

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, 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: _____

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:
