Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/22
www.cdc.gov/nhsn

Healthcare Worker Prophylaxis/Treatment

BBF Postexposure Prophylaxis (PEP)

 *required for saving **required for completion

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

Initial Postexposure Prophylaxis

Indication: Prophylaxis
*Time between exposure and first dose: _____ hours
*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 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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Custom Fields

Label		Label	
_____	____/____/_____	_____	____/____/_____
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Comments