

RABIES POST EXPOSURE TREATMENT SCHEDULE

DATE: _____

PHYSICIAN/PRESCRIBER REQUESTING VACCINE: _____ PHONE: _____

PATIENT NAME: _____ PATIENT CONTACT #: _____

HEALTH CARD NUMBER: _____ DATE OF BIRTH: _____

ANIMAL SPECIES: _____ LOCATION OF BITE: _____

SEX: Male Female WEIGHT: _____ Kgs
 Lbs

Note: It is highly recommended to adhere to the schedule as indicated in the product direction leaflet

For consultation please contact Public Health at the number above
or the vaccine manufacturer (toll free number provided in the product direction leaflet).

<u>RABIES IMMUNE GLOBULIN (RIG)</u> ONLY ADMINISTERED ONCE on Day 0	Number of Vials of RIG and Lot #
<i>If feasible the full dose of RIG should be thoroughly infiltrated in the area of the wound. Any remaining volume should be given intramuscularly using a separate syringe and needle.</i>	# of vials: _____ Lot #(s): _____

VACCINE Schedule (deltoid)	Date Due ¹ day/month/dd (never administer early)	Actual Date Administered	Public Health Confirmation with Service Provider (HPEPH Use Only)	Vaccine Verification
Day 0			Date of Call: _____ Service Provider & Contact Name: _____ HU Rep initials: _____	Service Provider: _____ Vaccine Type & Lot #: _____
Day 3			Date of Call: _____ Service Provider & Contact Name: _____ HU Rep initials: _____	Service Provider: _____ Vaccine Type & Lot #: _____
Day 7			Date of Call: _____ Service Provider & Contact Name: _____ HU Rep initials: _____	Service Provider: _____ Vaccine Type & Lot #: _____
Day 14			Date of Call: _____ Service Provider & Contact Name: _____ HU Rep initials: _____	Service Provider: _____ Vaccine Type & Lot #: _____

*If patient is immunocompromised, administration of a 5th rabies vaccination on day 28 is needed.

*Never administer day 3, 7, 14 vaccines earlier than what is set out in the schedule above.

*Rabies vaccine on day 0 must be administered at a separate site on the body from where RIG was administered.

Copies to: Service Provider / Patient / Public Health : EHFax1@hpeph.ca or FAX to: 613-968-1461
Patient to bring copy with them each time a dose is administered.