

**BLOOD-BORNE PATHOGEN EXPOSURE FLOW SHEET**  
**EXPOSED INDIVIDUAL (EI)**

Name \_\_\_\_\_ ID# \_\_\_\_\_ College \_\_\_\_\_ Year: \_\_\_\_\_

Date of SHS Visit \_\_\_\_\_ Time of SHS Visit \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_\_

Location of Incident \_\_\_\_\_ Location of Source Patient \_\_\_\_\_

Source Patient's Physician: \_\_\_\_\_ Telephone/Pager # \_\_\_\_\_ Time Contacted \_\_\_\_\_

**SOURCE:** Age: \_\_\_\_\_  Male  Female Risk Factors \_\_\_\_\_

HIV Status: \_\_\_\_\_ Hepatitis B Status: \_\_\_\_\_ Hepatitis C Status: \_\_\_\_\_

Agreed to test patient Yes  No

**IF NO**, UIHC Epi MD on call informed and assistance requested (name, date, time) \_\_\_\_\_

**IF YES,**

Informed 3 tests only (HIV, HBsAg, HCAb) \_\_\_\_\_

Use A1A Post Exposure lab requisition and indicate "charge to 10-02145-5"

**IF DENTAL STUDENT EXPOSURE**, source's blood sample will come to SHS with exposed individual.

Requisition reviewed for completeness, used acct # 10-10245-5, and sent to UIHC (time) \_\_\_\_\_

**Student Preceptor/Supervisor Name** (Nursing, Clinical Lab Science, etc.) \_\_\_\_\_

Telephone # \_\_\_\_\_ Notified by Student  Yes  No Time \_\_\_\_\_ Actions \_\_\_\_\_

**Exposed Student's Vaccination Information**

Hepatitis B series (dates) \_\_\_\_\_

Known immune (date) \_\_\_\_\_

Immune status unknown

Last Td booster \_\_\_\_\_  Current  Not valid (> 10 years ago)

**Drug Allergies** \_\_\_\_\_

**Current Medications** \_\_\_\_\_

**Type of Exposure (Check appropriate boxes)**

Exposure to blood, semen, vaginal secretions, synovial fluids, pleural fluid, pericardial fluid, amniotic fluid, cerebrospinal fluid, or saliva in dental procedures

(If none, PEP not needed)

Mucous Membrane or Skin, integrity compromised

\_\_\_ Small (few drops, short duration)

\_\_\_ Large (major blood splash, long duration - few minutes or more)

Intact skin only (PEP not needed)

Percutaneous wound Type of Instrument \_\_\_\_\_

\_\_\_ **More Severe** (large bore hollow needle, deep puncture, blood on device, needle in artery/vein)

\_\_\_ **Less Severe** (solid needle, superficial scratch) \_\_\_ Sterile Instrument

Cadaver (low risk)

**Wound**

Location of wound on body \_\_\_\_\_

Method of cleaning \_\_\_\_\_

When cleaned in relation to injury \_\_\_\_\_

Examined by SHS Medical staff  Yes  No

Wound Exam: \_\_\_\_\_

**TREATMENT**

Tetanus booster  Given  Not required

HIV Pre-test Counseling

**ESSENTIAL LABS for all BBPE:**

- HCAb  HIV Antibody  See below for additional labs if PEP to be given.  
 HB<sub>s</sub>Ab (unless known responder)  See below for additional labs if Source Hep C +

**(To be sent to UHL. Must write on form "BBPE")**

**(If urgent, quicker at UIHC labs, but will cost pt.)**

**Determine PEP Recommendation**

- HIV risk low, PEP not recommended, not given
- HIV risk high—Patient desires PEP
- HIV risk high, PEP recommended, Pt refuses – signed *Refusal of Chemoprophylaxis in Occupationally Exposed Student*
- PEP recommended and given (SEE UIHC INF CONTROL POLICY #501, FOR GUIDELINES)
  - Basic Regimen: Combivir* 1 capsule orally every 12 hours.
    - Script given for 4 DAYS ONLY if HIV status of source unknown but considered high risk.
      - Patient to return on day 4 to be told if needs to continue medicines or not.
    - Script given for 2 weeks (Source patient known HIV positive)
  - Expanded Regimen: Basic + Indinavir:* 800 mg orally every eight hours (take with H<sub>2</sub>O/lite meal)
  - Call ID Consult Team I if needed (Pager # 3230)
  - Script given \_\_\_\_ hours post exposure.
  - Student given educational sheet *Information Sheet for Exposed Students Who are Eligible for Anti-Retroviral Prophylaxis*
  - Student signed *Consent to Take an Approved Drug for a Non-Approved Indication*
  - Exposed Individual to UIHC Pharmacy for PEP
  - Exposed individual understands importance of immediate start**

**If PEP to be given, draw the following blood before starting treatment (and at 2 & 4 wk if pt. continues PEP).**

- Alk Phos  Amylase  AST  Bilirubin, Total  CBC with differential (SHS lab)
- CK  Creatinine  Urea Nitrogen, Serum (BUN)
- If Exposed Individual is female, do urine pregnancy test stat (SHS lab). Even if on birth control pills, must do test. If currently having a normal menstrual period or has had a hysterectomy, pregnancy test is not necessary.

**Hepatitis B**

- No treatment - Exposed individual is HB<sub>s</sub>Ab positive
- Exposed Individual HB<sub>s</sub>Ab negative, source HB<sub>s</sub>Ag negative (See Table 3 UIHC Policy #501).
- Exposed Individual is HB<sub>s</sub>Ab negative, source is HB<sub>s</sub>Ag positive
  - start Hepatitis B series  HBIG given (0.06 ml/kg IM ASAP, but within 7 days of exposure)
  - IF HEPATITIS B SERIES NOT STARTED, REPEAT HBIG IN 28 DAYS

**Hepatitis C**

- if source negative, no treatment.
- If source positive,
  - a) Obtain following labs on Exposed Individual as soon as source information is known:
    - ALT  AST  Total bilirubin
  - b)  Have student return in 6 weeks for HCV RNA by PCR
  - c)  SHS physician will telephone to source physician to request HCV RNA by PCR on source.

Payment on 10 account if source physician did not plan to do test for care/treatment of source.

See Table 4 of UIHC Policy #501 for follow-up timetable (attached).

**Education given and discussed**

- Standard Precautions  Wound management (S & S of infection)  Avoidance of unprotected sex and pregnancy

MD signature \_\_\_\_\_

RN signature \_\_\_\_\_