



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 Lemmen Holton (GR) SH Pennock SH United Memorial
- SH Helen DeVos (GR) 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
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Schedule appointments for infusion and labs on day 3 which is plan start date.
- Appointment Requests (Injection)-Rabies vaccine series Day 7
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Schedule appointments for infusion and labs on day 7 which is 4 days after plan start date.
- Appointment Requests (Injection)-Rabies vaccine series Day 14
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Schedule appointments 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
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Schedule appointments for infusion and labs on day 28 which is 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 (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.

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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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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.

Medications

- rabies vaccine, PCEC (RABAVERT) injection 1 mL**
 1 mL, Intramuscular, Once, Starting S, For 1 Doses
 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 S, For 1 Doses
 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 S, For 1 Doses
 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.**

Additional Subsequent Day Treatment

	Interval	Duration
<input type="checkbox"/> rabies vaccine, PCEC (RABAVERT) injection 1 mL 1 mL, Intramuscular, Once, Starting S, For 1 Doses 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.	Once	1 Treatment



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