**HIV PEP Consultation Record Sheet**

**Sexual and Non Sexual, Non-Occupational Exposures**

**Part 1: About the person requesting PEP:**

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| Exposed person details (put sticker): Person completing form:  Patient’s mobile number:  Name:  DOB:  Hospital Number:   |  |  |  |  | | --- | --- | --- | --- | | Today’s date: |  | Time now: |  | | Date of incident: |  | Time of incident: |  | | Hours since incident: |  | If over 72 hours PEP not indicated |  | | HIV status: | Pos / Neg / Unknown | If already HIV positive do not give PEP |  |      |  |  | | --- | --- | |  |  | | Sexual Exposure | □ **Go to Part 3, Page 2** | |  |  | | Non-sexual, non-occupational exposure  E.g. human bites and community needle stick injuries | □ **Go to Part 2, this page** | | Remember Hepatitis B vaccination | **Part 6** | | Remember Emergency contraception | **Part 9** | |

**Part 2: Non-sexual, non-occupational exposure**

**(E.g. human bites and community needle stick injuries)**

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| Give details below:  Is a tetanus booster required Y / N  Prescribe: (signature) (date)  Given: (signature) (date)  Dose the patient require antibiotics Y / N  Have a low threshold for giving antibiotics unless wound is very superficial, fresh and easily cleaned.  □ **Human bites**  PEP not indicated. The risk of contracting HIV from a human bite is minimal. **Go to Part 6**  Only consider if patient known HIV positive and visible blood present and skin broken. Perform HIV risk assessment on **Page 2** then **Go to Part 5**  **Community needle stick injuries:**  □ **Discarded needles** – PEP not recommended. HIV dies after about 2 hours in dried blood. However Hep B vaccination should be performed and follow up tests for Hepatitis C. **Go to Part 6, Page 5.**  □ **Recently used needles** –   * Source individual is **known HIV positive** - PEP is indicated if the **Go to Part 5, Page 4**. * Source individual is of **unknown HIV status** - assess their risk for HIV infection. Does the source have any of the following risk factors?   **Source HIV risk assessment:**  Man who has sex with other men Y / N / unknown  Previous or current IVDU or IVDU partner from London or outside UK\* Y / N / unknown  \*IVDU’s in the local Swindon area are not high risk for HIV infection  Originates from or partner from a country of high HIV prevalence Y / N / unknown  Previous or current HIV positive partner Y / N / unknown  Blood transfusion, medical treatments in country with high HIV prevalence Y / N / unknown Other, please specify:  If the answer is ‘**yes’** to any of the above questions PEP should be considered. **Go to Part 5, Page 4**  If all the answers are ‘**no**’ or to all the above questions PEP is not indicated. **GoTo Part 6, Page** **5**.  If all answers **‘unknown’** consider starting PEP whilst finding out more information. **Go to Part 5** |

**Part 3: Sexual exposure**

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| Partner: □ Male □ Female  □ Regular □ Casual  □ Contactable □ Uncontactable  Was there sexual assault? Yes / No  This would lower the threshold for giving PEP  Type of sex:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | Type of sex?  Tick: | Condon used?  Y / N | Condom Break?  Y/ N | Internal ejaculation? Y/ N | | Anal | Receptive |  |  |  |  | |  | Insertive |  |  |  |  | | Vaginal | Receptive |  |  |  |  | |  | Insertive |  |  |  |  | | Oral | Receptive |  |  |  |  | |  | Insertive |  |  |  |  |   Other types of sex: Please specify:  Brief description of exposure:  Has the person requesting PEP ever had an HIV test?  □ Yes: date of last test (approx): Result:  Patient consents to HIV test today: Yes □ No □  **Go to Part 4.** |

**Part 4: Source patient information (Sexual exposure)**

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| Please tick one. Is the source patient?  □ **Source HIV negative.** Date of last test:  PEP not indicated. **Go to Part 6, Page 5**  □ **Source Known HIV Positive or Unknown**  Attempt should be made where possible to establish the HIV status of the source individual as early as possible but this should not delay initiation of PEP.  Please indicate HIV prevalence of source patient: (circle):   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Higher Risk**  **Source Community** | **HIV prevalence** |  | **Lower risk**  **Source Community** | **HIV prevalence** | | **Homosexual man** |  |  | **Heterosexuals** |  | | UK | 6 % |  | UK | 0.3% | | London | 13 % |  | Rest of Europe | 0.9% | | Brighton | 14 % |  | North America | 0.6% | |  |  |  | East and South Asia | 0.5% | | **Heterosexuals** |  |  | (Except Thai sex workers) |  | | Black African | 6 % |  | South Asia | 0.3% | | Caribbean | 2 % |  | Australasia | 0.3% | | Central /S. America | 2 % |  | North Africa and Middle East | 0.4% | | **Injecting Drug Users** |  |  | **Injecting Drug Users** |  | | London & Outside UK | 1 % |  | UK (Swindon & outside London) | 0.3% | |  |  |  |  |  |   Record HIV prevalence of source patient \_\_\_\_\_\_\_\_\_\_\_\_\_ % and complete next table.  **>1% = Higher risk.**  **<1% = Lower risk.**  Please circle:   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | HIV Status Known | | **HIV Status unknown** | | | Type of exposure | HIV Positive viral load detectable | HIV Positive **viral load undetectable <200** | **From a higher risk group >1%** | **From a lower risk group <1%** | | **Receptive Anal Sex** | Recommend | Not recommended | Recommend | Not Recommended | | **Insertive Anal Sex** | Recommend | Not Recommended | Consider | Not Recommended | | **Receptive Vaginal Sex** | Recommend | Not Recommended | Consider | Not Recommended | | **Insertive Vaginal Sex** | Consider | Not Recommended | Consider | Not Recommended | | **Fellatio with ejaculation** | Not recommended | Not Recommended | Not Recommended | Not Recommended | | **Fellatio no ejaculation** | Not recommended | Not Recommended | Not Recommended | Not Recommended | | **Splash of semen in eye** | Not recommended | Not Recommended | Not Recommended | Not Recommended | | **Cunnilingus** | Not recommended | Not Recommended | Not Recommended | Not Recommended | | **Sharing injecting equipm’t** | Recommended | Not Recommended | Consider | Not Recommended |   If PEP recommended or considered **Go to Part 5.**  If PEP not recommended **Go to Part 6, Page 5** |

**Part 5: Does the exposed person need HIV Post-Exposure Prophylaxis?**

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| |  |  |  | | --- | --- | --- | |  | **Yes** | **No** | | **Has it been less than 72 hours since time of exposure?** |  |  | | **Exposed person is HIV negative?**  **(or probably negative where status is unknown)** |  |  | | **Source contact is HIV positive or high risk of being positive?** |  |  | | **Type of exposure has placed them at risk of HIV?** |  |  |   **If the answer to all 4 questions is ‘Yes’ please give PEP as soon as possible** (i.e. within the hospital. Do not ask the person to start them when they get home).  **Pregnancy**  A pregnancy test should be performed if there is a risk of pregnancy.  Pregnancy test result: positive / negative  If recipient is pregnant or breast feeding and is eligible for PEP, please seek specialist advice.  **Relevant past medical history:**  **Medication history:**  (Check for interactions with PEP in BNF or with pharmacy)  **Allergies:**  **Having read the information sheet does the patient understand?**  How to take PEP (12 hourly) □  Need for high compliance □  Potential side effects (give leaflet) □  Drugs licensed to treat HIV but not PEP, however recommended national guidelines □  Drug prescription:  **Drug**  **Dose**  **Frequency Duration**  Truvada one tablet once a day 3 days  Raltegravir 400mg one tablet twice a day 3 days    (signature) (date)  If patient >40kgs give standard doses.  If patient <40kgs doses will need adjustment seek advice from HIV team at GWH Tel: 01793 604038. Paediatric dosing schedules available at: http://www.chiva.org.uk/professionals/health/arv/dosing.html  Give information sheet and reassurance.  Explain this is a starter pack and they will need to continue for 28 days.  If it is the Friday before a bank holiday week-end please give out **2 x 3** day starter packs. |

## Part 6: Hepatitis B virus exposure risk assessment

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| Hep B immunoglobulin (HBIG) may be considered for high risk patients. If felt to be necessary please contact the Microbiologist **during day or office hours.** Supplies are then obtained from the Virologists at Bristol Public Health Laboratory and should be given within 48hrs (but still useful at 7 days)  Please circle exposed and source status in the table as appropriate:   |  |  |  |  | | --- | --- | --- | --- | | **HBV status of person exposed** |  | **Source** |  | |  | **HBsAg positive** | **Unknown status** | **HBsAg negative** | | No previous vax | Consider HBIG | Hep B vax | Hep B vax | | >2 doses Hep B vax | Hep B vax | Hep B vax | Hep B vax | | Responder to Hep B vax (Hep B sab >10 | Consider Hep B booster | Consider Hep B booster | Consider Hep booster | | Non-responder to Hep B vax (Hep B sab <10 | Consider HBIG | Consider HBIG | Consider Hep B vax |   Hepatitis B vaccine x 1 vial IM (adult dosage 20mcg if >13yrs, <13yrs give 10mcg dose)  Prescribe: (signature) (date)  Given: (signature) (date)  Further vaccine will be available in Sexual Health or via GP. |

**Part 7: Hepatitis C virus exposure risk**

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| Is the source known to be Hep C positive Y / N / DK There is no post-exposure prophylaxis available for Hepatitis C at present.Sexual transmission in heterosexuals is rare but transmission can occur in MSM’s through unprotected anal sex.A baseline blood test should be performed as well as follow up tests at 3 and 6 months. Treatments are available for chronic Hep C infection. |

**Part 8: Emergency contraception**

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| LMP: Current contraception:  If at risk of pregnancy consider Levonelle (unless contraindicated).  Prescribe:  Levonelle 1500mcg PO stat  (signature) (date)  Women who have had multiple episodes of unprotected sex may be eligible for emergency IUD (discuss with contraception services 01793 604038) |

**Part 9: Baseline bloods and follow up**

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| All exposed patients: HIV □  Hep B sab titres □  Hepatitis B cAb and sAg □  Hep C □  If sexual exposure: STS □  If starting PEP: U&E’s, LFT’s, □  UPCR □  All recipients of Post Exposure Prophylaxis need follow-up with Sexual Health within 72 hours.  Please ask patient to call and make an appointment on **01793 604038**  Patients **not** commenced on PEP should be advised to have follow up blood tests in 6 weeks either at Sexual Health or via their GP. |

**Dr Name (print):**

**Signature:**

**Date:**

**Please fax this form to Sexual Health on (4493) so we have the relevant information at the patient’s follow up appointment. Thank you!**