



**RABIES EXPOSURE PROPHYLAXIS (PEP) ORDERS**  
**For Patients NOT Previously Vaccinated Against Rabies**

(Instructions for vaccinated patients on reverse)

DATE: \_\_\_\_\_ PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_

DIAGNOSIS: Potential Rabies Exposure      DATE OF EXPOSURE: \_\_\_\_\_

**ORDERS:** Give CDC Rabies Vaccine Information Statement (VIS) to patient/parent. Record vital signs, patient weight and update allergies in patient record. Report any suspected rabies exposures to Skagit County Public Health immediately, if not already notified.

**MEDICATIONS:**

**(1) Rabies Vaccine 1mL IM.**

In adults/adolescents, administer **ONLY** in deltoid *distant* from wound site. For infants/small children, vastus lateralis *distant* from wound. If no wound present (all ages), no preference for left or right.

DAYS	Manufacturer	Lot #	Dose	Route/Site	Name/Title
Day 0 (today) ____/____/____					
Day 3 ____/____/____					
Day 7 ____/____/____					
Day 14 ____/____/____					

~If **IMMUNOCOMPROMISED**, consult SCPH. Additional doses and titers (RFFIT) may be required~

Record vaccine administration in chart with date of administration, manufacturer, lot number, route, site, dose and the administering person's name and title.

**(2) Rabies Immune Globulin (RIG) at 20 I.U. per kg only given if patient NOT previously vaccinated**

To be given **one time, same day** (preferred) or up to day 7 following 1<sup>st</sup> dose of Rabies Vaccine

Pt. Weight in kg: \_\_\_\_\_ kg (2.2lbs/kg)      Dose = \_\_\_\_\_ kg x 20 I.U./kg = \_\_\_\_\_ I.U.

**Instructions: Administer in new syringe at wound site or an intramuscular anatomical site DISTANT from vaccine. Gluteus should NOT be used (unless wound present there) due to unlikelihood to be IM.**

- Wound is present. Wound location: \_\_\_\_\_
  1. Infiltrate as much RIG into and around the wound(s) as possible, even if only 0.5cc.
  2. Inject remaining RIG IM (eg. deltoid, arm, vastus lateralis) in site DISTANT from vaccine administration. If necessary, can be given IM in multiple sites.  
Locations administered: \_\_\_\_\_
- No wound present. Give RIG IM (e.g. deltoid, arm, vastus lateralis) in divided doses in site DISTANT from vaccine administration.  
Locations administered: \_\_\_\_\_

**Questions? Call Skagit Public Health at 360-416-1500 (M-F, 8:30AM-4:30PM) or 360-770-8852 after hours.**

<b>Date:</b>	<b>Provider Name:</b>	<b>Signature:</b>
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**Fax to Skagit County Public Health at 416-1515 when complete – Att: CD Staff**



**RABIES EXPOSURE PROPHYLAXIS (PEP) ORDERS**  
**For Patients Previously Vaccinated\* Against Rabies**  
 (Instructions for unvaccinated patients on reverse)

**DATE:** \_\_\_\_\_ **PATIENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**DIAGNOSIS:** Potential Rabies Exposure **DATE OF EXPOSURE:** \_\_\_\_\_

**ORDERS: Skagit County Health Department recommendation:** Give CDC Rabies Vaccine Information Statement (VIS) to patient/parent. Record vital signs, patient weight and update allergies in patient record. Report any suspected rabies exposures to Skagit County Public Health immediately, if not already notified.

**MEDICATIONS: Rabies Vaccine 1mL IM.**

**For adults/adolescents,** administer **ONLY** in deltoid *distant* from wound site.

**For infants/small children,** vastus lateralis *distant* from wound. If no wound present (all ages), no preference for left or right.

DAYS	Manufacturer	Lot #	Dose	Route/Site	Name/Title
Day 0 (today) ____/____/____					
Day 3 ____/____/____					

~If **IMMUNOCOMPROMISED**, consult SCPH. Additional doses and titers (RFFIT) may be required~  
 Record vaccine administration in chart with date of administration, manufacturer, lot number, route, site, dose and the administering person's name and title.

\*Previously vaccinated persons are those who have received one of the recommended pre-exposure or post-exposure regimens of Human Diploid Cell Vaccine (HDCV), Rabies Vaccine Absorbed (RVA), or Purified Chick Embryo Cell Vaccine (PCEC), or those who received another vaccine and had a documented rabies antibody titer. (See ACIP Guidelines)

Questions? Call Skagit County Public Health at 360-416-1500 (M-F, 8AM-4:30PM) or 360-770-8852 after hours.

<b>Date:</b>	<b>Provider Name:</b>	<b>Signature:</b>
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References

Rabies Vaccine Information Statement. 2009. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>  
 Washington Department of Health Rabies protocol, page 12-16: <http://www.doh.wa.gov/Portals/1/Documents/5100/420-073-Guideline-RabiesSuspectedExposure.pdf>  
 CDC. Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2010;59[No. RR-02]  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>  
 CDC Human Rabies Prevention —United States, 2008 Recommendations of the Advisory Committee on Immunization Practices (ACIP), page 15-17: <https://www.cdc.gov/mmwr/PDF/rr/rr5703.pdf>