



Healthcare Worker Prophylaxis/Treatment BBF Postexposure Prophylaxis (PEP)

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Facility ID#: _____ Med Admin ID#: _____
*HCW ID#: _____
HCW Name, Last: _____ First: _____ Middle: _____
*Gender: ☐ F ☐ M ☐ Other
*Infectious Agent: _____ *Date of Birth: ____/____/____
*Exposure Event #: _____

Initial Postexposure Prophylaxis

Indication: Prophylaxis
*Drug: _____ *Drug: _____ *Time between exposure and first dose: _____ hours
*Date Started: ____/____/____ *Drug: _____ *Drug: _____
*Date Stopped: ____/____/____
*Reason for Stopping (select one):
☐ Completion of drug therapy ☐ Source patient was HIV negative ☐ Adverse reactions
☐ Lab results ☐ HCW choice ☐ Possible anti-retroviral resistance
☐ Lost to follow up

PEP Change 1 *Indicate any change from initial PEP*

Indication: Prophylaxis
**Drug: _____ **Drug: _____ **Drug: _____ **Drug: _____
**Date Started: ____/____/____ **Date Stopped: ____/____/____
**Reason for Stopping (select one):
☐ Completion of drug therapy ☐ Source patient was HIV negative ☐ Adverse reactions
☐ Lab results ☐ HCW choice ☐ Possible anti-retroviral resistance
☐ Lost to follow up

PEP Change 2 *Indicate any change from initial PEP*

Indication: Prophylaxis
**Drug: _____ **Drug: _____ **Drug: _____ **Drug: _____
**Date Started: ____/____/____ **Date Stopped: ____/____/____
**Reason for Stopping: _____
☐ Completion of drug therapy ☐ Source patient was HIV negative ☐ Adverse reactions
☐ Lab results ☐ HCW choice ☐ Possible anti-retroviral resistance
☐ Lost to follow up

Adverse Reactions

(select all that apply)

☐ Abdominal pain	☐ Flank pain	☐ Loss of appetite	☐ Numbness in extremities
☐ Arthralgia	☐ Headache	☐ Lymphadenopathy	☐ Paresthesia
☐ Dark urine	☐ Insomnia	☐ Malaise/fatigue	☐ Rash
☐ Diarrhea	☐ Involuntary weight loss	☐ Myalgia	☐ Somnolence
☐ Dizziness	☐ Jaundice	☐ Nausea	☐ Spleen enlargement
☐ Emotional distress	☐ Light stools	☐ Nephrolithiasis	☐ Vomiting
☐ Fever	☐ Liver enlargement	☐ Night sweats	☐ Other (specify)
			☐ Unknown

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CDC 57.206 (Front), v6.6



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