Rabies Post Exposure Prophylaxis Tracking Form

simcoe muskoka DISTRICT HEALTH UNIT

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 ***1ml vial HyperRab*** **20 IU/kg x (client wt in kg) ÷ 300 IU/mL = dose in mL** **Or** ***2ml vial HyperRab/Imogam/KAMRAB*** 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: □ R □ L Other:_____	1 vial	*
	Day 3 _____	YYYY/MMM/DD*	Choose an item.	*Deltoid: □ R □ L Other:_____	1 vial	*
	Day 7 _____	YYYY/MMM/DD*	Choose an item.	*Deltoid: □ R □ L Other:_____	1 vial	*
	Day 14 _____	YYYY/MMM/DD*	Choose an item.	*Deltoid: □ R □ L Other:_____	1 vial	*
	Day 28 _____ *if required*	YYYY/MMM/DD*	Choose an item.	*Deltoid: □ R □ 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**

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