### **Bloodborne Pathogen Exposure**

### **Source Patient Labs**

<b>1.</b> B	efore proceeding,	, did you comple	te the Bloodbo	rne Pathogen E	xposure question	onnaire? If not,	do so
	by clicking this	link or by logging	into MyUK an	d clicking on th	e Occupational	Exposures tab.	

- 2. Report the incident online at: <a href="https://incident.ukhc.org/">https://incident.ukhc.org/</a>
- **3.** CorVel is UK Workers' Compensation administrator. To report your injury call CorVel at 1-800-440-6285.
  - **4.** Proceed to page 2 of this document to view and print the Source Patient Lab slip.

### **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

Source Patient Information					
Name			_		
MRN#			_		
Birthdate			_		
	Male	Female			

Laboratory Use only: Use Requisition Entry when	se Requisition Entry when ordering in Epic (see SOP LCR114). Results will file to the patient's chart.			
Requisition Entry  ② Clear ✓ Accept & New → ③ Set Defaults □ Documents □ Labels ③ Registration □ Scan →				
Submitter: EMPLOYEE-HEALTH, HOSPITAL Q				

**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 <u>MUST</u> 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

Ordering Physician Signature	Melinda Carol, M.D.	Provider ID: 19166	Date	Time
To be completed by Clini Requesting Physician: Melinda Car	c Check-out Staff. If requestion, M.D. Attending Physic	· · · · · · · · · · · · · · · · · · ·	attending physician Pager	information is required. Phone
Clinic Staff Signature	Ser	vice	_ Phone	Date

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:

184791

#### If source patient is a <u>Chandler</u> Hospital patient- Read box below

- 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.
- **2.** Enter source patient name, DOB, date/time collected and collector's name.
- **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).
- **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**

Source patient is at KY Clinic, Good Sam Hospital, Eastern State Hospital, Turfland, or outpatient clinic

KY Clinic lab hours are: Monday – Friday 7:00 A.M - 6:00 P.M. \*If an exposure occurs Eastern State, Turfland, or at an offsite location without a clinical lab:

- 1. Place labs in specimen collection bag along with the white lab slip.
- 2. Call **River Cities Courier at** <u>606-324-0656</u> 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.