POST EXPOSURE WORKSHEET

STAFF NAME:	DOB:
CAMPUS:	☐ MALE ☐ FEMALE
EXPOSURE DATE:	EVALUATION DATE:

Describe the exposure site and initial care provided: ______________________________

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Describe the incident: ____

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Type of Body Fluid (check all that apply)	**Not Infectious*** (unless visibly bloody)
Potentially Infectious	__ feces
__ blood	__ nasal secretions
__ blood-contaminated fluid: ________________	__ saliva
__ semen	__ sputum
__ peritoneal fluid	__ sweat
__ rectal secretions	__ tears
__ cerebrospinal fluid	__ urine
__ vaginal secretions	__ vomitus
__ synovial fluid	* **Post-exposure management is not required for exposures to fluids that are *not* infectious. STOP.**
__ pleural fluid	
__ pericardial fluid	

Exposure Type (check all that apply)	**Human bite:**
Percutaneous (by a sharp, including illicit tattoo)	Exposed person was: __ biter __ bitten
Type /brand of sharp: _________________________	Blood exposure suspected? __ yes __ no
__ less severe: superficial, solid (e.g., suture) needle	*If yes*, **check exposure type**:
__ more severe: deep puncture, bore needle, blood visible on device, needle used in artery/vein	If person was bitten: *percutaneous*
__ **Mucous membrane or** __ **Non-intact skin** (mouth/nose/eyes)	If person was biter: *mucous membrane*
__ small-volume exposure (a few drops)	**Sexual**
__ large-volume exposure (larger splash)	__ receptive anal __ receptive vaginal __ other
	Time elapsed since exposure: ___ hours
	Intact skin? This is *not* an exposure. STOP.

Assessment of source:

__ **Rapid HIV date drawn** __________________ **Results:** __________________

__ **Hep Panel date drawn** __________________ **Results:** ______________________________

Results reported to: ____

Results reported by: ____

Treatment of exposed: