# Bloodborne Pathogen Exposure

## Source Patient Labs

*Before proceeding, did you complete the Bloodborne Pathogen Exposure questionnaire? If not, do so by clicking this link or by logging into MyUK and clicking on the Occupational Exposures tab.*

**1.** Proceed to page 2 of this document to view and print the Source Patient Lab slip. **Complete source patient labs.**

**2.** Report the incident online at: **https://incident.ukhc.org/**

**3. Last,** report your injury call CorVel at
1-800-440-6285.

**Additional Important Numbers**

CorVel Workers Compensation: 1-800-440-6285

UHS Exposure Nurse: 859-218-3253

UK MDs: 859-257-5522

Bloodborne Exposure Line at Chandler Retail Pharmacy: 859-218-3340 *when prompted select option

0 (zero)*

## University of Kentucky Healthcare
Hospital Employee Health
830 South Limestone St.          859-323-5823
Lexington, KY 40536

_____
Date/Time Collection

_____
Collector Name

# Source Patient Labs
## Bloodborne Pathogen Exposure
Physician Order Form
Miscellaneous Lab

SID# _____     RQ# _____

### Source Patient Information

Name _____

MRN# _____

Birthdate _____

Male          Female

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**Laboratory Use only:** Use Requisition Entry when ordering in Epic (see SOP LCR114). Results will file to the patient's chart.

**Requisition Entry**
Clear  ✔ Accept & New ▾  ⊞ Set Defaults | ⊞ Documents ⊞ Labels | Registration | Scan ▾
Submitter:    EMPLOYEE-HEALTH, HOSPITAL                                🔍

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**TEST NAME**: Source BBFE HIV Antibody/Antigen w/Reflex to HIV ½ Antibody Differentiation with Extra Tube Pearl, Freeze and Hold\*\*-**Lab11337**

**Test Name:** Source BBFE Hepatitis B S Ag-**LAB11335**

**Test Name:** Source BBFE HCV Quant PCR-**LAB12575**

==**Adult/Children 2 years of age and older:**==
**Draw: 2 gold, 1 red and 1 pearl top**

**Children under 2 years of age:**

**For NICU/PICU patients < 2 years old or nursery patients:** you **MUST** consult with the patient's attending physician to receive approval before having any blood drawn. It the attending is not available, call UKMDs and ask to speak to the UHS clinician on-call.

**For patients < 2 years old but NOT in the NICU/PICU or nursery:** ask to have 4 red bullets drawn

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*Ordering Physician Signature    Melinda Carol, M.D.    Provider ID: 19166    Date_____  Time_____*

**To be completed by Clinic Check-out Staff. If requesting physician is a resident, attending physician information is required.**
Requesting Physician: Melinda Carol, M.D.  Attending Physician: _____  Pager_____  Phone_____

Clinic Staff Signature_____  Service_____  Phone_____  Date_____

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4847918

University Health Service  3-5823
Employee Health 0084 097xxxxx-9900
**PLACE PATIENT DEMOGRAPHIC LABEL HERE OR HAND WRITE TWO PATIENT IDENTIFIERS**
Patient Name: _____

Patient DOB: _____

4847918

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| If source patient is a <u>Chandler</u> Hospital patient- Read box below | Source patient is at KY Clinic, Good Sam Hospital, Eastern State Hospital, Turfland, or outpatient clinic |
|---|---|
| **1.** RN or Phlebotomist is responsible for blood draw: (2) Gold (1) red (1) pearl top tubes on the source patient (If source is <2: For NICU/PICU patients < 2 years old or nursery patients you MUST consult with the patient's attending physician to receive approval before having any blood drawn. It the attending is not available, call UKMDs and ask to speak to the UHS clinician on-call. For patients < 2 years old but NOT in the NICU/PICU or nursery, ask to have 4 red bullets drawn. | KY Clinic lab hours are: Monday – Friday 7:00 A.M - 6:00 P.M. |
| **2.** Enter source patient name, DOB, date/time collected and collector's name. | \*If an exposure occurs Eastern State, Turfland, or at an offsite location without a clinical lab: |
| **3.** Enter source patient name and DOB on stickers and place one per tube (lab will not accept blood if tubes are not properly labeled). | 1. Place labs in specimen collection bag along with the white lab slip. |
| **4.** Place two tubes and white copy of order form in a specimen collection bag and send to lab in person or by **tube station #162** | 2. Call **River Cities Courier at 606-324-0656** to request a pick-up and STAT delivery to Chandler. This is a 24/7 dispatch number. |
| | \*If an exposure occurs at Good Samaritan or GS clinic, specimens should be delivered to the Good Samaritan Lab. |