

Contaminated Injury/Needle Stick Monitor

DATE _____

I. Student/Faculty Information:

Name _____ Date of Birth _____ Student I. D. No. _____

Clinical Facility _____ Facility's Phone Number: _____

Facility's Contact Person _____ Phone No: _____

Student Phone No: _____ Faculty Phone No.: _____

II. Type of Exposure

Needle stick _____ Eye/mucous membrane splash _____ Sharp object _____

Other _____

Hepatitis B vaccine: 1st _____ 2nd _____ 3rd _____ Date of completion _____ Waiver signed _____

III. Patient Information:

Identification No. _____ Date of Birth _____

Social Security No. _____

Department or place where injury/exposure happened: _____ Unit _____

Diagnosis _____ Resident/MD _____

Does the patient now have or has she/he ever had any of the following diseases:

If yes, give Date: Syphilis _____ Hepatitis A _____ Hepatitis B _____

HIV/AIDS _____ Non A/Non B Hepatitis _____

IV. Description of Incident:

V. Treatment at Time of Incident (see Protocol for Needle or Other Contaminated Injuries).

VI. Follow-up Service Chosen (circle one):

- a. See own private physician.
- b. Go to Emergency Room.
- c. Obtain appropriate testing at County Health Agency (HIV testing available at Wayne County Health Department for \$7.00. There is no residency requirement.)
- d. See IUPUI Student/Employee Health Services (fee required).
- e. Do nothing

For treatments see Protocol for Needles or Contaminated Injuries.

Student Signature: _____ Date _____

Faculty Signature: (whether supervising or involved): _____

Date: _____ Follow-up date: _____

This form is to be filed with IU East Division of Nursing, Undergraduate Coordinator for Nursing Programs with any copies of incident reports or other appropriate forms completed at time of incident.