

Blood Borne Virus Exposure Risk Assessment Form

Name:		Date of Birth:	
Address:		Daytime telephone:	
		Evening telephone:	
		Mobile telephone:	
CHI:		GP Name:	
Date of incident:		GP Address:	
Time of incident:			
Nature of incident:			
Is the injured person a Health Care Worker?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Result of risk assessment:

See [Needlestick Injury Immediate Care and BBV Risk Assessment flowchart](#)

*Serum stored (everyone)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Serum tested	Yes <input type="checkbox"/>	No <input type="checkbox"/>

HIV risk discussed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis C risk discussed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis B risk discussed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Required		Given		Comment
HBV immunoglobulin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
HBV vaccination	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
HIV PEP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

*If HIV Post Exposure Prophylaxis (PEP) is required

Patients receiving HIV PEP will also require FBC, U&Es, phosphate and LFT

Confirm that you have discussed the following:

		Comment
Relative risk of HIV infection	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Side-effects of drugs (see Patient Information Leaflet)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Possibility of pregnancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pregnancy Test	Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done <input type="checkbox"/>	

Confirm that the following has taken place:

Patient information leaflet given	Yes <input type="checkbox"/> No <input type="checkbox"/>
FBC, LFTs	Yes <input type="checkbox"/> No <input type="checkbox"/>
PEP 7 day starter pack supplied	Yes <input type="checkbox"/> No <input type="checkbox"/>

Follow up:

Follow up offered or recommended	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, what arrangements have been made so far? (See [NHS Lothian Needlestick Injury Management Procedure](#))

Signed:	Date/Time:
Print Name:	Designation:

For all significant exposure cases, email completed form to either:

- Adults commenced on HIV PEP: send to RIDU (wgh.infectiousdiseases@nhslothian.scot.nhs.uk)
- Children: email MedicalPaediatrics@nhslothian.scot.nhs.uk marked 'FAO Paediatric ID Consultant' in the subject line.
- Healthcare workers: send to Occupational Health: (OHenquiries@nhslothian.scot.nhs.uk).

For telephone advice, call the on call ID registrar/consultant via Switchboard: 0131 537 1000