

Policies and Procedures

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Department: **Clinic**

Subject: **PPD Administration Record**

Date:

Intent: The PPD Administration Record form will be utilized to provide an accurate, detailed record of all PPD testing for Clinic clients and staff.

Policy:

1. The clinician administering the test is responsible for ascertaining the correct client will receive the correct test.
2. The clinician will complete the appropriate information on the form as follows:
 - a. Client's last name; first name; date PPD is administered;
 - b. PPD lot number and expiration date;
 - c. Where the PPD was administered: LFA (left forearm) or RFA (right forearm);
 - d. The clinician will print his/her name and title and date the form.
 - e. The clinician will write the date the client is expected to return to clinic for the test to be read.

Recording Results:

1. Upon the client's return to clinic for the completion of the test, the clinician will write in the date and check the appropriate box for a negative or positive reading. If positive, the clinician will write in the measurement of the reaction (in millimeters) and add this in the space provided.
2. If the client was positive and referred for follow-up, the agency of referral is to be written on the form.
3. The clinician will sign with his/her title and date the form after recording the results. If the client fails to return to clinic for follow-up reading, the appropriate box will be checked and the clinician will initial afterwards.
4. Once the PPD Administration Record is completed, it is to be filed in the medical record under the X-Ray tab in the primary care charts. The result will also be recorded on the primary care flow sheet.

PPD Administration Record

 Last Name; First Name Date

 PPD Lot Number/Expiration Date Test Placed: **LFA** **RFA**

 Name of Clinician Title Date

 Date Client is expected to follow-up for reading

RESULTS

 Date of PPD Reading Client did not return for reading Clinician Initials

Results: Check One: Negative Positive _____
 Measurement in mm

If Positive, was client referred for follow-up?
 Yes: _____
 No

 Clinician Signature/Title Date

CLIENT ROUTING

Medical Record (Orig.)	Client
Date	Date

EMPLOYEE ROUTING

Medical Record (Orig.)	HR	Employee
Date	Date	Date