

Guidelines for use: Orders preceeded with a: □ must be checked to be initiated. ☑ will be initiated unless a line is drawn through them. • Bulleted items indicate reminders. Reference material on back.



Right or Left Deltoid ONLY

Patient Label

Rabies Protocol- Post Bite/Exposure:

Age 8 through Adult

\*Physician Order

Cleanse all wounds immediately using soap, water and if available, virucidal providone-iodine solution (unless WOUND CARE patient allergic to iodine) ☑ If history of completed Rabies vaccination, <u>DO NOT</u> administer Rabies Immune Globulin (RIG) and use MEDICATIONS ONLY 1 mL (2.5 International Units) Rabies Vaccine IM deltoid on ONLY Days 0 and 3. DO NOT administer Rabies Vaccine on Days 7 and 14. Pain Management · Consider pain management agent Rabies Intervention Outlined below: Day to Give Med Med. **Dose to Give** Route Site Name Dose Day Date Time Rabies 1 mL (2.5 International Units) IM 0 Right or Left Deltoid ONLY Vaccine 0 A) Physician infiltrate wound(s) and area around A) Wound wound(s) with entire **RIG** dose if anatomically Intra-dermal feasible. Chart on diagram below, use "A". Infiltration Rabies Dose calculation formula below B) Nursing give any remaining amount in gluteal B) Remaining RIG Immune or anterior lateral thigh ONLY. Chart on Deep IM in thigh or Globulin diagram below, use "B". gluteal muscle **ONLY** (RIG) DO NOT inject RIG in same site as Rabies Vaccine using a new syringe

Do NOT administer RIG and Rabies Vaccine in and needle. Chart on diagram below. same syringe! Rabies Immune Globulin (RIG) Dose Calculation Formula Weight (kg) X 20 International Units = International Units divided by 300 International Units/mL = Total mL Example Calculation: 20 kg X 20 International Units = 400 International Units divided by 300 International Units/mL = 1.3 mL RIG Dose 1 mL (2.5 International Units) Μ Right or Left Deltoid ONLY 3 Rabies 7 1 mL (2.5 International Units) IM Right or Left Deltoid ONLY Vaccine 14 1 mL (2.5 International Units) IM Right or Left Deltoid ONLY

**ONLY** for patients with immunosuppression: these patients should receive a fifth (5<sup>th</sup>) dose of vaccine on Day 28. See Reference Page 1A for a list of immunosuppressive conditions. Rabies 28 IM 1 mL (2.5 International Units)

> ED: Notify the Methodist Outpatient Infusion Center (MOIC) that future rabies doses need to be scheduled.

CLINIC: If only a rabies exposure (no bite), the patient does not need to go to the Emergency Department.

> Notify the MOIC that all rabies doses need to be scheduled. If there is a known bite, send the patient to the Emergency Department for immunoglobulin administration.

ED/CLINIC: Call and fax this rabies protocol to the MOIC: Phone: 515-241-8120. Fax: 515-241-8009.

	Initials	Signature	Dose Day	Initials	Signature	Dose Day

Date

ANT ERIOR

Time

Page 1 of 1

Version 1

ORD 0100

Emergency Dept. & Pharmacy

Original / Patient Chart Rabies Protocol **Post Bite/Exposure** 

Physician Signature

Vaccine

POSTERIOR

## Age 8 through Adult



PEP: postexposure prophylaxis.

\* PEP should be initiated immediately in patients with severe bites to the head, neck, or trunk after an unprovoked attack from a high-risk animal. PEP can be discontinued if testing proves the animal was not rabid.

¶ In areas without an endemic, terrestrial strain of rabies (eg, dog, raccoon, skunk, fox, mongoose), contact local public health authorities for risk assessment.

Scenario 1 (bat exposure no bite)- If a bat exposure without a bite occurs the patient can be referred to the infusion center by completing the front of this form, calling (515-241-8120) and then faxing (515-241-8009) to the infusion center to administer both rabies immunoglobulin and rabies vaccine.

Scenario 2 (domestic animal bite) - If the patient is bitten by a domestic animal that is up to date on rabies vaccinations, then there is no need to send the patient to the ED as this is not an exposure. If the animal is not up to date on rabies vaccinations, then contact your local quarantine enforcement agency (see website at bottom). This will typically be local law enforcement or animal control. The animal should be quarantined and observed for 10 days. If this can be done, then the patient does not need urgent rabies immunoglobulin or vaccination series. If this cannot be done, then the patient should be sent to the ED for both.

Scenario 3 (wild animal bite) - If the patient was bitten by a wild animal and that animal is captured or killed it can be taken to Iowa State University Veterinary Diagnostic Laboratory (515-294-1950) for rabies testing. If this can't be arranged, then the patient should be sent to the ED for administration of rabies immunoglobulin and vaccination.

- The Iowa Department of Public Health website contains helpful information on rabies. They have two phone numbers that can be called to discuss the case with a rabies expert. There are also numbers on who to contact to quarantine domestic animals, listed in a link on the front page of the website.
- During business hours call: (800) 362-2736
- After hours call: (515) 323-4360 (the Iowa State Patrol will contact the person on call)
- <u>http://idph.iowa.gov/rabies/information-for-providers</u>

NOTE: If the patient was bitten above the shoulders, IDPH recommends that the health care provider consider starting PEP immediately. PEP can be discontinued if the animal tests negative for rabies or is healthy at the end of the quarantine period. Thoroughly wash all wounds with soap and water and, if available, flush with povidone iodine solution (or other virucidal solution). Evaluate tetanus vaccination status, update if needed

Local Points of Contact for Quarantine Enforcement: <u>https://wiki.idph.iowa.gov/Portals/3/userfiles/79/Q-</u> <u>R/Local%20Points%20of%20Contact%20for%20Rabies%20Quarantine%20Enforcement%202017.pdf</u>