

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: _____ Weight: _____ File # NEX- _____		Physician/Health Care Provider Name: _____				
Date Due: _____		Actual Date Administered	Product Name Lot Expiry Date	Injection Site	Dose	Health Care Provider Initial
Rabies Immune Globulin (RIG) Dose Calculation <u>1ml vial HyperRab</u> 20 IU/kg x (client wt in kg) ÷ 300 IU/mL = dose in mL Or <u>2ml vial HyperRab/Imogam/KAMRAB</u> 20 IU/kg x (client wt. in kg) ÷ 150 IU/mL =	Day 0 _____	YYYY/MMM/DD*	Quantity/Boxes____ — Choose an item.	DO NOT ADMINISTER RIG AT SAME SITE AS VACCINE As much as possible at site of the wound: _____ * Other: _____		*
Rabies Vaccine	Day 0 _____	YYYY/MMM/DD*	Choose an item.	*Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	Day 3 _____	YYYY/MMM/DD*	Choose an item.	*Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	Day 7 _____	YYYY/MMM/DD*	Choose an item.	*Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
	Day 14 _____	YYYY/MMM/DD*	Choose an item.	*Deltoid: <input type="checkbox"/> R <input type="checkbox"/> L Other: _____	1 vial	*
ONLY FOR Immunocompromised or taking chloroquine	Day 28 _____	YYYY/MMM/DD	Choose an item.	*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 (between 2-8°C) and Never release vaccine to Patient

Contact Rabies Coordinator 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