

# Post Exposure Follow-Up



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	positive	negative	not tested	___/___/_____
	Anti-HCV supp.	positive	negative	not tested	
		positive	negative	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:**

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