

# 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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V1.2/US

3/2001

**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:**

\_\_\_\_\_

\_\_\_\_\_

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