

**POLICY AND PROCEDURE MANUAL  
PHARMACY SERVICES**

CODE: 3.34.0  
DATE: 8/13/10  
REVISED: 4/19/22  
APPROVED: Tinh Tran, Pharm.D

SECTION: **INPATIENT PHARMACY SERVICES**

SUBJECT: **AFTER-HOUR NEEDLE STICK PROCEDURE FOR  
POST-EXPOSURE PROPHYLAXIS (PEP)**

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Purpose

This policy applies to any employee, trainee, or volunteer of Rancho Los Amigos National Rehabilitation Center who is exposed to contaminated needles or other sharp devices, blood products, or bodily secretions after the Outpatient Pharmacy has closed. An employee that is exposed to blood, blood products, or bodily secretions of a patient will be considered to be at risk. The affected individual will be immediately evaluated and relevant treatment will be initiated. If HIV post-exposure prophylaxis is required after-hours (when the Outpatient Pharmacy is closed), the affected individual will be given a prescription (blank tamper-resistant hardcopy for the on-call physician to fill out) for antiretroviral agent(s) and have the medication(s) filled in the Inpatient Pharmacy.

Procedure

- 1 All after-hour orders for HIV antiretroviral agents for PEP will be processed by the Inpatient Pharmacy.
- 2 Three-drug regimen HIV antiretroviral agents for PEP will consist of the following, which are recommended for all exposures to be started within two hours from time of exposure:
  - a. Emtricitabine-Tenofovir (Truvada) 1 tablet once a day PLUS Raltegravir (Isentress) 1 tablet twice a day.
  - b.
- 3 A “PEP” kit is located on the unit-dose shelf on the top of Emergency Antidote Section. The kit will include the following:
  - a. Pre-printed Truvada and Isentress labels.
  - b. Vials
  - c. Truvada and Isentress tablets are stocked in Talyst.
  - d. Pharmacy Procedure
  - e. Employee Health Services Policy and Procedure
  - f. Monographs for Truvada and Isentress
- 4 Filling the prescription (Should be done ASAP).
  - a. Review the prescription for PEP.
  - b. Fill the prescription for 3 days supply, (PEP is given for 28 days).
  - c. Fill in the following label requirements (hand write on the label):
    - i. Employee name
    - ii. Physician name

Reviewed: 4.8.2016 ll, 12.26.2018bdk, 4/19/2022 TT

Approved By: 



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- iii. Date
- iv. Prescription number; use 2 digit reverse date format (e.g. for August 13, 2010, 101308-1 for the first prescription and 101308-2 for the second prescription)
- v. Give the employee the medication monograph(s).
- vi. Counsel the employee and include providing the balance of the prescription if necessary.
- vii. Clip the prescription(s) together along with copy/copies of the label(s) and leave in the supervisor's mail slot for delivery to the Outpatient Pharmacy for processing/filing.