: Recommended Timelines for Documentation Entry

The following timelines for entry of TB screenings into Panorama are recommended according to triage priority. The CRNBC standard is that nurses document their own work. If work demands or other time constraints prohibit entry of TB Screenings according to the timelines below, especially for screenings with clinical significance, please contact FNHA TB for Panorama entry support.

Prioritization for Entry into Panorama	Type of TB screens
Enter IMMEDIATELY and notify FNHA TB Services:	• Persons who are symptomatic and/or have indications of TB Disease
Enter within 24 hours and notify FNHA TB Services:	• Priority contacts to TB cases • TB Contacts with conversion from negative to a positive TST
Enter within 3 days or less and notify FNHA TB Services:	• Asymptomatic persons screened for medical Reasons • Drug/alcohol/trauma treatment • Pre-immune modulating medication start • Contacts • Persons screened for school, employment or community screening with conversion from negative to positive TST • Persons requiring CXR or in-process for IGRA screening
Enter within 3 months or less:	• Routine screening for persons negative by TST • Symptom review only, including school screens • Employment or community surveillance reasons

FNHA TB Services Contact Information:

TB Services Email: fnhatb@fnha.ca
Toll Free: 1-844-364-2232 Local: 604-693-6998
Confidential Fax: 604-689-3302
Panorama Support: panorama@fnha.ca

MSP billing number: 99996

Provincial Health Services Authority
Province-wide solutions. Better health.

Chest X-Ray Requisition

Patient Information

Name: _____ DOB: _____

PHN: _____ Phone: _____

Address: _____

Date _____
YYYY/MM/DD

Additional Copies to:

_____

_____

_____

_____

Chest X-Ray Exam Reason

- **Exam Requested: Chest**
  - ☐ Posterior anterior (PA) ☐ Lateral ☐ Other, Specify: _____
- **Exam Reason:**
  - ☐ TB Contact
  - ☐ TB Screening
  - ☐ Rule Out Active TB
    - ☐ Symptoms
  - ☐ Repeat CXR
    - ☐ On Treatment
      - ☐ Active
      - ☐ Latent
    - ☐ End of Treatment
      - ☐ Active
      - ☐ Latent
    - ☐ Surveillance
      - ☐ Immigration
      - ☐ Other, Specify: _____

Respiratory Precautions Required: ☐ **YES** ☐ **NO**

For Radiology Use Only

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BC CENTRE FOR DISEASE CONTROL TUBERCULOSIS SERVICES

655 West 12th Avenue
Vancouver, BC
V5Z 4R4

Billing Instructions

If PHN not valid:

☐ Bill Client

☐ Bill TB Services

This PDF can be found at: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/TB/TB_Form_CXR_Provincial.pdf

BC Centre for Disease Control · First Nations Health Authority · fraserhealth · Interior Health · island health · northern health · Vancouver CoastalHealth