GEORGIA DEPARTMENT OF PUBLIC HEALTH

Post-Exposure Prophylaxis (PEP) of Human Immunodeficiency Virus (HIV)

Assessment and Treatment Guide To be Completed by Pharmacist

(CONFIDENTIAL-PROTECTED HEALTH INFORMATION)

Patient Name: _____ Date of Birth: ____/____/_____

Today's Date ____/____/_____

1.	This standing order may be used for persons 14 years old and older with a parent or legal guardian consent. If 18 years of age or older parental consent not required.	
	☐ 14-18 years of age.	Obtain parental consent before proceeding to #2.
	☐ ≥18 years of age	Go to #2.
2.	**Did the patient disclose he/she is a survivor of sexual assault?**	
	☐ **Yes**: PEP is recommended and refer the patient to the emergency department for a sexual assault workup.	☐ **No**: Go to #3
3.	**What time did the exposure occur?**	
	☐ <**72 hours ago** **Optional-** If possible, offer point of care test (POCT) for HIV. If the patient refuses, medication should **not** be withheld, if the patient is otherwise eligible. Refusal should be documented. PEP may be considered. Go to # 4	☐ **>72 hours ago:** PEP not recommended. Do not provide PEP. Refer patient to local primary care provider, infectious disease specialist, or local health department
4.	**Was the exposure high-risk as disclosed by the patient on the intake form?**	
	☐ **Yes:** PEP is recommended	☐ **No:** Go to #5
5.	**Was their exposure low-risk as disclosed by the patient on the intake form?**	
	☐ **Yes:** Go to #6	☐ **No:** PEP not recommended
6.	**Were any of the following additional risk factors present in the exposure?** • Non-intact oral mucosa (i.e., cuts, sores) • The presence of blood • If either party had a genital ulcer • If either party had a sexually transmitted infection • If the other person had a detectable HIV viral load (>200 copies/mL)	
	☐ **Yes:** PEP is recommended	☐ **No:** PEP may be considered. HIV Warmline (888) 448-4911 is available for healthcare professional consultation.

PEP DISPENSING

At the time of dispensing was an HIV test performed?
☐ **Yes**; Positive/Negative (Circle one). ☐ **No**
Was a Safety Evaluation performed? (if disclosed: kidney function, medication interactions, pregnancy, breastfeeding)
☐ **Yes** ☐ **No**
Drug Therapy Dispensed: _____/_____/_____. Day-Supply Dispensed: _____/_____/_____
Was the following patient education provided, as required by the standing order? (Check all that apply)
☐ **Medication Education** ☐ **Risk Mitigation** ☐ **HIV Testing** ☐ **Follow Up Care**
Were appropriate notifications/referrals made?
☐ **Primary care provider** (if patient authorized release) **/ FQHC provider** (locations provided) ☐ **For sexual assault victims- Emergency Department or Sexual Assault Center** ☐ **Positive HIV test results reported to DPH**