

Please leave your name and telephone number where you can be reached. Thank you



Diaz, Laura
Sex: F DOB: 1/26/1954 65 y.o.
CMRN: 319156 DOS: 1/07/20
Time: 12:00 PM
CSN: 12884406 MRN: 319156

ORANGE COUNTY DEPARTMENT OF HEALTH
124 MAIN STREET, GOSHEN, NEW YORK 10940-2199

RABIES VACCINE RECORD

NAME: Laura Diaz DOB: 1/26/1954 SEX: F
ADDRESS: 51 Beacon Street Middletown NY 10940
TELEPHONE #: 845-283-1861 PHYSICIAN: Toni Eaton PA
DATE OF TREATMENT AUTHORIZATION FROM OCHD: 1/7/20
NAME OF PERSON FROM OCHD YOU SPOKE WITH: Heather

The PROVIDER must determine if the patient is immunocompromised and if so follow ACIP Guidelines and notify the Orange County Department of Health. If individual is healthy follow 4 dose series day 0, 3, 7 & 14. Recommendations on administration of HRIG remain unchanged.

1. Do you have an immunosuppressive illness? <i>If compromised do 5 shot series.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
2. Have you had rabies vaccine for a prior exposure?	Yes <input type="radio"/> No <input checked="" type="radio"/>
3. Do you have any allergies? If yes <u>Silvadine</u>	Yes <input checked="" type="radio"/> No <input type="radio"/>
4. Are you presently taking corticosteroids or any other immunosuppressive agents?	Yes <input type="radio"/> No <input checked="" type="radio"/>
5. Are you pregnant or suspect pregnancy?	Yes <input type="radio"/> No <input checked="" type="radio"/>

HUMAN RABIES IMMUNE GLOBULIN (HRIG): 20 International units/KG OF BODY WEIGHT. CDC, ACIP RECOMMENDATIONS ARE TO GIVE ALL HRIG IN THE WOUND SITE. FOR A MUCOSIS MEMBRANE EXPOSURE HRIG DOES NEED TO BE INJECTED INTO MUCOUS MEMBRANE. FOR ALL OTHER KNOWN EXPOSURES, HRIG SHOULD BE INFILTRATED INTO THOSE SITES, INCLUDING SCRATCHES OR OPEN WOUNDS CONTAMINATED WITH SALIVA. FOR UNKNOWN EXPOSURE SITES (BAT IN THE BEDROOM SCENARIO) HRIG CANNOT BE GIVEN IN THE SITE BECAUSE SITE IS UNKNOWN. ANY HRIG THAT CANNOT BE GIVEN IN AND AROUND THE WOUND IS GIVEN INTRAMUSCULARLY (LATERAL THIGH MUSCLE OR OPPOSITE DELTOID FROM VACCINE SITE).

HUMAN RABIES IMMUNE GLOBULIN			BODY WEIGHT BY SCALE MEASURE:	
			KG	
DATE	AMOUNT	LOT NUMBER/EXP. DATE	SITE	R.N. SIGNATURE
1/7/20	5.4mL	3053047 / 3/20/2021	<u>lateral</u>	<u>Buller</u>

RABIES VACCINE				
DAY	DATE	AMOUNT	LOT NUMBER/EXP. DATE	SITE R.N. SIGNATURE
0	1/7/20	1mL	P1E22M / 10/30/2020	<u>lateral</u> <u>Buller</u>
3	1/10/20	1mL	P1D60 / 10/02/2020	<u>lateral</u> <u>Buller</u>
7	1/14/20	1mL	P1E52 / 10/30/2020	<u>Right deltoid</u> <u>C. J. ...</u>
14	1/21/20	1mL	P1D623M / 10/02/2020	<u>lateral</u> <u>Buller</u>
28				

Any reactions to treatment? _____
ED Staff: Initiate form at first visit then Fax to ORMC Infusion Center at 333-1148.
Infusion Center Staff: Fax completed vaccine record to Orange County Department of Health at 291-2380.
☐ ED Staff: Provide a copy to patient



FAXED
1/27/20



MEDICAL CENTER

PHYSICIAN'S ORDERS



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DO NOT USE FELT TIP PEN

TO BE COMPLETED BY PHYSICIAN:

PATIENT STAMPER

POST-EXPOSURE TREATMENT FOR PERSONS WHO HAVE NOT PREVIOUSLY RECEIVED RABIES VACCINE:	
Date & Time	Rabies Vaccine:
1/7/20 1307	<input type="checkbox"/> Administer rabies vaccine 1mL in the deltoid IM today and: <ul style="list-style-type: none"> For healthy persons on days 3, 7, and 14 For immunocompromised persons on days 3, 7, 14, and 28 Adults ~ administer in deltoid muscle Infants & Small children ~ may be administered in the anterolateral aspect of the thigh
	Human Rabies Immune Globulin (HRIG):
	<input type="checkbox"/> Administer 20 International units/kilogram of body weight for ALL ages <ul style="list-style-type: none"> The full dose of HRIG must be infiltrated into and around the wound(s) by the physician and any remaining volume should be administered <u>intramuscularly</u> at a site distal from vaccine administration (ex: administer in a divided IM injection of under 5ml in each <u>lateral thigh muscle</u>. If a third injection site is required, a maximum of 3ml may be administered in the deltoid muscle of the <u>opposite arm</u> where the rabies vaccine was given) If this is <u>not</u> feasible (ex: mucus membrane exposure or unidentified exposure site) administer RIG intramuscularly at a site distant from vaccine administration (ex: administer in a divided IM injection of under 5mL in each lateral thigh muscle. If a third injection site is required, a maximum of 3mL may be administered in the deltoid muscle of the <u>opposite arm</u> where the rabies vaccine was given)
Physician Signature: <i>[Signature]</i>	Print Name: <i>Toni Fabian PA</i> Date/Time: <i>1/7/20</i>
Nurse Signature: <i>[Signature]</i>	Print Name: <i>Brittany Torchio</i> Date/Time: <i>1/7/20</i>
FAX COMPLETED FORM TO ORMC INFUSION CENTER AT 333-1148	
POST-EXPOSURE TREATMENT FOR PERSONS WHO WERE PREVIOUSLY VACCINATED:	
	Rabies Vaccine:
	<input type="checkbox"/> Administer rabies vaccine 1mL in the deltoid today and on day 3. Do NOT administer HRIG.
	"Previously vaccinated" refers to any person with a history of pre-exposure vaccination with HDCV (human diploid cell vaccine), RVA (rabies vaccine adsorbed), or PCEC (prior post-exposure prophylaxis with HDCV or RVA); or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.
Physician Signature:	Print Name: Date/Time:
Nurse Signature:	Print Name: Date/Time:
FAX COMPLETED FORM TO ORMC INFUSION CENTER AT 333-1148	