

Post Exposure Follow-Up

EPINet®

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:

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:

Serological results:

Follow- up of HBV vaccination:

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

Action taken as result of side effects:

- Last date taken:

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