

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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V2/Canada

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Source Patient: _____

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, 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/she 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 Health 2 Emergency Room 3 Other, Describe: _____

2) Was the health care worker vaccinated against HBV before exposure?

- 0 No 1 1-Dose 2 2-Doses 3 3-Doses 99 More than 4-doses
If yes, antibody level upon completion, if tested: _____ Date tested: __/__/____

2a) Is health care worker pregnant? 1 Yes 2 No 3 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	__/__/____
	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	__/__/____
Other	_____	1 positive	2 negative	3 not tested	__/__/____
Other	_____	1 positive	2 negative	3 not tested	__/__/____

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:	_____	__/__/__	_____
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	Follow-up 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	
	Follow-up 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	
	Follow-Up 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	_____	1 positive	2 negative	3 not tested	__/__/__
Other	_____	1 positive	2 negative	3 not tested	__/__/__

6) Additional comments:
