

HIV PEP Initial Visit Nursing Documentation

Check

Circle **ONE**

Completed

◆	Time lapsed since assault \leq 72 hours?	YES	NO
	<i>IF > 72 hours since assault - DO NOT OFFER HIV PEP. Recommend baseline HIV test</i>		
◆	HIV Risk Assessment Completed		
	Patient at No-Risk of HIV	YES	NO
◆	Counselled on zero/minimal risk, no need for PEP and no follow-up needed →→→ Stop		
	Patient At-Risk of HIV	YES	NO
◆	Assailant <u>known</u> to be HIV-positive →→→ OFFERED 1st DOSE of HIV PEP immediately	YES	NO
◆	Counselled on: HIV risk, HIV PEP, follow-up needed		
◆	Health history taken - Any health and/or drug contraindications to PEP identified?	YES	NO
◆	Determined if patient is pregnant. <i>Pregnant?</i> - Consult HIV Expert during business hours	YES	NO
◆	HIV PEP Offered (if NOT OFFERED - Indicate Why: _____)	YES	NO
	HIV PEP Accepted	YES	NO
	Patients At-Risk who DECLINE HIV PEP	YES	NO
◆	Reviewed HIV follow-up information		
◆	Counselled on precautions to prevent HIV transmission to sexual partner(s)		
◆	Recommended taking baseline blood sample (for storage, or testing at Initial Visit)		
◆	Recommended HIV testing at 4-6 weeks, 3 months, and 6 months post-assault		
	Patients At-Risk who ACCEPT HIV PEP	YES	NO
◆	Dispensed 5-day Starter Kit (Combivir® & Kaletra®, BID)		
◆	<i>IF patient is < 12 years of age and < 50 kg →→→ Consulted MD to determine drug dosages</i>	YES	NO
◆	Review Client Information Booklet: medication info; follow-up process		
◆	Obtained blood for HIV PEP bloodwork (CBC, electrolytes, blood sugar, creatinine, AST, ALT, ALP, bilirubin, CK, amylase, STAT serum beta-HCG (for women)		
◆	Obtained urine for urinalysis		
◆	Obtained blood for baseline HIV test OR Counselled re: HIV testing at Day 2-4 Visit		
◆	Scheduled 1st Follow-up appointment (2-4 days after Initial Visit)		
◆	Recommended HIV testing at 4-6 weeks, 3 months, and 6 months post-assault		
◆	Counselled on precautions to prevent HIV transmission to sexual partner(s)		