

Rabies Post Exposure Prophylaxis Tracking Form



1. **PHONE** before initiating any NEW client on Rabies PEP
Phone: 705-721-7520 ext. 8894
After-hours phone: 1-888-225-7851
2. **FAX** form after each DAY that PEP is administered:
FAX: 705-725-8132

Patient Name*: DOB*: (YYYY/MMM/DD) Weight*:		Physician/ Health Care Provider Name*(PRINT):				
Dose Schedule (Date Due):		Actual Date Administered YYYY/MMM/DD	Product Name Lot Expiry	Injection Site DO NOT ADMINISTER RIG AT SAME SITE AS VACCINE	Dose	Health Care Provider (legible)
Rabies Immune Globulin (RIG) <small>(Adminstr all RIG on Day 0) 20IU/kg x (client wt in kg) ÷ 150 IU/mL= dose in mL</small>	Day 0	*	<input type="checkbox"/> IMOGAM <input type="checkbox"/> HYPERRAB *	As much as possible at site of the wound: * Other: _____	20 IU/kg x (client wt in kg) ÷ 150 IU/mL= dose in mL *	*
Rabies Vaccine	Day 0	*	<input type="checkbox"/> Imovax <input type="checkbox"/> RabAvert *	* Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	Day 3	*	<input type="checkbox"/> Imovax <input type="checkbox"/> RabAvert *	* Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	Day 7	*	<input type="checkbox"/> Imovax <input type="checkbox"/> RabAvert *	* Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	Day 14	*	<input type="checkbox"/> Imovax <input type="checkbox"/> RabAvert *	* Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	Day 28 <i>if Immunocompromised</i>	*	*	* Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*

Please Immediately Fax Form after EACH Day of PEP Administration: **705-725-8132**

Refrigerate vaccine at all times
Never release vaccine to Patient

Contact Rabies Coordinator at 705-725-7521 ext. 8894 if complete series is not administered

* These Sections must be completed/signed by Health Care Provider

This information is collected under the authority of the Health Protection and Promotion Act (1990). Any questions regarding the collection of this information may be directed to the Freedom of Information officer at 705-721-7520 or 1-877-721-7520