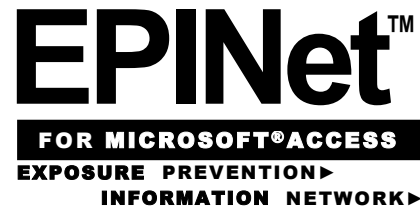


Post Exposure Follow-Up



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

Incident Date: __/__/____

Source Patient: _____

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V1/Hong Kong

6/2005

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, tick 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 the source patient 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 ☐ 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 Unknown ☐ 4 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
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
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:
