

Patient Information

Name: _____
 Address: _____

 Phone Number: _____
 Date of Birth (mm/dd/yyyy): _____

Order Form
Rabies Vaccine

Order Details

<p>Globulin (Rablg) 2 ml vials <input style="width: 40px; height: 20px;" type="text"/> (how many doses)*</p> <p><i>*Refer to chart on back for calculation</i></p>	<p>Rabies Vaccine 1 (please v)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1st dose (Day 0)</td> <td style="width: 10%; text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>2nd dose (Day</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: right;">3)</td> </tr> <tr> <td>3rd dose (Day</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: right;">7)</td> </tr> <tr> <td>4th dose (Day</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: right;">14)</td> </tr> <tr> <td>5th dose (day</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: right;">28)*</td> </tr> </table> <p><small>*Refer to Guidance Document for the Management of Suspected Rabies Exposures, Section 4.1.2 Rabies Vaccine, Sub-section 4.1.2.2 Schedule & Dosage for Immunocompromised Persons)</small></p>	1st dose (Day 0)	<input style="width: 30px; height: 20px;" type="text"/>		2nd dose (Day	<input style="width: 30px; height: 20px;" type="text"/>	3)	3rd dose (Day	<input style="width: 30px; height: 20px;" type="text"/>	7)	4th dose (Day	<input style="width: 30px; height: 20px;" type="text"/>	14)	5 th dose (day	<input style="width: 30px; height: 20px;" type="text"/>	28)*
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5 th dose (day	<input style="width: 30px; height: 20px;" type="text"/>	28)*														
<p>Total Globulin _____ (doses)</p>	<p>Total Rabies Vaccine _____ (doses)</p>															

Order Date (mm/dd/yyyy): _____

Pick Up Date (mm/dd/yyyy): _____ Pick Up Time: _____ am (between 8:45 am and 12:00 pm)
 or _____ pm (between 12:00 pm and 4:15 pm)

Medical Facility: _____ Health Care Provider: _____

Contact Name: _____ Telephone Number: _____

Have you attached temperature logs to your order? yes no → vaccine will not be released

Physician Signature: _____

For office use only:	
Temp Log Received: Y N Temps in range: Y N Initial: _____	
Order Filled: 20____/____/____ By: _____	Panarama Entry: 20____/____/____ By: _____

References: Guidance Document for the Management of Suspected Rabies Exposures, September 2013

4.1.1 Rabies Immune Globulin (RabIg)

The recommended dose of RabIg is 20 IU/kg body weight for all age groups, including children, given on the first day of initiation of therapy (day 0). Because of possible interference of RabIg with the immune response to the rabies vaccine, the dose of RabIg should not be exceeded.

*RabIg is supplied in 2 ml vials containing 150 IU/ml. Use the following formulae to calculate the dose required and use **Table 2** to determine how many vials to order:*

- $20 \text{ IU/kg} \times (\text{client wt in kg}) \div 150 \text{ IU/mL} = \text{dose in mL}$ $\text{dose in mL} \div 2 \text{ mL/vial} = \# \text{ of vials to order}$
- $9.09 \text{ IU/lb} \times (\text{client wt in lb}) \div 150 \text{ IU/mL} = \text{dose in mL}$ $\text{dose in mL} \div 2 \text{ mL/vial} = \# \text{ of vials to order}$

Table 2: Number of 2 mL Vials of RabIg Required per Total Body Weight of Client

<i>Total Weight</i>		<i># of 2mL Vials</i>	<i>Total Weight</i>		<i># of 2mL Vials</i>
$\leq 33 \text{ lbs}$	$\leq 15 \text{ Kg}$		1	$>165 - 198 \text{ lbs}$	
$>33 - 66 \text{ lbs}$	$>15 - 30 \text{ Kg}$	2	$>198 - 231 \text{ lbs}$	$>90 - 105 \text{ Kg}$	7
$>66 - 99 \text{ lbs}$	$>30 - 45 \text{ Kg}$	3	$>231 - 264 \text{ lbs}$	$>105 - 120 \text{ Kg}$	8
$>99 - 132 \text{ lbs}$	$>45 - 60 \text{ Kg}$	4	$>264 - 297 \text{ lbs}$	$>120 - 135 \text{ Kg}$	9
$>132 - 165 \text{ lbs}$	$>60 - 75 \text{ Kg}$	5	$>297 - 330 \text{ lbs}$	$>135 - 150 \text{ Kg}$	10