



- Mercy Health Employee
- Non-employee/Contacted/Affiliate/Volunteer

Employee Name: Test Patient Date of Birth: 1-1-1921
 Employer Name/ #: St Rita's Medical Center Employer Contact Info: _____
 Source patient name: _____ DOB: _____
 Nursing unit/location: ED MRN and DOB: 107 4088

NURSING UNITS: DO NOT PLACE SOURCE PATIENT ORDERS INTO THE COMPUTER SYSTEM

LABORATORY STAFF: REGISTER SOURCE and/or EMPLOYEE to appropriate Employee Health contract / or Affiliate Contract in LIS. Employee Lab results are reported to Employee Health. Non-employee/affiliate lab results are reported to ED/Occupational Health.

EMPLOYEE TESTING

Date & Time of Exposure: 5/24/17 1430
 Collect 3 SST Tubes on all Employee Needlestick Individuals
 Date & Time of Collection: 5/24/17 1445
 Collector's Initials: JSW
 Source Patient Name / MRN: Test, Testy
 * Add if source patient is Hep B positive X00000899

TEST NAME	LAB TEST I.D.
HBS AB	AHBS
Hep C Antibody	HCV
HIV	HIV2
Hep B S Ag	BSAG

SOURCE PATIENT TESTING

Date & Time of Exposure: _____
 Collect 3 SST Tubes and 1 Lavender Top Tube on all Source Patients
 Date & Time of Collection: _____
 Collector's Initials: _____
 Employee / Exposed Personnel _____
 Contact Phone Number _____

TEST NAME	LAB TEST I.D.
Rapid HIV Screen	HIV -1
HBS AG	BSAG
Hep C Antibody	HCV

EMPLOYEE POST EXPOSURE PROPHYLAXIS (PEP) TESTING
 (For Treatment Site Use ONLY)

Date & Time of Exposure: _____

TEST NAME	LAB TEST I.D.
ALT (SGPT)	ALT
AST (SGOT)	AST
Total Bilirubin	TBIL
BUN	BUN
Creatinine	CRE
CBC	CBCWO
Serum Pregnancy	SHCG

Collect 1 SST, 1 Lavender Top Tube and 1 green/yellow tube for PEP testing
 Date & Time of Collection: _____
 Collector's Initials: _____

Employee - Needlestick

Order Entry - [New Order - Edit Mode]

File Edit View Orders Results Specimens Tests Tools Window Help

Patient
Last name: TEST first: PATIENT SSN: [] More
DOB: 01/01/1921 Age: 96 Deceased: [] DOD: [] MRN: 1074088 Sex: male MPI: [] Patient Comm []
Client: []

General Insurance (8) Specimens (2) Results (3) BBank []

Stay
At: Dr: 100 EMPLOYEE HEALTH, PHYSICIAN Billing: 05240100EH
Adm On: 05/24/2017 By: [] Dis Date: [] Stay Comm []
Ward: EMP EMPLOYEE HEALTH Room: [] Bed: []
Diag: [] Diagnose: []
Order: []
Order: [] At: 14:45 05/24/2017 By: JSW Active: [] Dept: S1
Repon To: []
Req. by: 100 EMPLOYEE HEALTH, PHYSICIAN Call [] Order Comm. []
Orig ward: []
Priority: Stat Order Collect: 05/24/2017 Env: 000
No Charge: No ABN: []

Ordered (3)
Insert Cancel Cancel order Formulary Keypad

Type	Priority	Cycles	Name
I	Stat		ANTIBODY TO HBSAG
I	Stat		HEPATITIS C ANTIBODIES
I	Stat		HIV ANTIBODY

Tests ordered

For Help, press F1

Ln 1, Col 4 User: JSW Env: mLIVES2 Term: CWJB2 CAP NUM EDIT 05/24/2017 14:49
2:49 PM
5/24/2017

Source Patient



- Mercy Health Employee
- Non-employee/Contacted/Affiliate/Volunteer

Employee Name: _____ Date of Birth: _____
 Employer Name/#: _____ Employer Contact Info: _____
 Source patient name: Test, Testy DOB: 5-8-1960
 Nursing unit/location: TK MRN and DOB: _____

NURSING UNITS: DO NOT PLACE SOURCE PATIENT ORDERS INTO THE COMPUTER SYSTEM

LABORATORY STAFF: REGISTER SOURCE and/or EMPLOYEE to appropriate Employee Health contract / or Affiliate Contract in LIS. Employee Lab results are reported to Employee Health. Non-employee/affiliate lab results are reported to ED/Occupational Health.

EMPLOYEE TESTING

Date & Time of Exposure: _____

TEST NAME	LAB TEST I.D.
-----------	---------------

HBS AB	AHBS
Hep C Antibody	HCV
HIV	HIV2

Collect 3 SST Tubes on all Employee Needlestick Individuals

Date & Time of Collection: _____

Collector's Initials: _____

Source Patient Name / MRN _____

Hep B S Ag	HB SAG
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* Add if source patient is Hep B positive

SOURCE PATIENT TESTING

Date & Time of Exposure: 5/24/17 1430

TEST NAME	LAB TEST I.D.
-----------	---------------

Rapid HIV Screen	HIV -1
HBS AG	HB SAG
Hep C Antibody	HCV

Collect 3 SST Tubes and 1 Lavender Top Tube on all Source Patients

Date & Time of Collection: 5/24/17 1450

Collector's Initials: gaw

Employee / Exposed Personnel Test, Patient

Contact Phone Number 5104

EMPLOYEE POST EXPOSURE PROPHYLAXIS (PEP) TESTING

(For Treatment Site Use ONLY)

Date & Time of Exposure: _____

TEST NAME	LAB TEST I.D.
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ALT (SGPT)	ALT
AST (SGOT)	AST
Total Bilirubin	TBIL
BUN	BUN
Creatinine	CRE
CBC	CBCWO
Serum Pregnancy	SHCG

Collect 1 SST, 1 Lavender Top Tube and 1 green/yellow tube for PEP testing

Date & Time of Collection: _____

Collector's Initials: _____

Source Patient

Order Entry - [New Order - Edit Mode]

File Edit View Orders Results Specimens Tests Tools Window Help

Patient
Last name: TEST first: TESTY SSN: 000-05-5555
DOB: 05/08/1960 Age: 57 Deceased: DOD: ___/___/___ MRN: X00000899 Sex: male MPI: Patient Comm:

Client: _____

General Insurance (0) Specimens (2) Results (4) BBank

Stay
Att. Dr: 100 EMPLOYEE HEALTH, PHYSICIAN Billing: 0524101EH
Adm On: 05/24/2017 By: _____ Dis Date: ___/___/___ Stay Comm:

Ward: EMP EMPLOYEE HEALTH Room: _____ Bed: _____
Diag: _____ Diagnosis: _____

Order
Order: At: 14:54 05/24/2017 By: JSW Active: Depot: S1
Report To: _____
Rec. by: 100 EMPLOYEE HEALTH, PHYSICIAN Call Order Comm.

Orig ward: _____
Priority: Stat Order Collect: 05/24/2017 Env: 000
No Charge: No ABN:

Ordered (3)

Type	D	Priority	Cycled	Name
I	HIV-1	Stat		HIV-1 ANTIBODY (RAPD)
O	BSAG	Stat		HEPATITIS B SURFACE AG
I	HCV	Stat		HEPATITIS C ANTIBODIES

Keypad

1 Clinic	2 Man	3 Serology	4 Bio_Bank	5 Chem	6 Hemo	7 Micro	8 Resp	9 Poc
1 HEME CLD<H>HEMCL	4 D APTT	7 K UA WITH MICROSCOPIC	8 R EMP HLTH<H>EH	9 Y CLINICS<H>CLINC				
2 URO CLD<H>UROCL	5 E URINALYSIS	8 L PREGNANCY TEST, URINE	9 S SEMEN<H>SEMFD	2 Z ORD LINK<H>LINK				
3 ONCO CLD<H>ONCO	6 F PREGNANCY TEST, URINE	9 M CT BMP<H>CTBMP	7 T CT BMP<H>CTBMP					
4 ALKERMEN<H>ALK	7 G HGB+HCT	8 N RHEUMAT<H>RHEUM	8 U SPUTUM<H>SPUTM					
5 A CBC WITH DIFFERENTIAL	8 H	9 O PEDI ENDO<H>PEND	8 V GENITAL<H>GENTL					
6 B COMP. METABOLIC PANEL	9 I GLUCOSE	9 P PRENATAL<H>PREN	8 W STOOL<H>STOOL					
7 C PROTHROMBIN TIME	8 J TROPONIN-T	9 Q KIDNEY<H>KIDNY	8 X HEPATITIS<H>HEPT					

Ln 1, Col 4 User: JSW Env: mLiveS2 Term: CWJB2 CAP NUM EDIT 05/24/2017 14:56

For Help, press F1

Windows taskbar: 2:56 PM 5/24/2017



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- Non-employee/Contacted/Affiliate/Volunteer

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 Source patient name: _____ DOB: _____
 Nursing unit/location: _____ MRN and DOB: _____

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EMPLOYEE TESTING Date & Time of Exposure: _____

<u>TEST NAME</u>	<u>LAB TEST I.D.</u>	Collect 3 SST Tubes on all Employee Needlestick Individuals
HBS AB	AHBS	Date & Time of Collection: _____
Hep C Antibody	HCV	Collector's Initials: _____
HIV	HIV2	Source Patient Name / MRN _____
Hep B S Ag	HBSAG	* Add if source patient is Hep B positive

SOURCE PATIENT TESTING Date & Time of Exposure: _____

<u>TEST NAME</u>	<u>LAB TEST I.D.</u>	Collect 3 SST Tubes and 1 Lavender Top Tube on all Source Patients
Rapid HIV Screen	HIV -1	Date & Time of Collection: _____
HBS AG	HBSAG	Collector's Initials: _____
Hep C Antibody	HCV	Employee / Exposed Personnel _____
		Contact Phone Number _____

EMPLOYEE POST EXPOSURE PROPHYLAXIS (PEP) TESTING Date & Time of Exposure: _____
 (For Treatment Site Use ONLY)

<u>TEST NAME</u>	<u>LAB TEST I.D.</u>	Collect 1 SST, 1 Lavender Top Tube and 1 green/yellow tube for PEP testing
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AST (SGOT)	AST	Collector's Initials: _____
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CBC	CBCWO	
Serum Pregnancy	SHCG	