

PEP Service Delivery Checklist



PEP Initiation Visit

- _____ Perform an HIV risk assessment to determine whether PEP is indicated for patient. (\leq 72 hours since substantial HIV exposure)
- _____ Provide basic education about PEP. (Refer to Basics of PEP document)
- _____ Obtain past medical history. Query specifically about history of kidney and liver (e.g., hepatitis B) disease, bone disease, and fractures. For women of childbearing age, assess pregnancy desires.
- _____ Review current and recent symptoms. Assess for symptoms of acute HIV infection.
- _____ Order all laboratory tests below:
 - HIV test: 4th generation Ag/Ab test
 - STD (GC/CT urine or vaginal, GC/CT rectum, GC pharynx, RPR)
 - BUN
 - Serum Creatinine to calculate CrCl
 - HBsAg, HBsAb, HBcAb, and HCV Ab
 - Check patient weight for CrCl
 - Pregnancy test (if applicable)
- _____ Order and dispense Tenofovir disoproxil fumarate (#30 tabs) + Raltegravir (#60 tabs)
- _____ Provide PEP education/counseling to patient; ask questions to elicit patient understanding.
- _____ Emphasize importance of adherence to medication and return to clinic at 1-month for repeat HIV test. Inform patient that they will be notified if their initial HIV test returns positive, which would require changing their medications from PEP to HIV treatment.
- _____ Order 1-month follow-up visit
- _____ Start Hepatitis B vaccine series, administer meningococcal vaccine and HPV vaccination, as indicated.
- _____ Review, as needed, any lab results after the visit, and calculate CrCl. If patient is HIV positive or CrCl $<$ 60, call patient to tell them to stop the medication. Make arrangements for follow-up based on patient's needs. Work with DHSP and PHI to link patient to care ASAP.

1- and 3-Month Follow-Up Appointments

- _____ Assess the following at this visit:
 - Patient's risk behavior and desire to start PrEP
 - Medication adherence over past month
 - Signs/symptoms of acute HIV
 - Possibility of pregnancy (if applicable)
- _____ Order all laboratory tests below:
 - HIV test: 4th generation Ag/Ab test
 - STD (GC/CT urine or vaginal, GC/CT rectum, GC pharynx, RPR)
 - Serum Creatinine (1-month only)
- _____ If patient interested in starting PrEP, provide basic education about PrEP (Refer to Basics of PrEP document).
- _____ Order and dispense Tenofovir disoproxil fumarate (#30 tabs)
- _____ Initiate referral to primary care or PrEP Center of Excellence.

6 Month Follow-Up Appointment

- _____ Assess the following at this visit:
 - Patient's risk behavior and, if not previously started on PrEP, desire to start PrEP
 - Medication adherence over past month
 - Signs/symptoms of acute HIV
 - Possibility of pregnancy (if applicable)
- _____ Order all laboratory tests below:
 - HIV test: 4th generation Ag/Ab test – **if patient on PrEP OR if patient with + HCV Ab, as HCV can delay HIV seroconversion**
 - STD (GC/CT urine or vaginal, GC/CT rectum, GC pharynx, RPR) – based on risk
- _____ If patient interested in starting PrEP, order and dispense Tenofovir disoproxil fumarate (#30 tabs)
- _____ Initiate referral to primary care or PrEP Center of Excellence.

