

NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW) : _____ Age : _____ Sex: _____

Designation: _____ Mobile No.: _____

Name of the Department & Unit : _____

Date and Time of Needle Stick/Sharp Injury _____

Date and Time of Reporting to concerned RMO/ Casualty _____

Place where incident occurred: _____

Section A: Injury Details		
S.No.	Details	Response
1	Site	
2	Nature of Injury	Needle Prick / Sharp Cut /Lacerations/ Splash of Fluids/ Splattered Glass/ Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise <input type="checkbox"/> ii. Intact skin <input type="checkbox"/> iii. Percutaneous exposure <input type="checkbox"/>
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration <input type="checkbox"/> ii. Mucous membrane -Major blood splash and/or duration of several minutes <input type="checkbox"/> iii. Percutaneous less sever/scratch/solid needle <input type="checkbox"/> iv. Percutaneous more severe/used needle, visible blood on device <input type="checkbox"/>
Section B: Source Information:		
S.no.	Source Information	Response
1	Was the source patient identifiable	1.Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3 Unknown <input type="checkbox"/> 4 Not applicable <input type="checkbox"/>
2	If Identifiable whether the source is a known case of	1. HIV <input type="checkbox"/> HBV <input type="checkbox"/> HCV <input type="checkbox"/> 2. Negative for all 3 <input type="checkbox"/> 3. Unknown <input type="checkbox"/>
Section C: Action Taken		
S. No	Description	Response
1	Details of First Aid Given:	
	First dose of ART taken	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	History of Hepatitis B vaccination	Yes <input type="checkbox"/> No <input type="checkbox"/> If Hepatitis B Vaccination taken Date and Time of Vaccination _____
3	Whether Hepatitis B vaccine taken after exposure	Yes <input type="checkbox"/> No <input type="checkbox"/> If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination _____
4	Event reported to:	Name: _____ Designation: _____
5	Report submitted by:	Name: _____ Designation: _____ Signature: _____