

## 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

<b>Patient Name:</b> DOB: _____ Weight: File # NEX-		<b>Physician/Health Care Provider Name:</b> _____				
	Date Due:	<b>Actual Date Administered</b>	<b>Product Name Lot Expiry Date</b>	<b>Injection Site</b>	<b>Dose</b>	<b>Health Care Provider Initial</b>
<b>Rabies Immune Globulin (RIG)</b> (MAXIMUM) Dose Calculation  <u>1ml vial HyperRab</u> 20 IU/kg x (client wt in kg) ÷ 300 IU/mL = dose in mL <b>Or</b> <u>2ml vial HyperRab/Imogam</u> 20 IU/kg x (client wt. in kg) ÷ 150 IU/mL =  THEN Apply Rig Sparing Protocol	<b>Day 0</b>  _____	YYYY/MMM/DD*	Imogam / HyperRab Lot/Exp:  Imogam / HyperRab Lot/Exp:	DO NOT ADMINISTER RIG AT SAME SITE AS VACCINE As much as possible at site of the wound: _____ * Other: _____		*
<b>Rabies Vaccine</b>						
<b>Rabies Vaccine</b>	<b>Day 0</b>	YYYY/MMM/DD*	Lot / Exp	*Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	<b>Day 3</b>	YYYY/MMM/DD*	Lot / Exp	*Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	<b>Day 7</b>	YYYY/MMM/DD*	Lot / Exp	*Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	<b>Day 14</b>	YYYY/MMM/DD*	Lot / Exp	*Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	<b>Day 28</b> <i>if required</i>	YYYY/MMM/DD*	Lot / Exp	*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 if complete series is not administered

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