

Georgetown University School of Medicine Needlestick WORKSHEET

Date & Time of Exposure: _____

1. Excuse yourself and go wash your hands and area of exposure *well*
2. Inform your resident/fellow/attending you have been stuck:
• Your Resident/Fellow/Attending Contact information/ pager number _____
3. Gather information
• Source Status
- HIV: Unknown Known (+) Known (-) Date: _____
Hep B: Unknown Known (+) Known (-) Date: _____
Hep C: Unknown Known (+) Known (-) Date: _____
- Patient's Admitting Physician Contact Info: _____
- | Pt Label |
|------------------|
| Name: _____ |
| MRN: _____ |
| DOB: _____ |
| Attending: _____ |
4. Obtain Source Labs
• Ask your resident/attending to order these labs from the source patient
• LABS TO BE DRAWN
i. Rapid HIV ii. Hep B SAg iii. Hep C Ab
• At Georgetown order "EHS Source Profile"
5. Get to Care without Delay
• At Georgetown or nearby Outpatient M-F 8:30 am- 4pm \implies Georgetown Student Health- 687-2200
• At Georgetown Off Hours \implies Georgetown Emergency Department
• Anywhere Else \implies Emergency Department at Current Hospital or Closest Emergency Room
6. Your Labs
• You will discuss your risk with your Health Care Provider to determine whether you should receive post-exposure prophylaxis (PEP)
• If *not* receiving PEP
i. HIV-1/HIV-2 Antibody, Hep C Antibody, Hep B Surface Antibody, ALT
• At the Georgetown ER order – "EHS Exposure Employee Baseline"
• If receiving PEP
i. HIV-1/HIV-2 Antibody, Hep C Antibody, Hep B Surface Antibody, CBC with differential, Comprehensive Metabolic Panel, HCG, Qualitative Urine
• At Georgetown ER order "EHS Exposure Employee Baseline w/Meds"
If receiving PEP, you will get a 3-day supply from your provider
7. Follow up Treatment
• Make an appointment to see Student Health between 48-72 hours post exposure (687-2200)
i. Appointment Date/Time _____
If receiving PEP, Will your drug supply last until appointment? _____ If not contact Student Health.
If you need ongoing PEP, Student Health will Provide PEP meds *at your follow-up appointment*
You may also need 4 week/ 3 month/ 6 month follow ups. Dates _____
8. Payment
• Georgetown University School of Medicine has a needlestick fund to pay for all related expenses.
• When Registering in the ER, identify yourself as "Self-pay". When the bill is mailed to your home, IMMEDIATELY take the bill to Dianna Kassar.
• PLEASE TAKE ALL BILLS TO DIANA KASSAR 202-687-2521 in MedDent NW 111
9. Questions/Concerns
• Contact Princy N. Kumar, MD- Dean of Students. Office: 202-444-0152 Pager: 202-405-2283
Email: kumarp@gunet.georgetown.edu
• If Dr. Kumar is unavailable Dr. Timpone Office: 202-444-0135 Pager: 888-370-0720
Additional Resources: Contact PEP Hotline: 1-800-448-4911