

PHYSICIAN'S ORDERS
BLOOD BORNE DISEASE EXPOSURE (Adult)

Allergies _____

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

Immediate care to exposure site:
Wash wounds and skin with soap and water, flush mucous membranes with water

Evaluate the Exposure:
 Post exposure assessment form completed on back of orders to determine risk associated with HIV exposure
NOTE: Refer to the Blood Borne Disease Exposure Clinical Practice Guideline to determine recommended treatment for exposures posing risk of infection transmission.

Routine Labwork: (Hepatitis screening is indicated if the patient is susceptible, a non-responder, or has unknown anti-HBs status)
Hepatitis B surface antibodies (Anti-HBs), Hepatitis C antibodies (Anti-HCV) Human Immunodeficiency Virus (HIV),
Hepatitis B Surface antigen (HBsAg)

AST, ALT

Hepatitis B follow up treatment: (Check vaccination status box, then complete orders if required)

<input type="checkbox"/> Vaccinated for Hepatitis B
<i>Positive Anti-HBs at any point in the past no action necessary</i>
<i>Anti-HBs status unknown but results available within 48 hrs</i>
<input type="checkbox"/> Instruct patient to report to agency's Occupational Health or family physician
<i>Never tested for Anti-HBs, results not available within 48 hrs of injury</i>
<input type="checkbox"/> Give HBIG _____ mL (0.06 mL/kg) IM and Hepatitis B vaccine 1 mL (single dose) IM
<i>Known non responder to vaccine (despite having had 2 - three dose vaccine series)</i>
<input type="checkbox"/> Give HBIG _____ mL (0.06 mL/kg) IM and instruct patient to have repeat dose in one month through agency's Occupational Health or family physician
<input type="checkbox"/> Unvaccinated for Hepatitis B
<i>Positive Anti-HBs (natural immunity) no action necessary</i>
<i>Unknown Anti-HBs or results not available within 48 hours of injury or negative</i>
<input type="checkbox"/> Give HBIG _____ mL (0.06 mL/kg) IM, Hepatitis B vaccine 1 mL IM (first dose of vaccine series) and instruct patient to complete vaccine series through agency's Occupational Health or family physician

HIV follow up treatment:
 CBC, creatinine (if patient starting on Basic Regimen Post Exposure Prophylaxis (PEP))
 CBC, creatinine, cholesterol, triglyceride and blood sugar (if patient starting on Expanded Regimen PEP)
 BHCG (if question of pregnancy)

<input type="checkbox"/> Basic Regimen PEP:	<input type="checkbox"/> Expanded Regimen PEP:
Combivir (Zidovudine 300 mg and Lamivudine 150 mg) 1 tablet po STAT , then bid, give _____ hour supply. (take initial dose from supply kit)	Basic regimen AND Kaletra (Lopinavir 200 mg and Ritonavir 50 mg) 2 tablets po STAT , then bid, give _____ hour supply. (take initial dose from supply kit)

Recommend issuing prescription times 1 week with 3 repeats (total 4 weeks)

Other orders:
 Td Adsorbed (tetanus and diphtheria toxoids adsorbed) 0.5 mL IM

Follow up testing and counseling:
Give the patient Blood Borne Disease Exposure Instructions
 Give the patient Drug Information Discharge Instructions [obtain instruction sheets from LEXI-COMP Online (patient care)]
 Book Infectious Disease consultation appointment in Ambulatory Care Clinic (if initiating HIV PEP and non Health Care Worker)

Date: _____ Time: _____

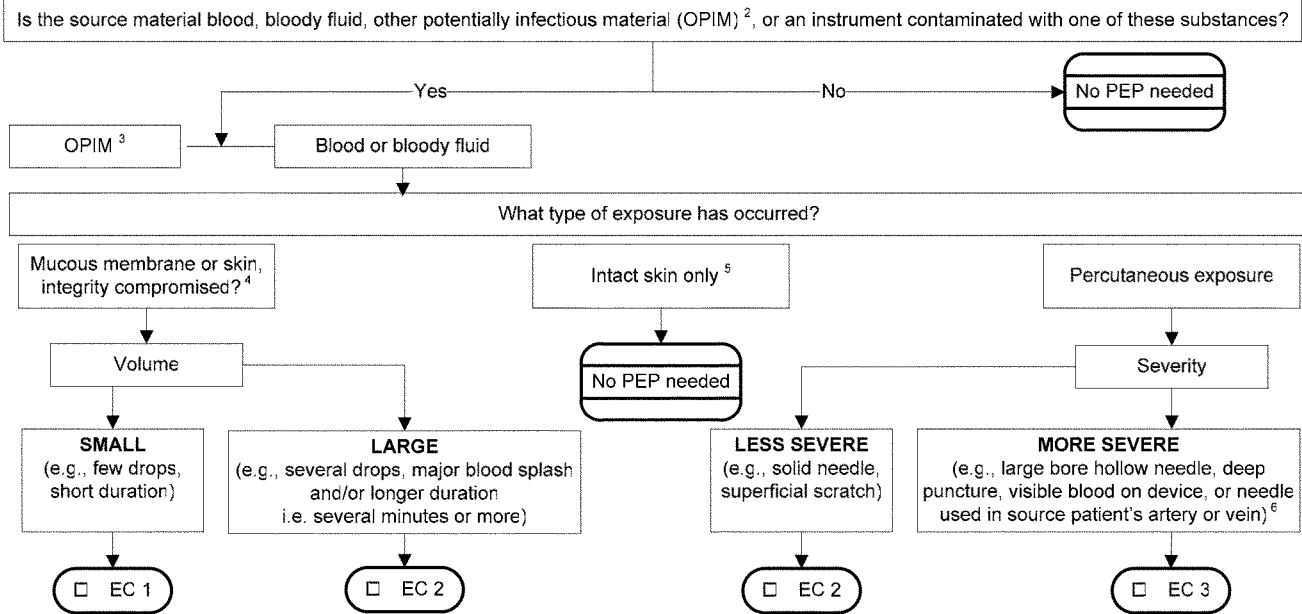
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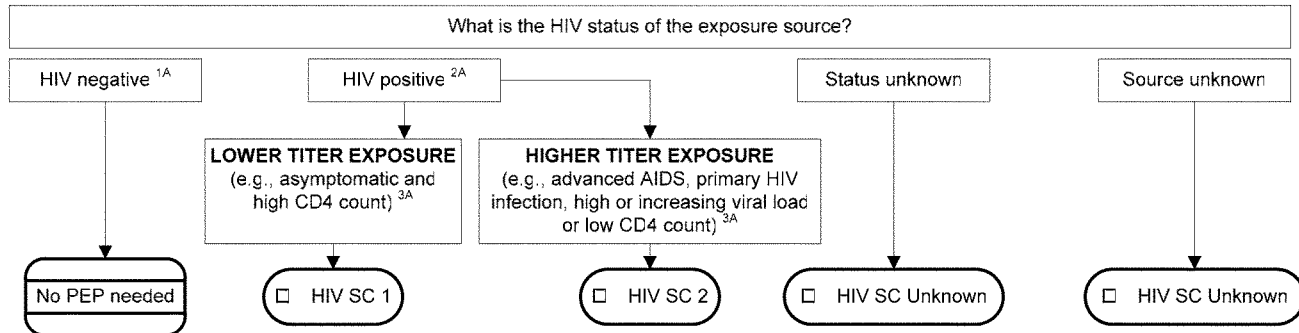
Exposure to Blood Borne Diseases

Determining the need for HIV post exposure prophylaxis (PEP) after an exposure ¹

STEP 1: DETERMINE THE EXPOSURE CODE (EC)



STEP 2: DETERMINE THE HIV STATUS CODE (HIV SC)



EC	HIV SC	Recommendation
<input type="checkbox"/> 1	1	PEP may not be warranted. Exposure type does not pose a known risk for HIV transmission. Whether the risk for drug toxicity outweighs the benefit of PEP should be decided by the exposed person and treating physician.
<input type="checkbox"/> 1	2	Consider basic regimen. Exposure type poses a negligible risk for HIV transmission. A high HIV titer in the source may justify consideration of PEP. Whether the risk for drug toxicity outweighs the benefit of PEP should be decided by the exposed person and treating physician.
<input type="checkbox"/> 2	1	Recommend basic regimen. Most HIV exposures are in this category; no increased risk for HIV transmission as been observed but use of PEP is appropriate.
<input type="checkbox"/> 2	2	Recommend expanded regimen. Exposure type represents an increased HIV transmission risk.
<input type="checkbox"/> 3	1 or 2	Recommend expanded regimen. Exposure type represents an increased HIV transmission risk.
<input type="checkbox"/> 1	Unknown	PEP may not be warranted. Exposure type does not pose a known risk for HIV transmission. Whether the risk for drug toxicity outweighs the benefit of PEP should be decided by the exposed person and treating physician.
<input type="checkbox"/> 2 or 3	Unknown	Consider basic regimen if the setting where the exposure occurred suggests a possible risk for HIV exposure,

1. This algorithm is intended to guide initial decisions about PEP and should be used in conjunction with other guidance provided in the CDC report: www.cdc.gov/mmwr/preview/mmwrhtml/00052722.htm

2. Semen or vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluids; or tissue. Breast milk.

3. Exposure to OPIM must be evaluated on a case-by-case basis.

4. Skin integrity is considered compromised if there is evidence of chapped skin, dermatitis, abrasion, or open wound.

5. Contact with intact skin is not normally considered a risk for HIV transmission. However, if the exposure was to blood, and the circumstance suggests a higher volume exposure (e.g. an extensive area of skin was exposed or there was prolonged contact with blood), the risk for HIV transmission should be considered.

6. The combination of these severity factors (e.g. large-bore hollow needle and deep puncture) contribute to an elevated risk for transmission if the source person is HIV positive.

1A. A source is considered negative for HIV infection if there is laboratory documentation of a negative HIV antibody, HIV polymerase chain reacton (PCR), or HIV p24 antigen test result from a specific specimen collected at or near the time of exposure and there is no clinical evidence of recent retrovira-like illness.

2A. A source is considered infected with HIV (HIV positive) if there has been a positive laboratory result for HIV antibody, HIV PCR or HIV p24 antigen or physician-diagnosed AIDS.

3A. Examples are used as surrogates to estimate the HIV titer in an exposure source for purposes of considering PEP regimens and do not reflect all clinical situations that may be observed. Although a high HIV titer (HIV SC 2) in an exposure source has been associated with an increased risk for transmission, the possibility of transmission from a source with a low HIV titer also must be considered.



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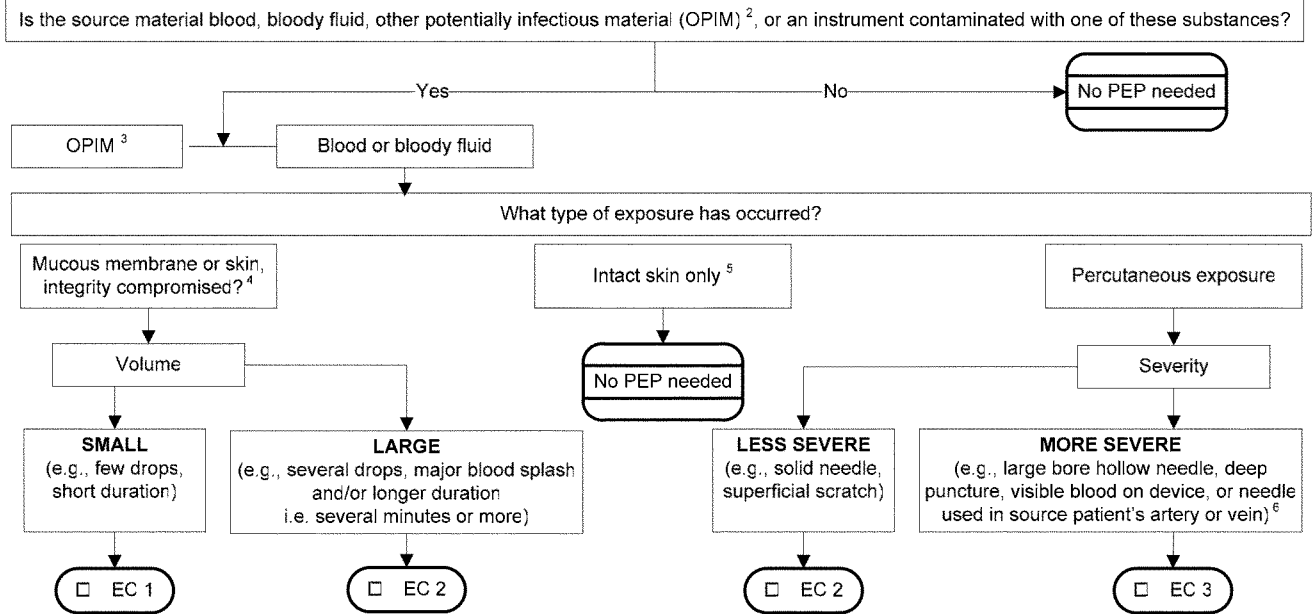
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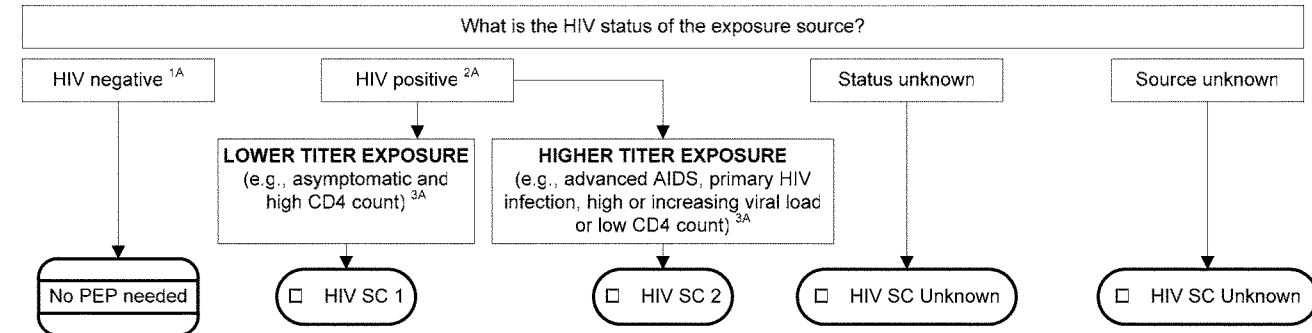
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