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| HIV POST-EXPOSURE PROPHYLAXIS CHECKLIST  For further information see *Post-exposure prophylaxis after non-occupational and occupational exposure to HIV: Australian National guidelines* (Second edition) available at [www.pep.guidelines.org.au](http://www.pep.guidelines.org.au). This checklist is intended as an aid only and local expert advice should be sought before use. | | |
| FIRST TWO LETTERS OF SURNAME | UNIQUE ID | |
| FIRST TWO LETTERS OF FIRST NAME | DOB | POSTCODE |
| Sex assigned at birth ❍ Male ❍ Female | Gender Identity ❍ Male ❍ Female ❍ Non-binary | |

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| **SEXUAL ASSAULT?** ❍ Yes ❍ No | Assailant known? ❍ Yes ❍ No |

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| TESTING AND MEDICAL HISTORY | | | | | |
| **Previous** | | | **Baseline Following Current Exposure** | | |
| Condition | Result | Date | Result | Date | Other results |
| ❍ HIV | ❍ +ve ❍ -ve |  | ❍ +ve ❍ -ve |  | ❍ Biochemistry/liver function tests |
| ❍ Hepatitis C | ❍ +ve ❍ -ve |  | ❍ +ve ❍ -ve |  | ❍ Pregnancy ❍ +ve ❍ -ve |
| ❍ Syphilis | ❍ +ve ❍ -ve |  | ❍ +ve ❍ -ve |  | Current and past medical history, e.g. renal disease: |
| ❍ Other STIs | ❍ +ve ❍ -ve |  | ❍ +ve ❍ -ve |  |  |
| ❍ HBsAg | ❍ +ve ❍ -ve |  | ❍ +ve ❍ -ve |  | All medications and drug allergies: |
| ❍ Anti-HBs | ❍ +ve ❍ -ve |  | ❍ +ve ❍ -ve |  |  |
| ❍ Anti-HBc | ❍ +ve ❍ -ve |  | ❍ +ve ❍ -ve |  | Psychiatric history: |
| ❍ Hepatitis A IgG | ❍ +ve ❍ -ve |  |  | | Drug and alcohol history: |

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| CHARACTERISTICS OF EXPOSURE | | | |
| **Date of exposure / / Time of exposure am/pm Place of exposure:** | | | |
| Sexual contact | Sharps exposure | | |
| ❍ Receptive anal sex: ❍ ejaculation ❍ withdrawal | ❍ Occupational ❍ Non-occupational | | |
| ❍ Insertive anal sex: ❍ circumcised ❍ uncircumcised | ❍ Reuse of injecting equipment ❍ Other needle-stick injury | | |
| ❍ Receptive vaginal sex | ❍ Hollow bore needle ❍ Solid bore needle ❍ Solid sharp | | |
| ❍ Insertive vaginal sex: ❍ circumcised ❍ uncircumcised | Other exposure | | |
| ❍ Receptive oral sex ❍ Insertive oral sex | ❍ Mucous membrane: ❍ occupational ❍ non-occupational | | |
| Other risks | ❍ Blood splash:  ❍ superficial ❍ non-intact skin ❍ mucous membrane | | |
| Condoms used? ❍ Yes ❍ No |
| Condom: ❍ broke ❍ slipped ❍ removed by source | Under the influence of alcohol or drugs? | ❍ Yes | ❍ No |

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| RISK CHARACTERISTICS OF SOURCE | | | | | | | |
| Sex ❍ Male ❍ Female ❍ Non-binary | | | | | | | |
| HIV positive | Antiretroviral use | Source HIV risk | Partner |  | +ve | -ve | Unknown |
| ❍ known | ❍ no ARV | ❍ MSM | ❍ regular | **HBV** | ❍ | ❍ | ❍ |
| ❍ suspected | ❍ unknown | ❍ Injecting drug use | ❍ casual | **HCV** | ❍ | ❍ | ❍ |
| ❍ unknown | ❍ past ARV | ❍ High prevalence country | ❍ other | **STIs** | ❍ | ❍ | ❍ |
| Last viral load: Date: | ❍ current ARV | Which STIs, if any: | | | |

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| TRIAGE AND PEP ASSESSMENT | | | | |
| Date / / | Time am/pm | | | Location |
| Management | | | | |
| Post exposure prophylaxis for HIV recommended? | | ❍ Yes ❍ No | Hepatitis B immunoglobulin / / | |
| Regimen commenced? | | ❍ Yes ❍ No | Hepatitis B vaccine / / | |
| Has patient taken PEP in the last 12 months? | | ❍ Yes ❍ No | Was patient referred to counselling? ❍ Yes ❍ No | |
| Did patient consent to receive PEP? | | ❍ Yes ❍ No | Reason not referred? | |
| Date PEP was received / / | | Time: am/pm | Was PrEP discussed? ❍ Yes ❍ No | |
| Follow-up date / / & Location ❍ GP ❍ SHC ❍ Other | | | Was PrEP recommended? ❍ Yes ❍ No | |

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| Drug prescribed | Dose | Frequency |
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| Contraception given? ❍ Yes ❍ No | | |

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| **I confirm that the above patient has had an exposure incident that may be a risk for HIV transmission. The result of the assessment for eligibility for HIV PEP is documented and drugs prescribed.** |
| Prescriber’s signature |
| Prescriber’s name |
| Provider number |
| Contact details |
| Telephone |