



Post Exposure Follow-Up



FOR MICROSOFT® ACCESS
EXPOSURE PREVENTION
INFORMATION NETWORK▶

Injury ID: (for office use only) _____ Facility ID: (for office use only) _____
Email address: _____
Date of injury/exposure: __/__/_____

Access 2010 US

4/2014

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 cell count	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 been treated with any of the following before exposure?

- Unknown 3TC IDV
 AZT ddC Other anti-retroviral: _____

5. Additional source patient comments: _____

Healthcare Worker:

1. Healthcare worker was seen by: 1 Employee health 2 Emergency room 3 Other, describe: _____

2. Was the healthcare worker vaccinated against HBV before exposure?

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

2a. Was healthcare 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	# days to next test
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	_____	_____			__/__/----	___
Other	_____	_____			__/__/----	___

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: _____	__/__/----	_____
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	# days to next test
Hepatitis B	Panel 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		___
	Panel 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		___
	Panel 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	_____	_____	_____	_____	__/__/____	____
Other	_____	_____	_____	_____	__/__/____	____

6. Additional comments:

7. Follow-up of prophylaxis

Serological results:

Time	Date	HIV	HBsAG	HCV
_____	__/__/____	_____	_____	_____
_____	__/__/____	_____	_____	_____
_____	__/__/____	_____	_____	_____

Follow-up of HBV vaccination:

- one dose
- base vaccination
 - date __/__/____
 - injection after 1 month → date __/__/____
 - injection after 2 months → date __/__/____
 - injection after 1 year → date __/__/____

Follow-up of anti-HIV prophylaxis: (last 4 weeks in total)

Compliance? 1 good 2 poor/non 3 testing continues

Interruptions ? 1 yes → AZT stopped from __/__/____ to __/__/____
 3TC stopped from __/__/____ to __/__/____
 Indinavir stopped from __/__/____ to __/__/____
 2 no

Reductions of dosage? 1 yes → AZT reduced from _____ mg to _____ mg
 3TC reduced from _____ mg to _____ mg
 Indinavir reduced from _____ mg to _____ mg
 2 no

Toxicity or side effects? 1 yes → which? _____
 how serious? _____
 date beginning : __/__/____ date ending : __/__/____
 2 no

Action taken as result of side effects:

- AZT → reduction of dosage __/__/____
- 3TC → reduction of dosage __/__/____
- Indinavir → reduction of dosage __/__/____

Last date taken:

- AZT → stopped __/__/____
- 3TC → stopped __/__/____
- Indinavir → stopped __/__/____