american family care
URGENT CARE

Needle stick Injury First Report

Name of Exposed Worker: Last: _____ First: _____

Date of Exposure: _____ Time of Exposure: _____

Occupation: _____ Location where exposure occurred: _____

Type of Exposure:

☐ Percutaneous (Needle or sharp object that was in contact with blood or body fluids)

☐ Mucocutaneous ☐ Bite

Source Information:

1. Was the source individual identified? ☐ Yes ☐ No ☐ Unsure
2. Provide the serostatus of the source patient for the following pathogens.

	Positive	Negative	Unknown
HIV Antibody	☐	☐	☐
HCV Antibody	☐	☐	☐
HBsAg	☐	☐	☐

Patient Information:

Hepatitis B Vaccination status: ☐ Yes ☐ No

First Visit Labs on Patient:

- Hepatitis B surface Antibody Quantitative (006530)
- HBs Ag (006510)
- HIV Screening 4th generation (Test # 083935)
- Hepatitis C Antibody (Test # 144050)
- Complete Blood count (028142)
- Complete metabolic panel (322000)

MANAGEMENT

- If source positive for HBsAg and patient not vaccinated needs HBIG x 1 and vaccine 0,1,6 months
- If non responder to vaccine then HBIG 1 cc - 2 doses. (1 months apart)

★Non responder Anti-HBsAb < 10 mIU/ml ★ Responders > 10 mIU/ml

- If vaccinated and responder to vaccine than no treatment
- If source positive for HIV than patient needs post exposure prophylaxis within 2 hours
- Initiate oPEP within 36 hours in high risk individuals and consult ID immediately

- Treat for 4 weeks and stop therapy if source returns negative
- oPEP for HIV is Truvada and Tivicay both once daily for 4 weeks
- Repeat Labs in 2 month, 4 months and 6 months

DIAGNOSIS

1. Needle stick Injury W46.1XXA
2. Wound Finger without injury to the nail S61.2
3. ----------

PLAN OF TREATMENT PER PROTOCOL:

1. Labs sent today
2. Return to clinic for FU in 2 , 4 and 6 months
3. ----------
4. ----------
5. ----------
6. ----------

RETURN TO WORK:

Patient may return to work : ----------

Physician Signature:----------

Provider Name : ----------

Follow up date: ----------

Depart time:----------

This form has been Faxed to (Name)----------