



Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- Interval: DAYS 3, 7 and 14
- Interval: Additional DAY 28, if patient immunocompromised

Duration:

- 3 days
- 4 days, if patient immunocompromised

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |
- Site of Service
- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

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.

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

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



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Medications

- rabies vaccine,human diploid (IMOVAX) injection 2.5 Units
2.5 Units, Intramuscular, Once, Starting S, For 1 Doses
Dose 2 of 4 administered on Day 3.

- rabies vaccine,human diploid (IMOVAX) injection 2.5 Units
2.5 Units, Intramuscular, Once, Starting S, For 1 Doses
Dose 3 of 4 administered on Day 7.

- rabies vaccine,human diploid (IMOVAX) injection 2.5 Units
2.5 Units, Intramuscular, Once, Starting S, For 1 Doses
Dose 4 of 4 administered on Day 14.

Additional Subsequent Day Treatment

- rabies vaccine,human diploid (IMOVAX) injection 2.5 Units Once 1 Treatment
2.5 Units, Intramuscular, Once, Starting S, For 1 Doses
Dose 5 for **IMMUNOCOMPROMISED PATIENTS - day 28 dose**



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Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

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



TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician

EPIC VERSION DATE: 07/16/20