

APPENDIX B

Post Exposure Prophylaxis Risk Assessment Proforma for use in Emergency Departments

This checklist is an aid to clinical practice only and does not replace local expert advice where indicated. For further information, please refer to the British Association of Sexual Health and HIV PEP 2021 guideline

Section 1:	
Date:.....Time:.....	Patient Name: DOB: Address:
Seen by (Name / Designation):	

Date of Potential/Actual Exposure / / Time of exposure

Number of hours between exposure and consultation

Note: must be less than 72 hours since exposure to be eligible for PEP

Past Medical History:
.....
.....
.....
.....

Medication History: (including over the counter / herbal remedies / multivitamins / recreational drugs)
.....
.....
.....

Allergies:

Contraception:.....

Is the patient pregnant or at risk of pregnancy?.....

First day of Last Menstrual Period / cycle length (consider emergency contraception)
.....

Type of exposure (tick one)

☐ Occupational injury / Other Exposure, including injecting drug use (**proceed to section 2 on page 2**)

☐ Sexual Exposure (**proceed to section 3 on page 3**)

Section 2: Occupational injury / Other Exposure

Brief description of exposure:

.....
.....
.....
.....
.....

☐ **Sharp instrument/needlestick:** ☐ hollow needle ☐ solid needle ☐ BM stick lancet ☐ Other:.....

Were gloves worn? ☐ Yes ☐ No Did needle pass through glove ☐ Yes ☐ No ☐ Not known

☐ **Splash injury:** ☐ to eye/mouth ☐ Splash to broken skin ☐ Splash to intact skin

☐ **Bite/Scratch** ☐ Other (specify)..... Depth of injury:

Material exposed to: ☐ Blood / Plasma ☐ CSF ☐ Saliva ☐ Other (specify).....

Was wound made to bleed immediately? ☐ Yes ☐ No ☐ Not known

Was injury washed? ☐ Yes ☐ No ☐ Not known

If unknown HIV status, has index partner / patient been consented and tested for BBV (HIV, Hep B/C)?

☐ Yes ☐ No ☐ Not known

Details:.....
.....

Section 3: Sexual Exposure

Sexual Assault? ☐ Yes ☐ No

Has patient attended SARC: ☐ Yes ☐ No
If not, please discuss (forensic examination and support)

Index partner details (the patients sexual contact): Male ☐ Female ☐ Trans ☐

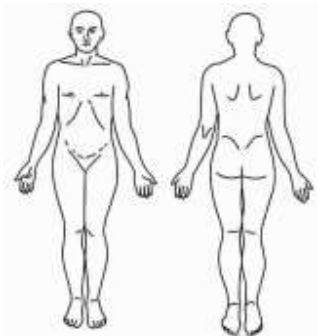
Ethnicity if known:

Duration of relationship: Regular ☐ Ex-Regular ☐ Casual ☐

Type of sexual contact:

		Condoms		Ejaculation	
		Yes	No	Yes	No
Anal receptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal insertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal receptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal insertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other relevant comments i.e
injury/bleeding: (use diagram)



Details of Index partner (the patient's sexual contact)

Name/ Description:.....

DOB/Age:.....

Address/Area:.....

Tel number:

Known Hepatitis B positive: ☐ Yes ☐ No ☐ Not known**Known Hepatitis C positive:** ☐ Yes ☐ No ☐ Not known**HIV status**

- ☐ Definitely known HIV + (Status known to patient or HIV clinic)
☐ Probable HIV + (Patient told by contact or by someone else)
☐ Unknown HIV status

Is index partner / patient on antiretroviral treatment? ☐ Yes ☐ No ☐ Not known / unsureDoes the index partner / patient have an undetectable viral load? ☐ Yes ☐ No ☐ Not known / unsure

Index partner / patient HIV clinic location if known:.....

Section 4: Summary table on PEP eligibility

	Source HIV status			
	HIV positive		Unknown HIV status	
	HIV VL unknown / detectable	HIV VL undetectable	From high prevalence country / risk-group (e.g. MSM) ^a	From low prevalence country / group
SEXUAL EXPOSURES				
Receptive anal sex	Recommend	Not recommended ^b	Recommended	Not recommended
Insertive anal sex	Recommend	Not recommended ^b	Consider ^{c,d}	Not recommended
Receptive vaginal sex	Recommend	Not recommended ^b	Generally not recommended ^{c,d}	Not recommended
Insertive vaginal sex	Consider ^c	Not recommended	Generally not recommended ^{c,d}	Not recommended
Fellatio with ejaculation	Not recommended	Not recommended	Not recommended	Not recommended
Fellatio without ejaculation	Not recommended	Not recommended	Not recommended	Not recommended
Splash of semen into eye	Not recommended	Not recommended	Not recommended	Not recommended
Cunnilingus	Not recommended	Not recommended	Not recommended	Not recommended
OCCUPATIONAL AND OTHER EXPOSURES				
Sharing of injecting equipment	Recommended	Not recommended	Generally not recommended ^e	Not recommended
Sharps injury	Recommended	Not recommended	Generally not recommended ^{c,f}	Not recommended
Mucosal splash injury	Recommended	Not recommended	Generally not recommended ^c	Not recommended
Human bite	Generally not recommended ^g	Not recommended	Not recommended	Not recommended
Needlestick from a discarded needle in the community			Not recommended	Not recommended

Details of footnotes can be found in the full BASHH 2021 PEP guideline document online. <https://www.bashh.org/guidelines>

Section 5: Patient eligible for PEP? (decision to be based on table in appendix below)

☐ Yes, recommended ☐ Not Recommended ☐ Consider

We recommend provision of the full 28 day PEP course of where possible

PEP starter pack prescribed ☐)

(See full guideline or seek URGENT specialist advice if any uncertainty or alternative regime required)

Emergency contraception given ☐ Yes ☐ No Details.....

Discussion points with the patient (Please tick)

- | | |
|--|--------------------------|
| The need for baseline bloods (including HIV test) | <input type="checkbox"/> |
| Antiretrovirals are unlicensed for PEP | <input type="checkbox"/> |
| Lack of conclusive data for PEP efficacy | <input type="checkbox"/> |
| Importance of adherence to optimise efficacy | <input type="checkbox"/> |
| Start PEP as soon as possible to maximise efficacy | <input type="checkbox"/> |
| Advised too late if commenced after 72 hours | <input type="checkbox"/> |
| Length of PEP is 28 days | <input type="checkbox"/> |
| Drug side effects discussed | <input type="checkbox"/> |
| Drug interactions including multivitamins, iron, antacids (advised to avoid whilst on PEP PEP) | <input type="checkbox"/> |
| Seek urgent attention if symptoms of seroconversion (flu-like symptoms / rash) | <input type="checkbox"/> |
| Advise condoms until final HIV test (in 10.5 weeks) | <input type="checkbox"/> |
| Emergency contraception given (if applicable) | <input type="checkbox"/> |
| Hepatitis B vaccine advised (if unsure if immune or in cases of sexual assault) | <input type="checkbox"/> |
| Given PEP leaflet (patient leaflet from BASHH website) | <input type="checkbox"/> |
| If given a starter pack (rather than the full 28 day course), advised of the need for urgent follow-up <u>before</u> the starter pack runs out to receive the rest of the course | <input type="checkbox"/> |
| For occupational exposures: advised urgent follow up with occupational health ASAP and no later than within 72 hours | <input type="checkbox"/> |

Baseline tests to be obtained by Accident and Emergency clinician

Tests	Taken		Taken		Taken		Taken
HIV		Hep B core antibody*		Hepatitis C antibody		LFT (ALT)	
Hepatitis B surface Antigen*		Hepatitis B surface antibody*		Creatinine and eGFR		Pregnancy test (if applicable)	
*If the attendee has completed the hepatitis B vaccination course and has documentation of HepBsAb ≥ 10 IU at any time they are deemed a vaccine responder. If they are immunocompetent (e.g. HIV-negative) they do not require any further hepatitis B testing or follow up							