

UNIQUE IDENTIFER NO: C-15-2003

Review Date: March 2018

Review Lead: Lead Infection Prevention and Control Nurse

Appendix 3

Calderdale and Huddersfield NHS Foundation Trust
CONFIDENTIAL
Post Exposure Prophylaxis Sexual Exposure (PEPSE)
Risk Assessment Form

Patient sticker

NameDoB / /

Address.....

Date of PEPSE discussion / /

Name of Doctor

INCLUSION CRITERIA

Date of sexual exposure / / Within 72 hours Yes/No

If No then patient should be informed that PEP is unlikely to be effective this long after exposure, but refer to genitourinary medicine (GUM) clinic if patient wishes to continue.

- Type of exposure.....
• Was it protected? Yes / No
• Was the sexual partner HIV positive? Yes / *No / Unknown / High risk category

*If No then PEP is unlikely to be needed as the likelihood of actual risk of HIV transmission is low (see table 1)

Table 1The risk of HIV transmission following an exposure from a known HIV-positive individual

Table with 2 columns: Type of exposure, Estimated risk of HIV transmission per exposure from a known HIV-positive individual not on ART. Rows include Receptive anal intercourse, Insertive anal intercourse, Receptive vaginal intercourse, Insertive vaginal intercourse, Receptive oral sex, Insertive oral sex, Needlestick injury, Sharing injecting equipment, and Human bite.

- Did unprotected anal, vaginal sex, or receptive oral sex prior to ejaculation occur?
Yes / No

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If No then PEP is unlikely to be needed as the risk of HIV transmission with most oral sex or non-penetrative sex is small.

Details of risk partner:

• HIV status of risk partner:

[] Definitely known HIV + (well known to patient or risk partner here and confirms status)

[] Possible HIV + (patient told by third party)

[] Unknown HIV status but high risk group, specify.....

[] Other, specify.....

• Does the partner attend Genitourinary Medicine clinic @ Princess Royal (PRHC)/Broad Street Health Centre Yes / No

Name of risk partnerDoB / /

PRHC/Broad Street HC Clinic Ref. of partner (or address)

Source on anti-retroviral / documented drug resistance? -----

When the above 3rd party information is stored in notes, this has to be removed from the notes if the notes are to be sent anywhere else e.g. for court purposes.

RISK ASSESSMENT

Prior HIV risk of patient:

1) Has the patient tested HIV negative in the past? Yes / No (If no go to Q5)

2) **If Yes** give date of last test / /

3) Approximate number of partner with which patient has had unprotected sexual intercourse (UPSI) since last HIV negative test (or even if no prior HIV test)

0 1 2 3 4 5 6-10 11-20 20+

4) Most recent date of UPSI (excluding that for which PEP considered) / ... /

Men who have sex with men Yes/No

Sex abroad Yes/No

Sex with anyone from abroad Yes/No

IV drug user Yes/No

Casual sex worker Yes/No

Infection via blood to blood contact (e.g. sharing needles, accidents, etc.) since last HIV test? Yes / No

Nature of Contact:

If there is more than one date of potential exposure within the last 7 days, or more than one partner, please give details for each on a separate form

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Sexual activity	Condom intact	Condom accident	No condom used	Internal ejaculation
Oral sex, patient Insertive				
Oral sex, patient Receptive				
Vaginal sex, Patient insertive				
Vaginal sex, Patient receptive				
Anal sex, Patient insertive				
Anal sex, Patient receptive				
Other perceived risk				

OUTCOME		
Post exposure prophylaxis required: yes/no	Supplied by:	Referred to GUM clinic: PRHC <input type="checkbox"/> LMHC <input type="checkbox"/>
Please send copy of PEPSE Risk Assessment Form to GUM clinic		

Ref: BASHH Guideline UK Guideline for the use of post-exposure prophylaxis for HIV following sexual exposure
Acknowledgment: courtesy of Paul Bena, Camden Primary Care Trust