



Spectrum Health

Physician's Orders

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

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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

	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> 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			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> 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.			

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



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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.

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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Additional Subsequent Day Treatment

	Interval	Defer Until	Duration
<input type="checkbox"/> 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

	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> ONC NURSING COMMUNICATION 45 Routine, Until discontinued Starting when released Until Specified ADULT HYPERSENSITIVITY MANAGEMENT: If patient has any symptoms of a hypersensitivity reaction, obtain vital signs. Notify provider. In the event of a severe hypersensitivity reaction, place patient in recumbent position to maintain blood flow to vital organs. If seizure-like activity associated with syncope occurs, maintain patient in supine or Trendelenburg position to reestablish adequate cerebral perfusion. Activate the emergency response. Administer epinephrine immediately for hypotension, respiratory compromise, or bronchospasm. Following epinephrine, obtain IV access to administer additional emergency medications as ordered. Nursing to apply oxygen per clinical protocol, where applicable, to maintain SpO2 above 90%. Mild hypersensitivity reaction may include one or more of the following: flushing, itching, splotchy skin or rash, headache, nasal stuffiness, nausea, anxiety, complaints of tingling, rigors, or chills Severe hypersensitivity reaction may include one or more of the following: respiratory distress, stridor, wheezing, decreasing oxygen saturation, hypotension, significant changes in or a complete loss of consciousness, diaphoresis, chest pain and/or tightness, full body hives, difficulty swallowing, thick tongue, or scratchy throat.			
<input checked="" type="checkbox"/> Oxygen Therapy Routine, PRN Starting when released Until Specified Oxygen Therapy per Protocol: Yes Protocol Instructions: Apply oxygen per Clinical Policy: Oxygen Therapy to maintain Spo2 at 90%			
<input checked="" type="checkbox"/> acetaminophen (Tylenol) tablet 650 mg 650 mg, Oral, Once PRN, Fever, Other, headache, Starting when released, Until Discontinued			
<input checked="" type="checkbox"/> diphenhydramine (BENADRYL) injection 25 mg 25 mg, Intravenous, Once PRN, Other, Rash, flushing, hives, Starting when released, Until Discontinued Maximum single dose is 50 mg.			
<input checked="" type="checkbox"/> EPINEPHrine IM injection (Anaphylaxis Kit) 0.3 mg 0.3 mg, Intramuscular, Once PRN, Other, For hypotension, respiratory compromise., Starting when released, for 1 dose			
<input checked="" type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Administer over: 2 Minutes, Once PRN, Other, For pruritis, urticaria, flushing, Starting when released, Until Discontinued			
<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg 125 mg, Intravenous, Administer over: 5 Minutes, Once PRN, Other, Severe hypersensitivity reaction, Starting when released, Until Discontinued 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.			
<input checked="" type="checkbox"/> sodium chloride 0.9% bolus injection 500 mL 500 mL, Intravenous, Administer over: 30 Minutes, Once PRN, Low Blood Pressure, Severe Hypersensitivity Reaction. For acute drop of 20 mmHg or more in systolic or diastolic blood pressure., Starting when released, Until Discontinued 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:	Pager #
TIME	DATE	TIME	DATE
Sign	R.N. Sign	Physician Print	Physician Sign

EPIC VERSION DATE: 08/14/23

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