

# Post Exposure Follow-Up



FOR MICROSOFT® ACCESS

EXPOSURE PREVENTION ►  
INFORMATION NETWORK ►

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

Email address: \_\_\_\_\_

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

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## Source Patient:

### 1. Was the source patient identifiable?

- 1 source known and tested     2 source known but not tested, reason: \_\_\_\_\_     3 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	Anti-HCV EIA	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	Anti-HIV	1 positive	2 negative	3 not tested	__/__/_____
	#CD4 cell count	count _____		3 not tested	
	Antigen load	RNA copies/ml _____		3 not tested	
	Other				
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     Hemophilia     Other, describe: \_\_\_\_\_

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

- Unknown     3TC     IDV  
 AZT     ddC     Other anti-retroviral: \_\_\_\_\_

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

## Healthcare Worker:

### 1. Healthcare worker was seen by:    1 Employee health    2 Emergency room    3 Other, describe: \_\_\_\_\_

### 2. Was the healthcare worker vaccinated against HBV before exposure?

- 0 No     1-dose     2-doses     3-doses     4-doses     99 More than 4 doses  
If yes, antibody level upon completion, if tested: \_\_\_\_\_ Date tested: \_\_/\_\_/\_\_\_\_\_

### 2a. Was healthcare worker pregnant?    1 Yes    2 No    3 Not applicable

- 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	Anti-HCV EIA	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	Anti-HIV	1 positive	2 negative	3 not tested	__/__/_____	_____
Other	_____	_____			__/__/_____	_____
Other	_____	_____			__/__/_____	_____

**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: _____	__/__/__	_____
HIV antiretroviral specify:	_____	__/__/__	_____
HIV antiretroviral specify:	_____	__/__/__	_____
HIV antiretroviral specify:	_____	__/__/__	_____
Other, specify _____	_____	__/__/__	_____

**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	Panel 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		___
	Panel 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		___
	Panel 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	Anti-HCV (test 1)	1 positive	2 negative	3 not tested	__/__/__	___
	Anti-HCV (test 2)	1 positive	2 negative	3 not tested		___
HIV	Anti-HIV (test 1)	1 positive	2 negative	3 not tested	__/__/__	___
	Anti-HIV (test 2)	1 positive	2 negative	3 not tested	__/__/__	___
	Anti-HIV (test 3)	1 positive	2 negative	3 not tested	__/__/__	___
	Anti-HIV (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 \_\_/\_\_/\_\_\_\_