

Post Exposure Follow-Up



Injury ID: (for office use only) _____ Facility ID: (for office use only) _____

Email address: _____

Date of injury/exposure: __/__/____

FOR MICROSOFT ACCESS
EXPOSURE PREVENTION
INFORMATION NETWORK

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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: _____ # days to next test

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:
