Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

Physician's Orders
RABIES POST EXPOSURE VACCINATION SERIES - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Corewell Health Site of Service (select one):

☐ **Blodgett Hospital**
1840 Wealthy St. SE
Grand Rapids, MI 49506
Phone: 616.391.0351
Fax: 616.391.8969

☐ **Gerber Hospital**
230 West Oak St.
Fremont, MI 49412
Phone: 231.924.1305
Fax: 231.924.1798

☐ **Greenville Hospital**
615 S. Bower St.
Greenville, MI 48838
Phone: 616.225.9330
Fax: 616.754.4043

☐ **Helen DeVos Children's Hospital**
35 Michigan St. NE Floor 2
Grand Rapids, MI 49503
Phone: 616.267.1925
Fax: 616.267.1005

☐ **Lemmen Holton Cancer Pavilion**
145 Michigan St. NE Ste 5200
Grand Rapids, MI 49503
Phone: 616.486.6099
Fax: 616.486.6415

☐ **Ludington Hospital**
1 Atkinson Dr.
Ludington, MI 49431
Phone: 231.845.5085
Fax: 231.845.5025

☐ **Neuro Infusion ICCB**
2750 E Beltline Ave. NE
Grand Rapids, MI 49525
Phone: 616.391.0351
Fax: 616.391.8969

☐ **Pennock Hospital**
1009 W Green St.
Hastings, MI 49058
Phone: 269.798.6762
Fax: 269.798.6763

☐ **Reed City Hospital**
4499 S 220th Ave.
Reed City, MI 49677
Phone: 231.832.7105
Fax: 231.832.0195

☐ **Zeeland Hospital**
8333 Felch St.
Zeeland, MI 49464
Phone: 616.748.3640
Fax: 616.748.3690

☐ **Brownstown Infusion Clinic**
19725 Allen Rd. Ste 101
Brownstown Twp, MI 48183
Phone: 734.479.2371
Fax: 734.479.2451

☐ **Dearborn Hospital**
18101 Oakwood Blvd.
Dearborn, MI 48124
Phone: 313.593.5913
Fax: 313.593.8551

☐ **Farmington Hills Hospital Botsford**
28050 Grand River Ave.
Farmington Hills, MI 48336
Phone: 947.521.8174
Fax: 248.471.8217

☐ **Grosse Pointe Infusion Clinic**
21400 E 11 Mile Rd.
Saint Clair Shores, MI 48081
Phone: 586.498.4498
Fax: 586.498.4497

☐ **Lenox Infusion Clinic**
36555 26 Mile Rd. Ste 3300
Lenox, MI 48048
Phone: 947.523.4060
Fax: 947.523.4061

☐ **Livonia Infusion Clinic**
39000 W 7 Mile Rd. Ste 3000
Livonia, MI 48152
Phone: 947.523.4360
Fax: 734.542.3356

☐ **Royal Oak**
3601 W 13 Mile Rd.
Royal Oak, MI 48073
Phone: 248.898.1000
Fax: 248.551.3168

☐ **Troy Hospital**
44344 Dequindre Rd. Ste 230
Sterling Heights, MI 48314
Phone: 248.964.3080
Fax: 248.964.2409

☐ **Wayne Hospital**
33155 Annapolis St.
Wayne, MI 48184
Phone: 734.467.2556
Fax: 734.467.2505

☐ **Marie Yeager Cancer Center**
3900 Hollywood Rd.
Saint Joseph, MI 49085
Phone: 269.556.7180
Fax: 269.556.7185

☐ **Niles Infusion**
42 N St. Joseph Ave. Ste 303
Niles, MI 49120
Phone: 269.684.6140
Fax: 269.683.8744

☐ **Watervliet Hospital**
400 Medical Park Dr.
Watervliet, MI 49098
Phone: 269.463.2310
Fax: 269.463.0012

PATIENT INFORMATION:

Name: First _____ Middle _____ Last _____

Date of birth _____ Phone (_____) _____

Address _____

City _____ State _____ Zip code _____

REFERRAL: Infusion Therapy

Referring Physician (print) _____

Office: Phone (_____) _____ Fax (_____) _____

Direct line for urgent questions about patient (_____) _____

CONTINUED ON PAGE 2 ➔

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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RABIES POST EXPOSURE VACCINATION SERIES - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Infusions:

Anticipated Infusion Date: _____

ICD-10 Code with Description: ☐ Z20.3 Contact with or exposure to rabies ☐ A82.9 Rabies, unspecified ☐ A82.0 Sylvatic rabies

☐ Z24.2 Need for immunization against rabies

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

Treatment:

☒ Rabies vaccine, PCEC (RABAVERT) injection 1mL Days 3, 7, 14 (total of 4 doses)

☐ Rabies vaccine, PCEC (RABAVERT) injection 1mL Day 28 (ADDITIONAL dose for IMMUNOCOMPROMISED PATIENTS)

Day 0 initial dose is normally given in the ED. Confirm that patient has received a single dose of Rabies Immune Globulin and the first dose of rabies vaccine

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RABIES POST EXPOSURE VACCINATION SERIES - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Supplemental Orders

*****The following orders will be applied to the patient's plan unless otherwise indicated*****

Appointment Requests

☒ **Infusion Appointment Request (Injection) Rabies Vaccine Series Day 3**
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

☒ **Infusion Appointment Request (Injection) Rabies Vaccine Series Day 7**
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.

☒ **Infusion Appointment Request (Injection) Rabies Vaccine Series Day 14**
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.

☒ **Infusion Appointment Request (Injection) Rabies Vaccine Series Day 28 (Immunocompromised Patients)**
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.

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 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**
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:
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**
May Initiate IV Catheter Patency Adult Protocol

☒ **ONC NURSING COMMUNICATION 98**
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 post administration; discontinue immediately for signs/symptoms of a hypersensitivity reaction (shock, hypotension, loss of consciousness) or if signs of intolerance occur.

☒ **Hypersensitivity Reaction Adult Oncology Protocol**
Until discontinued Starting when released Until Specified

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.

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

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