

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	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	HCV ELISA	1 positive	2 negative	3 not tested	__/__/____
HIV	HIV ELISA	1 positive	2 negative	3 not tested	__/__/____
	HIV RNA	1 positive	2 negative	3 not tested	__/__/____
	CD 4 count	value : _____			
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 PI
 d4T NVP Other anti-retroviral: _____

5) Additional source patient comments: _____

Healthcare Worker:

1) Healthcare worker was seen by: 1 Occu Health Clinic 2 Emergency Dept. 3 Other, describe: _____

2) Was the healthcare worker vaccinated against HBV before exposure? 1-Dose 2-Doses 3-Doses 4 No

If yes, antibody level upon completion, if tested: _____ Date tested: __/__/____

2a) Was healthcare worker pregnant? 1 Yes 2 No 3 Unknown

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	HCV ELISA	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	HIV ELISA	1 positive	2 negative	3 not tested	__/__/____
Other	_____	_____		__/__/____	

Risk assessment of healthcare worker: High : _____ Low : _____/____/____

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: _____	___/___/___	_____
As per protocol / PEP:			
HIV antiretroviral specify: _____		___/___/___	_____
HIV antiretroviral specify: _____		___/___/___	_____
HIV antiretroviral specify: _____		___/___/___	_____
Other, specify _____		___/___/___	_____

Adherence (estimate 0 – 100%) : _____%

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	Test 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	
	Test 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	
	Test 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	HCV ELISA	1 positive	2 negative	3 not tested	___/___/___
	Anti-HCV	1 positive	2 negative	3 not tested	
HIV ELISA	Test 1	1 positive	2 negative	3 not tested	___/___/___
	Test 2	1 positive	2 negative	3 not tested	___/___/___
	Test 3	1 positive	2 negative	3 not tested	___/___/___
	Test 4	1 positive	2 negative	3 not tested	___/___/___
Other	_____	_____	_____	___/___/___	
Other	_____	_____	_____	___/___/___	

6) Additional comments:

7) Interventions carried out in work place:

Starter pack administered? 1 Yes 2 No

If no, specify: _____

Non-adherence, specify reason: _____
