

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?

- 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	positive	negative	not tested	__/__/_____
	HbeAg	positive	negative	not tested	
	Anti HBs	positive	negative	not tested	
	Anti HBc	positive	negative	not tested	
Hepatitis C	Anti-HCV EIA	positive	negative	not tested	__/__/_____
	PCR-HCV	positive	negative	not tested	
	RNA	positive	negative	not tested	
HIV	Anti-HIV	positive	negative	not tested	__/__/_____
	#CD4 Cells	count _____		not tested	
	Antigen Load	RNA copies/ml _____		not tested	
	Other				
Other	_____	_____			__/__/_____

3) If source patient was believed to be in high risk group for blood borne pathogens, tick 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 IDV
 AZT ddC Other Anti-Retroviral: _____

5) Additional source patient comments: _____

Health Care Worker:

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

2) Was the Health Care Worker Vaccinated against HBV before exposure? No 1-Dose 2-Doses 3-Doses
If yes, antibody level upon completion, if tested: _____ *Date tested:* __/__/_____

2a) Was Health Care Worker Pregnant? Yes No Not Applicable
If yes, which trimester? First Second Third

3) Results of baseline tests:

Pathogen	Test (circle)	Result (circle result)			Date Drawn
Hepatitis B	HbsAg	positive	negative	not tested	__/__/_____
	HbeAg	positive	negative	not tested	
	Anti HBs	positive	negative	not tested	
	Anti HBc	positive	negative	not tested	
Hepatitis C	Anti-HCV EIA	<input type="checkbox"/> 1 positive <input type="checkbox"/> 2 negative <input type="checkbox"/> 3 not tested			__/__/_____
	PCR-HCV	<input type="checkbox"/> 1 positive <input type="checkbox"/> 2 negative <input type="checkbox"/> 3 not tested			
	RNA	<input type="checkbox"/> 1 positive <input type="checkbox"/> 2 negative <input type="checkbox"/> 3 not tested			
HIV	Anti-HIV	positive	negative	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
Hepatitis B	Panel 1				
	HbsAg	positive	negative	not tested	__/__/__
	Anti HBs	positive	negative	not tested	
	Anti HBc	positive	negative	not tested	
	Panel 2				
	HbsAg	positive	negative	not tested	__/__/__
	Anti HBs	positive	negative	not tested	
	Anti HBc	positive	negative	not tested	
	Panel 3				
	HbsAg	positive	negative	not tested	__/__/__
	Anti HBs	positive	negative	not tested	
	Anti HBc	positive	negative	not tested	
Hepatitis C	Anti-HCV (test 1)	positive	negative	not tested	__/__/__
	Anti-HCV (test 2)	positive	negative	not tested	
HIV	Anti-HIV (test 1)	positive	negative	not tested	__/__/__
	Anti-HIV (test 2)	positive	negative	not tested	__/__/__
	Anti-HIV (test 3)	positive	negative	not tested	__/__/__
	Anti-HIV (test 4)	positive	negative	not tested	__/__/__
Other	_____	_____	_____	__/__/__	
Other	_____	_____	_____	__/__/__	

6) Additional Comments:
