

Tuberculin PPD Intradermal Test

I, _____, hereby give my permission to _____
(student's name) (administering institution's name)

to administer a tuberculin PPD intradermal test in accordance with above facility's policy.

I hereby release the associates of the above stated facility from the responsibility of the test.

Student Signature: _____

Vial Number: _____ Vial Expiration Date: _____

Signature of Nurse: _____ Date/Time Given: _____

****Administering institution's personnel must fill in ALL above fields to be valid****

PROCEDURE

1. Ask candidate if he/she has had a previous positive PPD. If so, recommendations from a physician regarding a chest x-ray should be obtained.
2. Give required dose of tuberculin PPD intradermal serum - make sure you have a good bleb formed.
3. The site of the test is in the flexor surface of the forearm, approximately 4 inches below the elbow.
4. The skin test number must be read between 48 and 72 hours after injection.
5. In the event the injection is delivered subcutaneously, (i.e., no bleb will form) or if a significant part of the dose leaks from the site, the test should be repeated at another site at least 2 inches away.

INTERPRETATION OF TUBERCULIN REACTION

(must be within 48 – 72 hours after administration)

Positive – induration measuring 10 mm or more

Doubtful – induration measuring 5-9 mm

Negative – induration of less than 5 mm

Induration should be considered in interpretation of the test. If positive or doubtful, please refer student to the advice of a physician or follow adherence of administrating facility's policy.

Results: _____ Date/Time: _____

Signature of interpreting nurse/physician: _____