### Standard letter for children with a community acquired needlestick injury

3 copies to be printed for: Parent’s discharge information, GP information and Patient’s file

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| --- |
| Affix address here |

**Date of needlestick injury:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of ED doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Immediate management in Emergency Department | | | | | | |
|  | | Y / N | Date/Time | | Signature of the doctor | |
| Baseline serology - recipient | |  |  | |  | |
| Baseline serology – donor (if known) | |  |  | |  | |
| Tetanus vaccine | |  |  | |  | |
| Tetanus immunoglobulin | |  |  | |  | |
| Hepatitis B vaccine | |  |  | |  | |
| Hepatitis B immunoglobulin | |  |  | |  | |
| HIV prophylaxis | |  |  | |  | |
| Follow up | | | | | | |
| **1. If previously unvaccinated against hepatitis B, arrange hepatitis B vaccination course to be given by GP or the PCH Immunisation drop-in centre** | | | | | | |
| 1st dose to be given in the ED at presentation | | | | | | |
| 2nd dose to be given at 1 month | | | | Date: | | |
| 3rd dose to be given at 3 months | | | | Date: | | |
| **2. GP follow up 1 week after initial serology to communicate other results** | | | | | | Date: |
| **3. Follow up serology (blood tests) to be done at PCH Haematology Lab at 4-6 weeks and 3 months** | | | | | | |
|  | *Date/time* | | *Completed request form to parent* | | | *EMLA provided* |
| 4-6 weeks |  | |  | | |  |
| 3 months |  | |  | | |  |
| **4. Review at PCH Infectious Disease Clinic at 6 weeks and 3 months. Both appointments at least 2 weeks after serology testing in point 3 above.** | | | | | | |
| 6 weeks | | | | Date/time: | | |
| 3 months | | | | Date/time: | | |