

# Post Exposure Follow-Up



EXPOSURE PREVENTION  
INFORMATION NETWORK

Injury ID: (for office use only) \_\_\_\_\_ Facility ID: (for office use only) \_\_\_\_\_

Date of injury/exposure: \_\_/\_\_/\_\_\_\_\_

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**Source Patient:**

**1. Was the source patient identifiable?**

- source known and tested     source known but not tested, reason: \_\_\_\_\_     source not known

**2. Was the source patient positive for the pathogens below? (even if tested before this exposure?)**

| Pathogen    | Test (circle) | Result (circle result) |            |              | Date drawn  |
|-------------|---------------|------------------------|------------|--------------|-------------|
| Hepatitis B | HbsAg         | 1 positive             | 2 negative | 3 not tested | __/__/_____ |
|             | HbeAg         | 1 positive             | 2 negative | 3 not tested |             |
|             | Anti HBs      | 1 positive             | 2 negative | 3 not tested |             |
|             | Anti HBc      | 1 positive             | 2 negative | 3 not tested |             |
| Hepatitis C | HCV ELISA     | 1 positive             | 2 negative | 3 not tested | __/__/_____ |
|             | PCR-HCV       | 1 positive             | 2 negative | 3 not tested |             |
|             | RNA           | 1 positive             | 2 negative | 3 not tested |             |
| HIV         | HIV ELISA     | 1 positive             | 2 negative | 3 not tested | __/__/_____ |
|             | HIV RNA       | 1 positive             | 2 negative | 3 not tested |             |
|             | CD 4 count    | value : _____          |            |              |             |
| Other       | _____         | _____                  |            |              | __/__/_____ |

**3. If source patient was believed to be in high risk group for blood borne pathogens: (check all that apply)**

- Blood product recipient     Elevated enzymes     Sexual     Dialysis  
 Injection drug use     Haemophilia     Other, Describe: \_\_\_\_\_

**4. If the source patient was HIV positive, had he been treated with any of the following before exposure?**

- Unknown     3TC     PI  
 d4T     NPV     Other anti-retroviral: \_\_\_\_\_

**5. Additional source patient comments:** \_\_\_\_\_

**Healthcare Worker:**

**1. Healthcare worker was seen by:**     1 Occu Health Clinic     2 Emergency Dept.     3 Other, describe: \_\_\_\_\_

**2. Was the healthcare worker vaccinated against HBV before exposure?**     1-Dose     2-Doses     3-Doses     4 No

If yes, antibody level upon completion, if tested: \_\_\_\_\_ Date tested: \_\_/\_\_/\_\_\_\_\_

**2a. Is healthcare worker pregnant?**     1 Yes     2 No     3 Unknown

If yes, which trimester?     1 First     2 Second     3 Third

**3. Results of baseline tests:**

| Pathogen    | Test (circle)  | Result (circle result) |            |              | Date drawn  | # days to next test |
|-------------|----------------|------------------------|------------|--------------|-------------|---------------------|
| Hepatitis B | HbsAg          | 1 positive             | 2 negative | 3 not tested | __/__/_____ | --                  |
|             | HbeAg          | 1 positive             | 2 negative | 3 not tested |             |                     |
|             | Anti HBs       | 1 positive             | 2 negative | 3 not tested |             |                     |
|             | Anti HBc       | 1 positive             | 2 negative | 3 not tested |             |                     |
| Hepatitis C | HCV ELISA      | 1 positive             | 2 negative | 3 not tested | __/__/_____ | --                  |
|             | Anti-HCV supp. | 1 positive             | 2 negative | 3 not tested |             |                     |
|             | RNA _____      | 1 positive             | 2 negative | 3 not tested |             |                     |
| HIV         | HIV ELISA      | 1 positive             | 2 negative | 3 not tested | __/__/_____ | --                  |
| Other       | _____          | 1 positive             | 2 negative | 3 not tested | __/__/_____ | --                  |

Risk assessment of healthcare worker: High : \_\_\_\_\_ Low : \_\_\_\_\_    \_\_/\_\_/\_\_\_\_\_

**4. Circle all post exposure treatment/prophylaxis given to the healthcare worker and FILL IN THE DOSAGES**

| Treatment                              | Dose           | Date given | Duration/Comments |
|--|----------------|------------|-------------------|
| HBIG                                   | 1. _____       | __/__/__   | _____             |
|  | 2. _____       | __/__/__   | _____             |
| HBV vaccine                            | 1. _____       | __/__/__   | _____             |
|  | 2. _____       | __/__/__   | _____             |
|  | 3. _____       | __/__/__   | _____             |
|  | Booster: _____ | __/__/__   | _____             |
| As per protocol / PEP:                 |                |            |                   |
| HIV antiretroviral specify: _____      |                | __/__/__   | _____             |
| HIV antiretroviral specify: _____      |                | __/__/__   | _____             |
| HIV antiretroviral specify: _____      |                | __/__/__   | _____             |
| Other, specify _____                   |                | __/__/__   | _____             |
| Adherence (estimate 0 – 100%) : _____% |                |            |                   |

**5. Result of follow-up tests:** (Space provided for repeated test results, however, testing protocols may vary in different institutions.)

| Pathogen    | Test (circle) | Result (circle result) |              |              | Date drawn | # days to next test |
|-------------|---------------|------------------------|--------------|--------------|------------|---------------------|
| Hepatitis B | Test 1        |                        |              |              |            |                     |
|             | HbsAg         | 1 positive             | 2 negative   | 3 not tested |            |                     |
|             | Anti HBs      | 1 positive             | 2 negative   | 3 not tested |            |                     |
|             | Anti HBC      | 1 positive             | 2 negative   | 3 not tested | __/__/__   | --                  |
|             | Test 2        |                        |              |              |            |                     |
|             | HbsAg         | 1 positive             | 2 negative   | 3 not tested |            |                     |
|             | Anti HBs      | 1 positive             | 2 negative   | 3 not tested |            |                     |
|             | Anti HBC      | 1 positive             | 2 negative   | 3 not tested | __/__/__   | --                  |
|             | Test 3        |                        |              |              |            |                     |
| HbsAg       | 1 positive    | 2 negative             | 3 not tested |              |            |                     |
| Anti HBs    | 1 positive    | 2 negative             | 3 not tested |              |            |                     |
| Anti HBC    | 1 positive    | 2 negative             | 3 not tested | __/__/__     | --         |                     |
| Hepatitis C | HCV ELISA     | 1 positive             | 2 negative   | 3 not tested | __/__/__   | --                  |
|             | Anti-HCV      | 1 positive             | 2 negative   | 3 not tested | __/__/__   | --                  |
| HIV ELISA   | Test 1        | 1 positive             | 2 negative   | 3 not tested | __/__/__   | --                  |
|             | Test 2        | 1 positive             | 2 negative   | 3 not tested | __/__/__   | --                  |
|             | Test 3        | 1 positive             | 2 negative   | 3 not tested | __/__/__   | --                  |
|             | Test 4        | 1 positive             | 2 negative   | 3 not tested | __/__/__   | --                  |
| Other       | _____         | _____                  | _____        | __/__/__     | --         |                     |
| Other       | _____         | _____                  | _____        | __/__/__     | --         |                     |

**6. Additional comments:**

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**7. Follow-up of prophylaxis**

**Serological results:**

| Time  | Date     | HIV   | HBsAG | HCV   |
|-------|----------|-------|-------|-------|
| _____ | __/__/__ | _____ | _____ | _____ |
| _____ | __/__/__ | _____ | _____ | _____ |
| _____ | __/__/__ | _____ | _____ | _____ |

**Follow-up of HBV vaccination:**

- one dose
- base vaccination
  - date \_\_/\_\_/\_\_
  - injection after 1 month → date \_\_/\_\_/\_\_
  - injection after 2 months → date \_\_/\_\_/\_\_
  - injection after 1 year → date \_\_/\_\_/\_\_

**Follow-up of anti-HIV prophylaxis: (last 4 weeks in total)**

- Compliance?  1 good  2 poor/non  3 testing continues

Interruptions ?  1 yes → AZT stopped from \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_  
3TC stopped from \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_  
Indinavir stopped from \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_  
 2 no

Reductions of dosage?  1 yes → AZT reduced from \_\_\_\_\_ mg to \_\_\_\_\_ mg  
3TC reduced from \_\_\_\_\_ mg to \_\_\_\_\_ mg  
Indinavir reduced from \_\_\_\_\_ mg to \_\_\_\_\_ mg  
 2 no

Toxicity or side effects?  1 yes → which? \_\_\_\_\_  
how serious? \_\_\_\_\_  
date beginning : \_\_\_/\_\_\_/\_\_\_\_ date ending : \_\_\_/\_\_\_/\_\_\_\_  
 2 no

Action taken as result of side effects:

AZT →  reduction of dosage \_\_\_/\_\_\_/\_\_\_\_  
 3TC →  reduction of dosage \_\_\_/\_\_\_/\_\_\_\_  
 Indinavir →  reduction of dosage \_\_\_/\_\_\_/\_\_\_\_

Last date taken:

AZT →  stopped \_\_\_/\_\_\_/\_\_\_\_  
 3TC →  stopped \_\_\_/\_\_\_/\_\_\_\_  
 Indinavir →  stopped \_\_\_/\_\_\_/\_\_\_\_