

Post Exposure Follow-Up

EPINet™

FOR MICROSOFT® ACCESS
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?

- 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 Cells	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: _____

Health Care Worker:

1) Health Care Worker was seen by: 1 Employee Health 2 Emergency Room 3 Other, Describe: _____

2) Was the Health Care 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 Health Care 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	__/__/_____	_____
	Anti-HCV supp.	1 positive	2 negative	3 not tested		_____
	_____	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 Health Care 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:

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? 2 no 1 yes → AZT stopped from __/__/__ to __/__/__
- 3TC stopped from __/__/__ to __/__/__
- Indinavir stopped from __/__/__ to __/__/__
- Reductions of dosage? 2 no 2 yes → AZT _____ mg from __/__/__

3TC _____ mg from __/__/____
Indinavir _____ mg from __/__/____

Toxicity or side effects?

2 no

1 yes → which? _____

how serious? _____

date beginning : __/__/____ date ending : __/__/____

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 __/__/____