

Form Approved OMB No. 0920-0666 Exp. Date: xx/xx/20xx www.cdc.gov/nhsn

Healthcare Worker Prophylaxis/Treatment

BBF Postexposure Prophylaxis (PEP)

Page 1 of 2						**required for completion
Facility ID#:		-	Med Admin ID#: _			
*HCW ID#: HCW Name, Last:		Eiret:		Middl	٥.	
*Gender: \square F \square M \square Ot		1 1131	*Date of Birth:	Wildai	C	
*Infectious Agent:			*Exposure Event #			
Initial Postexposure Prophy	ylaxis					
Indication: Prophylaxis			*Time between ex			: hours
*Drug:///////	*Drug:	 	*Drug: *Date Stopped:		*Drug: _	
			*Date Stopped:	//_		
*Reason for Stopping (select ☐ Completion of drug therap	•	☐ Source natient v	vas HIV negative	☐ Advers	se reactio	ns
☐ Lab results	y	☐ HCW choice	vas i ii v negative			troviral resistance
		□ HCW CHOICE		□ P055ID	ile allu-lei	irovirai resisiance
Lost to follow up		anana fuana initial DE	D			
PEP Change 1 Indic	ate any cn	ange from initial PE				
Indication: Prophylaxis	**Drug		**Drug		**Drug	
**Drug:///	Brug	· · · · · · · · · · · · · · · · · · ·	**Date Stopped:		Drug	
**Reason for Stopping (selec	t one):			······································		
\square Completion of drug therap	у	\square Source patient v	vas HIV negative	☐ Advers	se reactio	ns
\square Lab results		\square HCW choice		☐ Possib	le anti-re	troviral resistance
\square Lost to follow up						
PEP Change 2 Indic	ate any ch	ange from initial PE	D			
Indication: Prophylaxis						
**Drug:	**Drug: _		**Drug:		**Drug: _	
**Drug://_	**Drug: _		**Drug: **Date Stopped: _		**Drug: _	
**Drug:				///		
**Drug://_ **Date Started://_ **Reason for Stopping:/				☐ Advers	se reactio	
**Drug://_ **Date Started://_ **Reason for Stopping:/ Completion of drug therapy Lab results		☐ Source patient v		☐ Advers	se reactio	ns
**Drug: **Date Started: // **Reason for Stopping: Completion of drug therap		☐ Source patient v		☐ Advers	se reactio	ns
Drug:///_ *Date Started:/// **Reason for Stopping:		☐ Source patient v		☐ Advers	se reactio	ns
**Drug:		☐ Source patient v		☐ Advers	se reactio le anti-re	ns
**Drug:	у	☐ Source patient v☐ HCW choice	vas HIV negative	☐ Advers☐ Possib	se reactio	ns troviral resistance
**Drug:	y □ Flank	Source patient v	vas HIV negative	☐ Advers☐ Possib	se reactio	ns troviral resistance oness in extremities
**Drug:	y	Source patient v	vas HIV negative □ Loss of appetite □ Lymphadenopa	☐ Advers☐ Possib	se reactio le anti-rei Numb Pares	ns troviral resistance oness in extremities
**Drug:	y	Source patient v HCW choice pain che nia ntary weight loss	uas HIV negative Loss of appetite Lymphadenopa Malaise/fatigue	☐ Advers☐ Possib	□ Numb □ Pares □ Rash □ Somn	troviral resistance oness in extremities othesia
**Drug:	y	Source patient value of the source of the so	uas HIV negative Loss of appetite Lymphadenopa Malaise/fatigue Myalgia	☐ Advers☐ Possib	□ Numb □ Pares □ Rash □ Somn	troviral resistance oness in extremities othesia olence on enlargement
**Drug:	y Flank Heada Insom Involui	Source patient value of the source of the so	Loss of appetite Lymphadenopa Malaise/fatigue Myalgia Nausea	☐ Advers☐ Possib	□ Numb □ Pares □ Rash □ Somn □ Splee	troviral resistance oness in extremities othesia olence on enlargement
**Drug:	y Flank Heada Insom Involui	Source patient value of the stools	Loss of appetite Lymphadenopa Malaise/fatigue Myalgia Nausea Nephrolithiasis	☐ Advers☐ Possib	□ Numb □ Pares □ Rash □ Somn □ Splee	ns troviral resistance oness in extremities othesia olence on enlargement ting (specify)
**Drug:	y Flank Heada Insom Involui Jaund Light s	Source patient value of the stools enlargement information obtained in this fidence, will be used only for	Loss of appetite Lymphadenopa Malaise/fatigue Myalgia Nausea Nephrolithiasis Night sweats	☐ Advers☐ Possib☐ Possib☐ Advers☐ Possib☐ Possib☐ Advers☐ Possib☐ Pos	Be reactionale anti-reference anti-r	ns troviral resistance ness in extremities sthesia nolence en enlargement ting (specify) own individual or institution is r released without the

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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