PEDIA MANOR
POLICY AND PROCEDURE MANUAL

SUBJECT: PPD (Mantoux Tuberculin Skin Test) **NUMBER:** 6.22

WRITTEN: 1/2015

REVISED: **REVIEWED:** **PAGE:** 1 of 5

REGULATION:

POLICY:
A tuberculin skin test (TST) will be performed using the tuberculin PPD by intradermal injection. The PPD will be administered per the Centers for Disease Control recommendations, professional standards of medication administration and the tuberculin PPD manufacturers' guidelines.

PURPOSE:
To provide guidelines for the safe and effective administration of the PPD intradermal injection and to provide interpretation guidelines

DEFINITIONS:
1. Qualified Staff: Licensed practical nurses and licensed registered nurses
    a. License must be in good standing
2. CDC: Centers for Disease Control
3. PPD: Tuberculin Purified Protein Derivative
4. Intradermal (ID) Injection: The injection of a medication or vaccine into the dermis or first layer of skin
5. Live attenuated Vaccine: a vaccine prepared from live microorganisms or functional viruses whose disease-producing ability has been weakened or altered
6. Inactive Vaccine: killed or inactivated organisms

ALTERNATIVE NAMES:
1. PPD, TB skin test, Mantoux test, Tuberculin skin test, TST

PERFORMED BY:
1. Nurses

EQUIPMENT:
1. Prescribed PPD vial
2. Alcohol Wipes
3. Gauze/Bandage if needed
4. Needle as per manufacturer’s recommendation
5. TB sized syringe
6. Puncture resistant container
7. Gloves
8. Physician’s order/MAR
9. Vaccine Administration Record
10. Chart I – Staff Progress Notes

PEDIA MANOR
POLICY AND PROCEDURE MANUAL

SUBJECT: PPD (Mantoux Tuberculin Skin Test) **NUMBER:** 6.22

WRITTEN: 1/2015

REVISED: **REVIEWED:** **PAGE:** 2 of 5

REGULATION:

PROCEDURE:

1. The Primary Care Coordinator, staff nurse, or nurse manager will determine when a patient is due for a PPD
    a. A PPD is to be administered within 15 days of admission to Pedia Manor with the following exceptions:
        i. A documented PPD test was obtained within the last 2 years prior to admission
        ii. The child is less than one year old and the MD/CRNP determines that a PPD is not necessary until the child reaches one year of age
    b. Once a PPD is documented or administered post admission, a PPD is to be administered once every 2 years
2. Obtain an order for a PPD
3. Transcribe the order to the medication administration record per P&P 1.12 "Transcribing Physician Orders."
4. The order shall be transcribed in two parts:

    a. The order to administer a PPD is transcribed to the MAR (block #1)
    b. Below the order, block #2 should read as follows: *"Interpret PPD between 48 and 72 hours and record result on vaccine administration record"*

    ---

    a. Once the PPD is administered: the order in block #1 will be dated, timed and signed
    b. After the PPD is administered, at block #2
        a. Square boxes at 48 and 72 hours following the PPD administration
        b. Time when the PPD is to be read
            i. The PPD will be read once between 48 and 72 hours
                1. The PPD does not need to be interpreted a second time

5. Notify the Vaccine Coordinator of the PPD order
6. The Vaccine Coordinator will ensure that the PPD is available or order the PPD, as necessary
7. The Vaccine Coordinator will transport the ordered PPD to the location, as necessary
    a. PPD will be kept refrigerated at 2° to 8° C (35° to 46° F). Do not freeze. Discard if exposed to freezing.
    b. Note date opened on PPD vial, and once opened discard within 30 days.
8. Review the manufacturer's insert prior to the administration of PPD
9. Screen for Contraindications and Precautions

a. All patients should be screened for contraindications and precautions each time a PPD is to be administered
b. See the manufacturer's insert for complete up-to-date information on contraindications and precautions
c. Live vaccines- can be given on the same day or any time after a PPD, but if an injected live vaccine (MMR, Varicella, MMRV, yellow fever, zoster, LAIV) has been given prior to a PPD, you must wait 4-6 weeks before doing a routine PPD
    i. Live vaccines can cause a false negative skin test in a person with TB infection
d. Inactivated vaccines- can be given on the same day or at any time after a PPD

10. Gather equipment and administer the PPD following the procedure for injections per P&P 5.17. (See Intradermal Injections Attachment C for specific ID injection instructions)
    a. Give an intradermal injection of 0.1ml tuberculin PPD into the inner surface of the forearm.
    b. The injection should be given with a tuberculin syringe, with the bevel of the needle facing upward
    c. When placed correctly the injection should produce a pale elevation of the skin (a wheal) 6-10mm in diameter that will disperse within minutes
    d. Do not dress, or squeeze the injection site. Blot lightly or apply a band aid as needed if blood is present
    e. If the PPD is administered incorrectly (i.e. no wheal formed), repeat test immediately at another site, at least 2 inches from the first site or in the opposite arm
11. Reading a PPD
    a. PPD skin test must be read between 48 and 72 hours after placement of the PPD
    b. If a PPD skin test is not read within 72 hours, the test must be repeated
    c. A PPD skin test can be repeated as soon as possible unless a previous PPD was associated with a severe reaction
    d. Measure the PPD result in a good light with the forearm supported on a firm surface and slightly flexed at the elbow
    e. When measuring the PPD, disregard erythema or redness
    f. Using a flexible millimeter ruler, measure the diameter of induration at its widest diameter transversely (side-to-side) to the long axis of the forearm
        i. Reactions to the tuberculin skin test at the injection site will vary
        ii. If there is blistering, palpate the induration gently as it may be painful
        iii. Only the margins of the induration are significant; redness and swelling should not be measured
    g. Whether a reaction to the Mantoux tuberculin skin test is classified as positive depends on the size of induration and the person's risk factors for Tuberculosis

i. Interpretation Guidelines: Refer to Table A: Criteria for Tuberculin Positivity
ii. False-positive results tuberculin reactions can occur in individuals who have been vaccinated with BCG

h. If there is an induration, result should be recorded in mm and the MD/CRNP contacted for further direction
    1. Have available the criteria for Tuberculin Positivity

i. If there is no induration, result should be recorded as negative

DOCUMENTATION:

1. Sign off administration in MAR
2. Anytime a PPD is administered it will be fully documented on the Vaccine Administration Record
    a. The Vaccine Administration Record located in Chart I-History & Physical section
        i. Date and time PPD placed
        ii. Route, dose, and site of PPD placed
        iii. PPD lot number
        iv. PPD manufacturer
        v. Initials of person administering
        vi. Result interpret between 48-72 hours
        vii. Date and time PPD read
        viii. Initials of person reading results
3. Anytime a PPD is administered, a narrative nurses note must be written in the patient's progress notes of Chart I
    a. Include:
        i. PPD, route, dose, site
        ii. How the patient tolerated the administration of the PPD
        iii. Any adverse reactions noted
        iv. Refer to P&P 1.20 "Vaccines- General Recommendations" for guidelines on reporting and documenting adverse reactions
4. Once a PPD is read between 48 and 72 hours, a narrative nurses note must be written in the patient's progress notes of Chart I stating the result

Table A: Criteria for tuberculin positivity, by risk group

Reaction ≥5mm of Induration	Reaction ≥10mm of Induration	Reaction ≥15mm of Induration
– HIV-positive persons – Recent contacts of tuberculosis (TB) case patients – Persons with fibrotic changes on chest radiograph consistent with prior TB – Patients with organ transplants – Persons who are immunosuppressed for other reasons (e.g. taking the equivalent of >15mg/day of prednisolone for 1 month or longer, taking TNF-a antagonists)	– Recent immigrants (within the last 5 years) from high prevalence countries – Injection drug users – Residents and employees of high-risk congregate settings (prisons and jails, nursing homes, residential facilities for patients with AIDS, and homeless shelters) – Mycobacteriology laboratory personnel – Persons with clinical conditions that place them at high risk (e.g. silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders, other specific malignancies, weight loss of ≥10% of ideal body weight, gastrectomy, and jejunoileal bypass) – Children <4 years of age – Infants, children, and adolescents exposed to adults in high-risk categories	– Persons with no risk factors for TB