

4) Check all post-exposure treatment/prophylaxis given to the health care worker and FILL IN THE DOSAGE:

TREATMENT	DOSE	DATE GIVEN						DURATION/COMMENTS	
		month		day		year			
<input type="checkbox"/> HBIG	1 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> HBV vaccine	1 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Booster _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> HIV antiretroviral: _____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> HIV antiretroviral: _____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> HIV antiretroviral: _____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIV antiretroviral: _____ other: _____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5) Results of follow-up texts: (space provided for repeated test results, however, testing protocols may vary in different institutions)

PATHOGEN	TEST	RESULT			DATE DRAWN							
		<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	month		day		year			
Hepatitis B	PANEL 1 HBsAg Anti HBs Anti HBc	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PANEL 2 HBsAg Anti HBs Anti HBc	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PANEL 3 HBsAg Anti HBs Anti HBc	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis C	Anti-HCV (test 1)	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Anti-HCV (test 2)	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIV	Anti-HIV (test 1)	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Anti-HIV (test 2)	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Anti-HIV (test 3)	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Anti-HIV (test 4)	<input type="radio"/> positive	<input type="radio"/> negative	<input type="radio"/> not tested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

6) Additional Comments:



NEEDLE (for suture needle see “surgical instruments”)

Item Codes

- 1** disposable syringe
 - a** Insulin
 - b** Tuberculin
 - c** 24/25 gage needle
 - d** 23 gage needle
 - e** 22 gage needle
 - f** 21 gage needle
 - g** 20 gage needle
 - h** “other”
- 2** prefilled cartridge syringe (includes Tubex™ / Carpuject™ – type syringes)
- 3** blood gas syringe (ABG)
- 4** syringe, other type
- 5** needle on I.V. line (includes piggybacks and I.V. line connectors)
- 6** winged steel needle I.V. set (includes winged set – type devices)
- 7** I.V. catheter (stylet)
- 8** vacuum tube blood collection holder/needle (includes VACUTAINER™ – type devices)
- 9** spinal or epidural needle
- 10** unattached hypodermic needle
- 11** arterial catheter introducer needle
- 12** central line catheter introducer needle
- 13** drum catheter needle
- 14** other vascular catheter needle (cardiac, etc.)
- 15** other non-vascular catheter needle (ophthalmology, etc.)
- 28** needle, not sure what kind
- 29** other needle (please describe device on the report form)

SURGICAL INSTRUMENT OR OTHER SHARP ITEM (for glass items see “glass”)

Item Codes

- 30** lancet (finger or heel sticks)
- 31** suture needle
- 32** scalpel, reusable (scalpel, disposable: code as 45)
- 33** razor
- 34** pipette (plastic)
- 35** scissors
- 36** electrocautery device
- 37** bone cutter
- 38** bone chip
- 39** towel chip
- 40** microtome blade
- 41** trocar
- 42** vacuum tube (plastic)
- 43** specimen/test tube (plastic)
- 44** fingernails/teeth
- 45** scalpel, disposable
- 46** retractors, skin/bone hooks
- 47** staples/steel sutures
- 48** wire (suture/fixation/guide wire)
- 49** pin (fixation/guide pin)
- 50** drill bit/bur
- 51** pickups/forceps/hemostats/clamps
- 58** sharp item, not sure what kind
- 59** other sharp item (please describe item on the report form)

GLASS

Item Codes

- 60** medication ampule
- 61** medication vial (small volume with rubber stopper)
- 62** medication/I.V. bottle (large volume)
- 63** pipette (glass)
- 64** vacuum tube (glass)
- 65** specimen/test tube (glass)
- 66** capillary tube
- 67** glass slide
- 78** glass item, not sure what kind
- 79** other glass item (please describe item on the report form)

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