

# ACDC: Hepatitis B Case



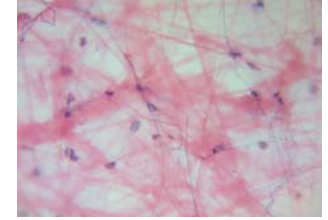
**Assess**



**Diagnose**



**Identify Outcome**



- Pertinent Healthy People 2010 Leading Health Indicators:**
- Environmental Quality
  - Immunization
  - Responsible Sexual Behavior
  - Access to Health Care
  - Mental Health

- Acute Hepatitis Case:**
- Discrete onset of symptoms
  - Jaundice or elevated aminotransferase levels
  - Appropriate lab test confirmation:
    - ❖ HBsAg positive and/or anti-HBcIgM positive (if done), and
    - ❖ Anti-HAV IgM negative (if done)

**Nursing Practice**

- Review referral when received from Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
- Epidemiologic data to obtain and assess:
  - Ensure case has met both clinical and lab criteria.
  - Reason for medical visit leading to diagnosis; helpful to determine if case is acute or chronic.
  - Medical or dental tx within past 6 months.
  - Percutaneous exposure (self-report of suspect) of injections, tattooing, ear/body piercing, acupuncture, electrolysis, etc.
- Transfusion of blood products; places, dates, lot numbers, manufacturer, & donor identification.
- Blood, plasma, or organ donation in prior 6 months.
- Occupational history, especially medical-dental personnel, workers or inmates in institutions, & those exposed to blood or blood products.
- Sexual contact history (e.g., homosexual, bisexual, heterosexual with multiple partners) including contact with diagnosed case of viral hepatitis, jaundiced person or known HBsAg carrier during past 6 months.
- Contact with or injection of contaminated blood; accidental inoculation by needle (lab), accidental splash into eye.
- Patient or employee of a renal dialysis unit.
- Diabetic patients with history of fingerpricks.
- Resident of a long-term care facility.
- For infant cases, HBV status of mother.

- Verify medical diagnosis and determine priority of action.
- Consider client's/contact's need for nursing interventions based on medical diagnosis.
- Consider client's/contact's need for nursing intervention to promote health, facilitate well-being, foster healing, alleviate suffering, and improve quality of life.

**Outcome Objective:**

- Prevent the spread of communicable diseases within families, communities, health facilities, or other sites.

**Nursing Practice:**

- Determine and document specific health needs/goals for client/contact situation.

**Other References**

- Health Education Materials
- Public Health Nursing Practice Manual
- ACDC Manual (B-73)
- Control of Communicable Disease Manual

**Plan**



**Implement**



**Evaluate**

**Plan for the following Public Health Nursing Interventions:**

- Disease and Health Event Investigation:**
  - Review ACDC Manual (B-73) for:
    - Symptoms
    - Incubation period
    - Source
    - Mode of transmission
    - Period of communicability
    - Specific treatment
    - Control measures
  - Obtain educational and resource materials.
  - Obtain specimen containers, if applicable.
  - Obtain referral information.
  - Elicit epidemiological data.
  - Relate case to time, place, person (when?, where?, who?).
  - Analyze probable causative factor (how?, why?).
  - Analyze actual/potential for spread of disease.
  - Take appropriate action in the event of sensitive occupation or situation (see B-73).
  - Provide instruction on appropriate specimen collection.
  - Institute appropriate control measures.
- Health Teaching/Counseling:**
  - Advise that disease may be transmitted by shared articles that become contaminated with blood (e.g., needles, syringes, razors, toothbrushes).
  - Advise that regular sexual partners may be at increased risk. Advise of need for HBIG and/or vaccine. Use of condoms may reduce the risk to sexual partners. A county sponsored vaccine program is available to age-qualified contacts.
  - Individuals at continued risk for acquiring hepatitis B infection (occupation, male homosexuals) should be recommended to receive hepatitis B vaccine if not immune.
  - Usage of HBIG based on exposure (type and time) and susceptibility.
  - Instruct sanitary disposal of blood and other body secretions.
  - Advise patient that persons with a history of viral hepatitis are excluded from blood donor programs.
  - Advise case that HBsAg test should be repeated at 3 and 6 months. If still positive after 6 months, then the patient is considered a carrier and should be evaluated for the possibility of active liver disease.
- Referral and follow-up:**
  - Refer for treatment/prophylaxis if indicated:
    - Follow up with client(s) to determine if treatment/prophylaxis is taken as indicated.
  - Complete PHN Assessment form and make referrals as needed.
  - File Foodborne Illness Report (H-26) with district registrar if illness relates to a commercial establishment or product.
- Surveillance:**
  - Monitor case/contacts until cleared/closed.
    - Submit specimens as indicated by B-73.
- Other:**
  - Plan interventions needed to assist case/contact(s) with concerns identified in the PHN Assessment.

- PHN interventions are implemented as stated in the plan.
- Document all consultations, collaborations, interventions, and encounters with caretaker on the investigation forms and/or progress notes/NPMS.

- Evaluate the effectiveness of interventions on the health of the client/contact(s); e.g. document client understands disease process and prevention of transmission.
- Determine and document action for non-adherent client/contact(s):
  - Consult with PHNS.
  - Refer for follow-up (see B-73) or submit for closure.
- Complete investigation forms:
  - Submit report within 5 working days or timeframe agreed upon in consultation with the PHNS.
  - Submit interim reports as needed until case is closed.
- Document in the NPMS:
  - File a copy of the PHN Assessment per PHN Assessment Form instructions.
- Evaluate client satisfaction:
  - Give client satisfaction form to the client/caregiver for completion and submission in a pre-addressed, stamped envelope.