**医务人员职业暴露后个人登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 一、基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | 性 别 | | |  | | | | | 年 龄 | | | | |  | | | | | 职 业 | | | | |  | |
| 科 室 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 发生时间 |  | | | | | | | | | | | | | | 发生地点 | | | |  | | | | | | | | | | | |
| 暴露时从事何种防治活动 | | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | |
| 二、暴露方式 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）接触暴露 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、皮肤 无破损 □ 有破损 □ | | | | | | | | | | | | 2、黏膜 □ | | | | | | | | | | | | | | | | | | |
| 3、接触部位 | | |  | | | | | | | | | 4、接触面积 | | | | | | | | | | Cm2 | | | | | | | | |
| 5、污染物来源 | | | （1）血液 □ | | | | | | | | | （2）何种体液 | | | | | | | | | | （3）其他： | | | | | | | | |
| （二）针刺或锐器割伤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、何种器械 | | | | （1）空心针 □ | | | | | | | | （2）实心针 □ | | | | | | | | | | （3）其他器械： | | | | | | | | |
| 2、损伤程度、危险度 | | | | 表皮擦伤、针刺 低危 □ | | | | | | | | | | | | 伤口较深、器皿上可见血液 高危 □ | | | | | | | | | | | | | | |
| 3、污染物来源 | | | | （1）血液 □ | | | | | | | | | | | | （2）含血体液： | | | | | | | | | | （3）其他： | | | | |
| （三）其他方式 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 致伤方式 | | | | 抓伤 □ 咬伤 □ 其他 | | | | | | | | | | | | | | 破损、出血 有□ 无□ | | | | | | | | | | | | |
| 三、暴露源严重程度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）  实验室标本 | | 1、血液 □ | | | | | | | | | | | | | | 2、何种体液： | | | | | | | | | | | | | | |
| 3、其他： | | | | | | | | | | | | | | 4、病毒含量；滴度低 滴度高 | | | | | | | | | | | | | | |
| 5、其他情况 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| （二）  来源于患者 | | 患者ID | | |  | | | | | 性别 | | |  | | | 年龄 | | | |  | | | 确诊时间 | | | | | | |  |
| 患者病情 | | | 无症状HIV感染者 □ | | | | | | | | | | 有症状，但不同于艾滋病 □ | | | | | | | | 艾滋病期 □ | | | | | | | |
| 病毒载量 | | |  | | | | | | | | | | | CD4细胞计数 | | | | | | |  | | | | | | | |
| 备注： | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 四、暴露后紧急处理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）皮肤 | | 1、清水冲洗□ | | | | | | | | | | | | | | | | 2、是否用肥皂 是□ 否□ | | | | | | | | | | | | |
| 3、是否挤出损伤处血液：是□ 否□ | | | | | | | | | | | | | | | | 4、消毒药物 | | | | | | | | | | | | |
| 5、冲洗时间： 分钟 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| （二）黏膜 | | 1、生理盐水 □ | | | | | | | | | | | | | | | | 2、清水 □ | | | | | | | | | | | | |
| 3、其他液体： | | | | | | | | | | | | | | | | 4、冲洗时间： 分钟 | | | | | | | | | | | | |
| 备注： | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 五、评估 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）暴露级别 | | | | | （1）I级暴露 □ | | | | | | | | （2）2级暴露 □ | | | | | | | | | | | （3）3级暴露 □ | | | | | | |
| （二）暴露源头严重程度 | | | | | （1）轻度 □ | | | | | | | | （2）重度 □ | | | | | | | | | | | （3）不明 □ | | | | | | |
|  | | | | | | | | | | | | | 评估人： | | | | | | | | | | |  | | | | | | |
| 六、暴露后预防性治疗方案 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、是否需要预防性用药 是□ 否□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2、用何种药物及用量 | | | | | | | | （1） | | | | | | | | | | | | | | | | | | | | | | |
| （2） | | | | | | | | | | | | | | | | | | | | | | |
| （3） | | | | | | | | | | | | | | | | | | | | | | |
| 3、开始用药时间 | | | | | | | |  | | | | | | | | 4、停止用药时间 | | | | | | | | |  | | | | | |
| 5、因毒副作用、修改治疗方案 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 6、副作用 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 肝功能检查  肾功能检查 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 七、症状 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 暴露后4周内是否出现急性感染症状 | | | | | | | | | | | | | | | | | | | | | 是□ 否□ | | | | | | | | | |
| 何种症状 | | | | | | | | | | | | | | | | | | | | | 持续时间 | | | | | |  | | | |
| 备注： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 八、随访记录：血清学检查（含HIV、HBV与HCV） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 项 目 | | | | 日 期 | | | | 结 果 | | | | | | 项 目 | | | | | 日 期 | | | | | | 结 果 | | |
| 暴露后即刻 | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | |
| 4周后 | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | |
| 8周后 | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | |
| 12周后 | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | |
| 6个月 | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | |
| 12个月 | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | |
| 备注： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 九、结论 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、暴露后未感染 □ | | | | | | | | | | | | 2、暴露后感染 □ | | | | | | | | | | | | | | | | | | |
| 备注：HBV与HCV感染情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

填 表 人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 联系电话（手机）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

填表时间\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 审核时间 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

审 核 人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 联系电话（手机）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

（1）监测HIV职业暴露者：由本省HIV监测（或确认）中心抽血检测职业暴露的HIV1/2抗体（包括做快速试验），该血清留样备用。如果职业暴露者以前已有HIV抗体的化验结果，则应加以记录。暴露后一年内要定期监测HIV的抗体，即分别在暴露后4周、8周、12周、6个月、12个月监测。结果填写在报来的上述表格内。

（2）使用预防性用药，应监测药物的不良反应，包括使用预防性治疗时和服药两周后的全血检测、肾功能和肝功能检测。

（3）小型事故可在紧急处理后，立即将事故情况和处理措施报告主管领导和有关专家，以及时发现处理中疏漏之处，使处理尽量完善妥当。不采取暴露后预防用药者，也要定期检测HIV抗体，检测时间同前。