RABIES POST EXPOSURE VACCINATION SERIES - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 2

Defaults for orders not otherwise specified below:

- Interval: DAYS 3, 7 and 14
- Duration: 3 days

Anticipated Infusion Date_________________ ICD 10 Code with Description______________________________
Height_____________(cm) Weight_____________(kg) Allergies______________________________________

Provider Specialty
- Allergy/Immunology
- Cardiology
- Gastroenterology
- Genetics
- Site of Service
- SH Gerber
- SH Helen DeVos (GR)
- SH Lemmen Holton (GR)
- SH Pennock
- SH Reed City
- SH United Memorial
- SH Ludington
- SH Helen DeVos (GR)
- SH Ludington
- SH Pennock
- SH Reed City
- SH United Memorial

Appointment Requests

- Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Duration: 0 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Schedule appointments for infusion and labs on day 3, day 7, and day 14. Some patients may also need additional therapy on day 28 if patient is immunocompromised.

Safety Parameters and Special Instructions

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
  RABIES VACCINE:

  Day 0 initial doses are normally given in the ED. Confirm that patient has received a single dose of Rabies Immune Globulin (unless immunocompromised) and the first dose of rabies vaccine prior to beginning the subsequent doses the series.

  Persons who have previously received postexposure prophylaxis with rabies vaccine, received a recommended IM pre-exposure series of rabies vaccine or have a previously documented rabies antibody titer considered adequate: IM: Two doses (1 mL each) on days 0 and 3; do not administer rabies immune globulin.

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
  RABIES VACCINE:

  "IMMUNOCOMPROMISED PATIENTS" Persons not previously immunized and immunocompromised should receive 5 doses on days 0, 3, 7, 14 and 28

Nursing Orders

- ONC NURSING COMMUNICATION 102
  RABIES VACCINE:

  Monitor for anaphylaxis and syncope for 15 minutes following administration. If seizure-like activity associated with syncope occurs, maintain patient in supine or Trendelenburg position to reestablish adequate cerebral perfusion.

  All serious adverse reactions must be reported to the U.S. DHHS. U.S. federal law also requires entry into the patient’s medical record.

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
Medications

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<th>Date</th>
<th>Time</th>
<th>action</th>
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<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
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<td>Start</td>
<td>Once</td>
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<td>2.5 Units</td>
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Additional Subsequent Day Treatment

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NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.