



# Post Exposure Follow-Up

# EPINet®

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 |            |                     |

**6. Additional comments:**

**Serological results:**

**Follow- up of HBV vaccination:**

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

Compliance? ☐ 1 good ☐ 2 poor/non ☐ 3 testing continues

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

Action taken as result of side effects:

Last date taken:

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