

Accidental exposure to blood or other body fluids: risk assessment for post-exposure prophylaxis (PEP) with Hepatitis B Immunoglobulin (HBIG) and prescription form

Please note that UHS Pharmacy will issue HBIG only when both RISK ASSESSMENT FORM and PRESCRIPTION FORM are completed.

Risk assessment form: page 1

Prescription form: page 2

FALSIFYING THIS RISK ASSESSMENT MAY RESULT IN A PATIENT RECEIVING HBIG INAPPROPRIATELY, PUTTING THEM AT UNNECESSARY RISK OF ANAPHYLAXIS. RISK ASSESSMENTS ARE RETROSPECTIVELY REVIEWED.

Risk Assessment to establish whether patient needs PEP with HBIG after accidental exposure to blood or other body fluids, from individuals who are HBsAg positive or at high-risk** to be HBsAg positive, through percutaneous inoculation or spillage into mouth/eyes or non-intact skin.

<p>Box A. Assessment of kind*** and timing of exposure and of anti-HBs status of the exposed individual - Please check on the UHS's computer system if there is any previous records of the anti-HBs status of the exposed patient: (HBIG is unnecessary if the exposed individual has a record of anti-HBs level >100 IU/l = Protective Levels)</p>		
<p>Exposure to blood <input type="checkbox"/> (fresh blood <input type="checkbox"/> dried blood <input type="checkbox"/>) or to other body fluids <input type="checkbox"/> (please specify</p>		
<p>A1. → <input type="checkbox"/> Percutaneous inoculation</p> <p>Deep <input type="checkbox"/> Superficial <input type="checkbox"/></p> <p>Needlestick <input type="checkbox"/>, (Hollow bore needle <input type="checkbox"/> or Suture needle <input type="checkbox"/>)</p> <p>Sharp <input type="checkbox"/> Bite <input type="checkbox"/> Scratches <input type="checkbox"/></p> <p>→ <input type="checkbox"/> Spillage into mouth <input type="checkbox"/> and/or eyes <input type="checkbox"/></p> <p>→ <input type="checkbox"/> Contact with non-intact skin (open wounds <input type="checkbox"/> eczema <input type="checkbox"/> dermatitis <input type="checkbox"/>)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>A2. Is the date of exposure ≤ than 7 days ago? Please state date of exposure</p>		
<p>A3. HBV vaccination history ≤ 1 dose of vaccine pre-exposure <input type="checkbox"/> OR known non-responder to HBV vaccine <input type="checkbox"/></p>		
<p>***Significant exposure includes all percutaneous exposures and any mucocutaneous exposure to blood or blood stained body fluids.</p>		

<p>Box B. Assessment of the HBV status of the Source - Please check on the UHS's computer system if the donor's HBV status is already known. - If not, please send sources's serum sample to the UHS's Serology Laboratory (ext. 6342/6408)</p>		
Name of the source	Date of birth	NHS or Hospital number
<p>B1. Is the Source HBsAg positive?</p> <p>Please report the other HBV serological markers if available *</p> <p>HBsAg POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> HBV DNA level (Viral Load) <input type="text"/></p> <p>Anti-HBc POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNKNOWN <input type="checkbox"/></p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>B2. Is the HBV status of the source unknown, but with a significantly high risk of being positive? **</p> <p>Please state risk factors</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

*Individuals with acute/chronic HBV infection are highly infectious if they are HBsAg positive and/or with high HBV VL.
**For example the source is an Intravenous drug user (IVDU)

Risk assessment for administering HBIG

Performed by (block letters)	Doctor's signature	Date
Designation	Department	
Patient's name	Patient's date of birth	Patient's hospital number
Home Address		
The following is required: Please tick		
All three YES answers from Box A	YES	NO
AND ONE YES answer from Box B	YES	NO
If both YES boxes above are ticked, the patient requires HBIG		

Please note: HBIG is issued only when the UHS Pharmacy receives **HBIG PRESCRIPTION & the RISK ASSESSMENT FORMS** (required for HBIG returns to the Department of Health)
Deliver or Fax (023 8120 6792) prescription and risk assessment forms to main dispensary Southampton General Hospital. If faxed, the original prescription will need to be received by pharmacy within 72 hours.
Out of hours contact the Pharmacist on call through UHS switch board (Tel 023 80 777 222)

Prescription for Supply of Hepatitis B Immunoglobulin (HBIG) 500 IU for Post-Exposure Prophylaxis (PEP) (This form is not valid to prescribe HBIG to neonates)

Patient's Details

Patient's Forename	Patient's Name	Hospital number	NHS number
Patient's address			

Product Details

Product (including form and strength where necessary) HBIG 500 IU		Quantity in IU (for guidance see table below)
Directions	Intramuscular injection <input type="checkbox"/>	Deep subcutaneous injection in patients with bleeding disorders <input type="checkbox"/>
		Please state kind of bleeding disorder
If HBV vaccine is administered at the same time, it should be injected at a different body site		

Authorisation (the person authorising is accountable for the risk assessment)

Name (in block letters)	Signature
Designation	Contact number
Ward/Surgery	Date

Collection/Delivery Method: Please check that arrangements are in place to have the injection(s) administered. Please specify

Patient or Representative collecting <input type="checkbox"/>	Taxi or Courier arranged by GP Surgery or Other Hospital <input type="checkbox"/>	UHS Pharmacy can send the product to UHS A&E by prior arrangement (A&E phone No available through UHS switchboard). Please state name and contact details of A&E Nurse or Consultant with whom HBIG treatment administration has been agreed.
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Pharmacy Use Only Make sure that HBIG vials are stored within are the cold chain until use

Screened by	Dispensed by:	Checked by:	Product details: HBIG	Batch No	Date:
Cost code Inpatients: Ward Outpatients: Pathology SGH	Stock location Fridge, SGH main dispensary		Volume to be injected in ml	Expiry date	Essential record keeping Log details of this supply in the immunoglobulin register. Ensure one copy is made (for the patient/healthcare professional) The original prescription and risk assessment form needs to be filed in the IM immunoglobulin folder. Please file appropriately immediately after checking

Dose of HBIG according to age:		Please Note:
0-4 yrs	200 IU	
5-9 yrs	300 IU	
>10 yrs	500 IU	<ul style="list-style-type: none"> HBIG should be given by intramuscular injection as soon as possible, ideally within 48 hours (preferably within 12 hours) and not later than a week after exposure. The administration of HBIG should be combined with simultaneous administration of HBV vaccine (accelerated vaccination schedule: doses spaced at zero, one and two months) at a different body site. HBV vaccine is available from SUHT Pharmacy but it is usually stocked in A&E, in Occupational Health, in the Neonatal Unit, in GP Surgeries and in Genitourinary Medicine Individuals who are known non-responder to HBV vaccine should receive a second dose of HBIG one month after the first dose, unless the source is shown to be HBsAg negative.