Spectrum Health Helen DeVos children's hospital

Physician's Orders RABIES POST EXPOSURE VACCINATION SERIES - PEDIATRIC, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
CSN

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_____

Height_____(cm) Weight_____(kg) Allergies_____

ICD 10 Code with Description

☐ A82.0 Sylvatic rabies ☐ A82.1 Urban rabies ☐ A82.9 Rabies, unspecified
☐ Z20.3 Contact with and (suspected) exposure to rabies ☐ Other _____

Site of Service

☐ SH Gerber ☐ SH Pennock ☐ SH Greenville
☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Appointment Requests

☑ **Appointment Requests (injection)-Rabies vaccine series**
Day 3
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 appointment for infusion and labs on day 3 which is plan start date

☑ **Appointment Requests (injection)-Rabies vaccine series**
Day 7
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 appointment for infusion and labs on day 7 which is 4 days after plan start date.

☑ **Appointment Requests (injection)-Rabies vaccine series**
Day 14
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 appointment for infusion and labs on day 14 which is 11 days after plan start date.

☐ **Appointment Requests (injection)-Rabies vaccine series**
Day 28 Immunocompromised Patients
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
Only needed if patient is immunocompromised. Schedule appointment for infusion and labs on day 28 which would be 25 days after plan start date.

CONTINUED ON PAGE 2 ➔

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

Patient Name

DOB

MRN

Physician

CSN

Safety Parameters and Special Instructions

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

Routine, Once Starting when released

RABIES VACCINE:

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

Routine, Once Starting when released

RABIES VACCINE:

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

Nursing Orders

☑ ONC NURSING COMMUNICATION 102

Routine, Once Starting when released

RABIES VACCINE:

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.

☑ ONC NURSING COMMUNICATION 100

Until discontinued Starting when released Until Specified

May Initiate IV Catheter Patency Adult Protocol

☑ ONC NURSING COMMUNICATION 98

Routine, Until discontinued Starting when released Until Specified

MONITOR PATIENT FOR INFUSION REACTIONS: Acute changes in blood pressure, skin rash, hives, pain in chest, swelling in face, lips and/or tongue, dizziness and/or lightheadedness, pain, swelling and/or redness at injection site, abdominal and/or leg cramps, nausea, vomiting, diarrhea.

Hypersensitivity reactions: Cases of hypersensitivity reactions, including anaphylactic and anaphylactoid reactions (some fatal), have been reported. Monitor patients during and for 15 minutes postadministration; discontinue immediately for signs/symptoms of a hypersensitivity reaction (shock, hypotension, loss of consciousness) or if signs of intolerance occur.

Vitals

☑ Vital Signs

Routine, EVERY 15 MIN Starting when released Until Specified

Take vital signs 15 minutes following administration and as frequently as indicated by patient's symptoms. Monitor for signs/symptoms of anaphylaxis, hypersensitivity, and syncope during and for 15 minutes following injection.

Medications

☑ rabies vaccine, PCEC (RABAVERT) injection 1 mL

1 mL, Intramuscular, Once, Starting when released

Dose 2 of 4 administered on Day 3. WARNING: Do not inject the vaccine into the gluteal area as administration in this area may result in lower neutralizing antibody titers. Dilute with provided diluent prior to administration.

☑ rabies vaccine, PCEC (RABAVERT) injection 1 mL

1 mL, Intramuscular, Once, Starting when released

Dose 3 of 4 administered on Day 7. WARNING: Do not inject the vaccine into the gluteal area as administration in this area may result in lower neutralizing antibody titers. Dilute with provided diluent prior to administration.

☑ rabies vaccine, PCEC (RABAVERT) injection 1 mL

1 mL, Intramuscular, Once, Starting when released

Dose 4 of 4 administered on Day 14. WARNING: Do not inject the vaccine into the gluteal area as administration in this area may result in lower neutralizing antibody titers. Dilute with provided diluent prior to administration.

CONTINUED ON PAGE 3 ➔

Patient Name

DOB

MRN

Physician

CSN

Additional Subsequent Day Treatment

☐ rabies vaccine, PCEC (RABAVERT) injection 1 mL

1 mL, Intramuscular, Once, Starting when released

Dose 5 for **IMMUNOCOMPROMISED PATIENTS - day 28 dose** WARNING: Do not inject the vaccine into the gluteal area as administration in this area may result in lower neutralizing antibody titers. Dilute with provided diluent prior to administration.

Emergency Medications

☑ **Peds Management of MILD TO MODERATE OR SEVERE REACTIONS-Rabies Vaccination**

☑ ONC NURSING COMMUNICATION 1

Routine, Until discontinued Starting when released Until Specified

Notify provider of hypersensitivity reaction. Hypersensitivity reaction is defined as chills, nausea, vomiting, headache, hives, wheezing, respiratory distress, angioedema, or hypotension.

☑ ONC NURSING COMMUNICATION 2

Routine, Until discontinued Starting when released Until Specified

If patient has any symptoms of a hypersensitivity reaction, immediately stop medication infusion and obtain vital signs. Maintain IV patency with 0.9% sodium chloride at 10 mL/hour.

☑ ONC NURSING COMMUNICATION 3

Routine, Until discontinued Starting when released Until Specified

In the event of a severe hypersensitivity reaction, place patient in recumbent position to maintain blood flow to vital organs. Call Rapid Response.

☑ ONC NURSING COMMUNICATION 4

Routine, Until discontinued Starting when released Until Specified

- Mild hypersensitivity reaction is defined as chills, nausea, headache. Blood pressure should be within 20% of baseline measurement.

- Moderate hypersensitivity reaction is defined as angioedema, few (not diffuse) hives, vomiting, or wheezing with O2 sats greater than or equal to 90%. Blood pressure should be within 20% of baseline measurement.

- Severe hypersensitivity reaction is defined as O2 sats less than or equal to 90%, blood pressure decrease of 20% or more from baseline, respiratory distress, moderate angioedema, repetitive vomiting, and/or whole body hives.

☑ ONC NURSING COMMUNICATION 7

Routine, Until discontinued Starting when released Until Specified

Nursing to notify Respiratory Therapy STAT for administration of Albuterol therapy for wheezing in the context of a hypersensitivity reaction.

☑ ONC NURSING COMMUNICATION 5

Routine, Until discontinued Starting when released Until Specified

For mild hypersensitivity reactions, if symptoms have completely resolved, may resume medication infusion at 50% of initial rate and follow infusion schedule.
For moderate hypersensitivity reactions, if symptoms have completely resolved, may resume medication infusion at 50% of initial rate and follow infusion schedule unless epinephrine has been given. If hives and another symptom were present, do not restart without discussing with provider.
When severe hypersensitivity reaction has occurred, do NOT resume medication infusion. Patient should be admitted for further observation and treatment.

☑ Oxygen Therapy

Routine, PRN Starting when released Until Specified

Oxygen Therapy per Protocol: Yes

Protocol Instructions: Keep O2 greater than 90%

☑ acetaminophen (TYLENOL) 32 MG/ML suspension 15 mg/kg (Treatment Plan)

15 mg/kg, Oral, Once PRN, Fever, Headache, for 1 dose

☑ acetaminophen (Tylenol) tablet 15 mg/kg (Treatment Plan)

15 mg/kg, Oral, Once PRN, Fever, Headache, Starting when released, for 1 dose

☑ acetaminophen (Tylenol) disintegrating / chewable tablet 15 mg/kg (Treatment Plan)

15 mg/kg, Oral, Once PRN, Fever, Headache, Starting when released, for 1 dose

☑ albuterol (PROVENTIL) 0.5% (5 mg/mL) nebulizer solution 2.5 mg

2.5 mg, Nebulization, Every 20 min PRN, Wheezing, Shortness of Breath, Starting when released, for 4 doses

2.5 mg nebulized every 20 minutes as needed for wheezing and shortness of breath, maximum of 3 additional doses.

May Initiate Bronchodilator Protocol? No

CONTINUED ON PAGE 4 ➔

Patient Name
DOB
MRN
Physician
CSN

Emergency Medications (continued)

- ☑ diphenhydrAMINE (Benadryl) capsule 1 mg/kg (Treatment Plan)
  1 mg/kg, Oral, Once PRN, Itching, Rash, Hyperemia, Starting when released, for 1 dose
- ☑ diphenhydrAMINE (BENADRYL) 12.5 MG/5ML elixir 1 mg/kg (Treatment Plan)
  1 mg/kg, Oral, Once PRN, Itching, Rash, Hyperemia, Starting when released, for 1 dose
- ☑ diphenhydrAMINE (BENADRYL) injection 1 mg/kg (Treatment Plan)
  1 mg/kg, Intravenous, Once PRN, Itching, Rash, Hyperemia, Starting when released, for 1 dose
- ☑ EPINEPHrine IM injection (Anaphylaxis Kit)
  Intramuscular, Every 15 min PRN, Other, Moderate/Severe Hypersensitivity Reaction, Starting when released, for 2 doses
  Give if directed by provider for coughing, wheezing, decreased blood pressure.

  May repeat in 15 minutes as needed for one additional dose.
- ☑ famotidine (PEPCID) injection 0.25 mg/kg (Treatment Plan)
  0.25 mg/kg, Intravenous, Administer over: 2 Minutes, Once PRN, Other, Moderate/Severe Hypersensitivity Reaction, Starting when released, Until Discontinued
  Give if directed by provider.
- ☑ methylPREDNISolone sodium succinate (SOLU-Medrol) injection 1 mg/kg (Treatment Plan)
  1 mg/kg, Intravenous, Administer over: 15 Minutes, Once PRN, hypersensitivity reaction, for 1 dose
  To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.
- ☑ ondansetron (ZOFRAN) IV 0.15 mg/kg (Treatment Plan)
  0.15 mg/kg, Intravenous, Administer over: 5 Minutes, Once PRN, Nausea/Vomiting, Starting when released, for 1 dose
- ☑ sodium chloride 0.9% bolus injection 20 mL/kg (Treatment Plan)
  20 mL/kg, Intravenous, Administer over: 30 Minutes, Once PRN, Severe Hypersensitivity Reaction, Starting when released, for 1 dose
  Give if directed by provider (for hypotension). Administer as fast as possible.

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:			
TIME	DATE	TIME	DATE	TIME	DATE	Pager #	
	Sign		R.N. Sign		Physician Print		Physician Sign