SNI	0 0	C- 2 - 22	Park			
17		Ch. Sucharitha	Registration No.	Type of incident	Post exposure. (1) First aid provided	Signature
		NS-17 (7995151277)	Strang Strang	injury while injecting L.A	immediately after inagury at 11:30Am	Ch Lucharithe
		25 THE LEWIS THE THE PARTY OF T			(2) Pt. Consens was acquired for screening	
		URB 49 DESIANDUS			of blood for HW, HBVAg, HCV:	
					(3) Test performed to pt. with consent of Chinic; ncharge (4) Tests were negative	
		TURNED ARILL THAT FO			hence post exposure prophy	lon s
		10 77 9 10 10 1 10 10 10 10 10 10 10 10 10 10 1				
		STATE OF SPERMING				
				_		Chinado
						SSWIGHT

VISHNU DENTAL COLLEGE VISHNUPUR, BHIMAVARAM 534 202

NS-17

DEPARTMENT OF CLINICAL PATHOLOGY LABORATORY INVESTIGATIONS REQUEST FORM



Name	N. Krishmaveni					
Age	The Marie Common		OPD NO.	510778		
Depart		UG-2 comprehensive Referred by Dr. Smithaman				

	Age GO	Sex Male	Female	OPD NO.	510778
VISHNU UNIVERSAL LEARNING	The second secon	19-2 comprehe	nsive Refer	red by Dr. Sm	ni tha mam
Brief Clinical History					
District Control	P. Park				
Reason for investigation	Needle	stick inpre	7		
5	Section 1 to 100	provide the state of the state	,		
Kindly tick the required tests					
HAEMATOLOGY	BIC	CHEMISTRY		URINE	
☐ Hb estimation		Blood sugar		☐ Volume	
□ PCV		Blood urea		☐ Specific gr	avity
□ ESR		Alkaline phosphatase		☐ Ordour	
☐ RBC count		Acid phosphatase		□ pH	
☐ Platelet count		Serum calcium		☐ Colour	
☐ Total WBC count		Serum phophorous		☐ Albumin	
☐ Bleeding time		Serum cholesterol		Glucose	
☐ Clotting time		Serum creatinine		☐ Ketones	
☐ Blood grouping (A, B, O)		Serum albumin		☐ Bilirubin	
Blood grouping (RH)		Serum bilirubin	Tipot, No	Urobilinoge	en
Differential count		Serum total proteins		□ Nitrogen	
☐ Fasting blood sugar		SGOT		☐ Erythrocyt	
Post-prandial blood sugar		SGPT		Leucocyte	
☐ Random blood sugar	Any	other (specify)		u Microscop	ic examination
SEROLOGY	***************************************				
ZI HIV		0	0	halge	
Hepatitis B		Service jdes 813/2021	Or ch	half land	
☑ HCV		1201		X Volate	\
Date :		El31°	Signatur	e of the Head	of the Departmen
FOR USE B	YCLINICA	L PATHOLOG	Y PERSO	ONNEL OI	VLY
Date & Time of receipt					
Jate a Time of Teocipt					

Date & Time of receipt	
Received by	
Clinical Pathology No.	



VISHNU DENTAL COLLEGE

Needlestick & Sharp Object Injury Reporting form

Identification Number: NS-17	
Date of report: 8/3/21	The second participation and washing
Date of exposure occurrence: 8/3/a1	
Time of exposure: 1) am / pm	
1. How many uninterrupted hours had you been working when this exposure occurred? 2 works.	A.Right-Handed B.Left-Handed
2. Working Area:	9. Were you:
A.Dental Laboratory B.Dental clinics No. U.G. A. C.Sterilization Area D.Post-Graduate Clinics (specify department	A. Self-Exposed B. Exposed by Another Person 10. Type of exposure:
E. Other areas (specify	A.Needle Injury
3. Professional Category:	Syringe Needle Gauge Suture Needle
A.Dental Faculty Specialty if any B.Dental Nurse	B. Cut, Puncture, or Scrape by Other Instruments 1. Bur
C.Dental Hygienist D.Interns E.Dental Student UG/ PG specify UG	2. Scalpel Blade 3. Wire (specify)
F. CSSD Technician	4. Hand Instrument (specify 5. Endodontic instruments
I.Laboratory Technician J. Attenders	(specify)
K. Other (specify)	6. Scaler tips injury 6. Other (specify)
4. Have you had a previous exposure incident?: Yes No	11. Describe the circumstances under which this
5. If 'Yes', How many times have you been exposed?:	exposure occurred. Be as specific as possible.
6. Was the previous exposure documented?: Yes	enposite occurred when
No	on the left side of the
7. Did the exposure involve:	- Innam
A. Blood	The state of the s
B.Saliva only C.Blood and Saliva	
8. Are you:	

21. Amount of blood/body fluid person was exposed to:	Yes No Unknown
A.None	32. Additional Comments (regarding this exposure, problems, etc.):
B.Minor, less than a droplet Large amount E.Unknown	CH-Suchacitha 7995151277 Reporters Name n phone no:
22. How was the wound or exposed area cleaned? A. Washed with water only B. Soap and water	Signature: <u>Sucharitha Ch</u> Date 13/3/21
C. Chemical cleanser (specify) D.Other (specify)	Root cause analysis and remarks:
23. Has the DHCW ever had the Hepatitis B Vaccine (3 or more doses)?:Yes No If incomplete: 1 Dose 2 Doses No Doses Already Immune	· First aid was provided immediately after the injury · patient consentis obtained
Source Patient Information:	of blood loves
Patient Name: N. Kuishna Vern Patient Age: 60 Patient sex: Female Patient phone no.:	These blood investigations are performed after seeking
24. Is person known to be HBSAg+ or a carrier of HBV?YesNoUnknown	a clinic incharge free of cost to patient.
25. Is this person known to have Hepatitis C? Yes No Unknown	Aspatient is nonreactive
26. Has this person been diagnosed with AIDS? Yes No Unknown	in the investigations performed post exposure
27 Has this person tested HIV Positive? Yes No Unknown	prophylanis is avoided.
28. Was Source Patient tested for HIV (Yes / No)	· Student is servitized &
HBV (Yes / No)	· Student is sensitized &
HCV (Yes / No)	THE WALL WOOKERS
29. If patient is not tested for HIV, HBV and HCV then why not?:	Gral health case workers gaftey protocol established by the college.
A.Refused testing B.Recently tested C.Known to be HIV+, HBV+, HCV+ (please circle correct response)	by the college.
30. Was the DHCW offered post-exposure	

Phone(s): 08816 250850

: 510778 ID

Date & Time

:: 1 ::

: 08/03/21 10:52 AM=08/03/21 01:04 PM

Name

: N.KRISHNAVENI

Age & Sex

: 60 Years, Female

Address

: BHIMAVARAM

Phone

Ref.Dr

: Dr. VISHNU DENTAL HOSPITAL

CLINICAL PATHOLOGY REPORT

Result

Investigations

Normal Range

BIOCHEMISTRY

RANDOM BLOOD SUGAR

107 mg/dl

80 - 160 mg/dl

Serology

NON REACTIVE NON REACTIVE

RETRO VIRUS

HBSAG

HCV

NON REACTIVE

SIGNATURE OF THE LAB TECHNIC

	•					31
S-No	Date	Mudent Name	Registration			
18.	1010100	Manager S. Special Profits	THE RESERVE OF THE PARTY OF THE	type of incident	Port exponue	Signature.
10	19/3/2021	Millahasi	17091061	interdental Scalar while doing thand scaling	(1) First aid provided immediately after bujury at 12:00 Am	H.L. Labani
		VOLE TO SERVICE AS ASSESSED.			(2) Patient Concert was taken for Screening of blood for HIV, ITBV-Ag, HCV.	
	* 11 / 12 / 18	LINESCOND THE NAME OF THE PARTY			(3) Test performed to patient with conecut of clinical incharge.	
					(4) Tests were negative, thence post exposure prophylaxis was	
					ovoided	Salugh

VISHNU DENTAL COLLEGE VISHNUPUR, BHIMAVARAM 534 202

DEPARTMENT OF CLINICAL PATHOLOGY LABORATORY INVESTIGATIONS REQUEST FORM



Name	K.B	K.B. Naga Fanya				
Age	21	Sex	Male Female OPD NO. 5		512312	
Department		0.9	Ref	erred by Dr.	mm.	

VISHNU UNIVERSAL LEARNING	Department U.G.7	Referred by Dr.				
Brief Clinical History						
1						
//						
///						
Reason for investigation	T 1 1 1 1 1	No political				
	Interdental Sca	alas price				
Kindly tick the required tests						
HAEMATOLOGY	BIOCHEMISTRY	URINE				
☐ Hb estimation	☐ Blood sugar	□ Volume				
□ PCV	☐ Blood urea	☐ Specific gravity				
□ ESR	☐ Alkaline phosph	atase				
☐ RBC count	☐ Acid phosphatas					
☐ Platelet count	☐ Serum calcium	□ Colour				
☐ Total WBC count	☐ Serum phophore	ous 🔲 Albumin				
☐ Bleeding time	☐ Serum choleste					
☐ Clotting time	☐ Serum creatinin	e				
☐ Blood grouping (A, B, O)	☐ Serum albumin	□ Bilirubin				
Blood grouping (RH)	☐ Serum bilirubin	□ Urobilinogen				
Differential count	☐ Serum total prot	eins 🗆 Nitrogen				
☐ Fasting blood sugar	□ SGOT	□ Erythrocytes				
☐ Post-prandial blood sugar	□ SGPT	□ Leucocytes				
☐ Random blood sugar	Any other (specify)	☐ Microscopic examination				
SEROLOGY						
2 HIV		1 0				
Hepatitis B	AC .	195 (N) - 46° (h.				
HCV	a sury	Jan 75:0 321				
	1800	Signature of the Head of the Departmen				
Date:						
FOR USE BY	Y CLINICAL PATHOL	OGY PERSONNEL ONLY				
Date 9 Time of warder						
Date & Time of receipt						

Date & Time of receipt	
Received by	
Clinical Pathology No.	



VISHNU DENTAL COLLEGE

Needlestick & Sharp Object Injury Reporting form

identification (valide). 193-18	
Date of report: 20 3 21	
Date of exposure occurrence: 20 3 21	
Time of exposure: 12 am / pm	
1. How many uninterrupted hours had you been	
working when this exposure occurred? 5 minutes	A.Right-Handed B.Left-Handed
2. Working Area:	9. Were you:
A.Dental Laboratory	
B.Dental clinics No. 129.7	A. Self-Exposed
C.Sterilization Area	B. Exposed by Another Person
D.Post-Graduate Clinics (specify department	
)	10. Type of exposure:
E. Other areas (specify)	. Type of disposition
E. Other areas (specify	A.Needle Injury
2. Desferrienal Catagory	1. Syringe Needle Gauge
3. Professional Category:	2. Suture Needle
A.D. A.D. H. G. Liste If and	2. Suture Nocale
A.Dental Faculty Specialty if any	B. Cut, Puncture, or Scrape by Other Instruments
B.Dental Nurse	1. Bur
C.Dental Hygienist	2. Scalpel Blade
D.Interns /	2 W. (:C.
E.Dental Student UG/PG specify UG	4. Hand Instrument (specify perio interdental scalar
F. CSSD Technician	5. Endodontic instruments
I.Laboratory Technician	(specify)
J. Attenders	6. Scaler tips injury
K. Other (specify)	
	6. Other (specify)
4. Have you had a previous exposure incident?:	
YesNo	11. Describe the circumstances under which this
	exposure occurred. Be as specific as possible.
5. If 'Yes', How many times have you been exposed?:	exposure occurred. Be as specific as possible.
_	exposure occurred while during
6. Was the previous exposure documented?: Yes	Hand scaling due to emproper
No	grip of the thetrement.
7. Did the exposure involve:	
A. Blood	
B.Saliva only	
@.Blood and Saliva	
8. Are you:	

	7.Other (specify)
	D.Collision or contact with sharp object
	E. Disposal-related
	F. Other (specify)
	16. Personal protective equipment being utilized at time of accident: (check all that apply)
12. Description of procedure in progress when	A. Single Gloves
exposure occurred:	B. Double Gloves
	C. Utility Gloves
A. Oral Hygiene (e.g., prophylaxis, root planing,	D. Mask
curettage)	E. Goggles
B. Restorative (e.g., amalgam, composite, crown)	F. Gown
C. Root Canal	G. Other if any (specify)
D. Periodontal Surgery	
E. Oral Surgery (1. Simple extraction 2. Surgical extraction 3. Fracture reduction 4. Other	17. Circumstances contributing to this exposure: (Choose all that apply)
(specify) F. Other than above mentioned procedures.	A Discoults with according
(specify)	A. Difficulty with procedure
(speeny	B. Rushing Procedure
13. Where did the exposure occur?:	C. Pressure from environment
15. Where did the exposure occurr:	D. Location of equipment (e.g. handpieces, scaler
A.Inside patient's mouth	tip etc.)
B.Outside patient's mouth	E. Being distracted
	F. Poor visibility
C.Unknown	G. Poor positioning
D. Specify if any	H. Not following procedure steps correctly I. Other
14. When did the exposure occur?	(specify)
A. During use of the item	18. Description of exposure
B. After use but before disposal	To Description of exposure
C. During or after disposal	A. Needlestick
D. During cleaning	B. Puncture
E. Unknown	C. Laceration
Z. Christian	D. Scrape
15. How did the exposure occur?	E. Splash to Mucous Membranes
15. How and the exposure occur.	F. Other (specify)
A.While manipulating patient or instrument	1. Outer (speeiny)
1.Patient moved and jostled instrument or sharp item	
2. While inserting needle in patients mouth	
3. While withdrawing needle	19. Location of exposure
4.Other (specify)	19. Docation of exposure
4. Outer (specify)	A.Finger/Thumb
B.During surgical procedures	B.Hand, dominant
1.Suturing	C.Hand, non-dominant
2.Incising	D.Face/Part of Face
3.Other (specify)	E.Arm
()	F.Other (specify)
C.Handling equipment	Trouble (specify)
1.Passing or transferring equipment	20. Depth of puncture or laceration
2.Recapping (missed or pierced cap)	20. Departor paretare of faceration
3.Removing needle from syringe	A.Superficial scratch or puncture, no blood appeared
4. Assembling or disassembling equipment	B Superficial scratch or puncture, no blood appeared
5.During cleanup	C.Deep laceration or puncture wound, blood appeared
6. During or after oral prophylaxis procedures	

21. Amount of blood/body fluid person was exposed	Yes No Unknown
to:	32. Additional Comments (regarding this exposure, problems, etc.):
B.Minor, less than a droplet	
C. Minor, more than a droplet	~ ~ ~
D.Large amount	Reporters Name n phone no:
E.Unknown	
22. How was the wound or exposed area cleaned?	Signature: N. lahan' Date 1913/21
A.Washed with water only	
B. Soap and water	
C. Chemical cleanser (specify	Root cause analysis and remarks:
D.Other (specify)	· 1 1 ° · · · · · · · · di-
23. Has the DHCW ever had the Hepatitis B Vaccine (3 or more doses)?: Yes No If incomplete:	· First Aid was provided enmedi-
1 Dose 2 Doses No Doses Already Immune	-ately after Eying.
Source Patient Information:	· Patient consent il obtained
Patient Name: K.B. nagakanya Patient Age: 21	for blood envertigations like for
Patient sex: Female Patient phone no.:	HIV, HISAG SI HEV.
Tation protection	· There Blood invertigations are Performed after reeking permission
24. Is person known to be HBSAg+ or a carrier of	reaking permission
HBV?YesNoUnknown	performed after need
25. Is this person known to have Hepatitis C?Yes	from clinic encharge 10
No Unknown	from court of
26. Has this person been diagnosed with AIDS?	+ As patient is noy-reactive en
Yes No Unknown	the invertigations performed,
27_Has this person tested HIV Positive? Yes	the invertigation
No Unknown	poet exporme prophylaxis &
	poet exporme prof s
20 W. Come Deticat tooted for HIV (Ves / No)	
28. Was Source Patient tested for HIV (Yes / No)	avoided.
HBV (Yes / No)	3 student is immunised for
	3 student is immune
HCV (Yes / No)	
29. If patient is not tested for HIV, HBV and HCV then	Hosog previoely.
why not?:	i wild &
"", ""	a) student is remitised &
A.Refused testing	» / / () () () () () () () () ()
B.Recently tested	motivated to practice
C.Known to be HIV+, HBV+, HCV+ (please circle correct response)	worken
Contest tosponsey	oral health care worken
30. Was the DHCW offered post-exposure	- he stard established
prophylaxis? Yes No Unknown	eatety protocol established
	by the college.
	by coo so d
	200 royals



Ref.Dr

Phone(s): 08816 250850

ID : 512312

: K.B.NAGA KANYA Name

Address : VISHNUPUR

: Dr. VISHNU DENTAL HOSPITAL

Date & Time

: 19/03/21 12:58 PM=19/03/21 12:59 PM

Age & Sex

: 21 Years, Female

CLINICAL PATHOLOGY REPORT

Phone

Investigations	Result	
	Result	Normal Range
	Serology	
RETRO VIRUS	NON REACTIVE	-
HBSAG	NON REACTIVE	
HCV	NON REACTIVE	