

**FAX**

**Address of CDC**

**Coordinator- Communicable Disease & Immunization**

**Coordinateur des maladies transmissibles et immunisations**

**Fax 204-428-2734**

**URGENT \_\_\_ CONFIDENTIAL X**

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| **TO/DESTINATAIRE:**  |  |
| **CC :**  |  |
| **FROM/EXPÉDITEUR :**  |  | **FAX #:** |  |
| **DATE :**  | Click or tap to enter a date. | **PAGE(s) :**  |  |
| **SUBJECT/OBJET :**  | **Administration of Rabies Immune Globulin and Rabies Vaccine** |

**Client Name: DOB: PHIN:**

This client has sustained an animal exposure and Public Health recommends **Rabies Immune Globulin** (RabIg) for immediate protection and a series of 4 doses of **Rabies Vaccine** over 14 days for long-term protection.

**STEP 1: Weigh the client upon arrival** to accurately calculate dose of RabIg required (*ER Physician will need to write the order*). The following formula is used to calculate the dose of RabIg:

**Client weight (kg) x 0.067 = \_\_ of RabIg (*round all decimals up, example: 5.578 mL would be 5.6 mL*)**

***NOTE: The above formula is only for the RabIg. Infiltrate RabIg into wound and surrounding area if anatomically feasible. Any remaining doses should be administered IM using a separate needle and syringe*.**

**STEP 2: Review** the respective product monographs for guidelines on administration and refer to the

[Rabies Protocol for Management of Human Rabies and Management of Exposures to Animals to Prevent Human Rabies](https://www.gov.mb.ca/health/publichealth/cdc/protocol/rabies_protocol.pdf)

**STEP 3: The vaccine dose is always 1.0 ml**

* **Day 0 - RabIg and 1st dose of Rabies Vaccine (**Click or tap to enter a date.**) has been administered by ED**
* Day 3 (Click or tap to enter a date.) - 2nd dose of Rabies Vaccine to be administered ED.
* Day 7 (Click or tap to enter a date.) - 3rd dose of Rabies Vaccine to be administered by Public Health
* Day 14 (Click or tap to enter a date.) - 4th dose of Rabies vaccine to be administered by Public Health

Based on the client’s reported weight a total of XXXX x 1 ml vials of RabIg **and** XXXX x 1 ml vial of Rabies Vaccine have been ordered and will be delivered to the ED and the PH office on Click or tap to enter a date..

**STEP 4: Please observe the client for 15 minutes** post-administration for any immediate reactions.

**STEP 5: Document** the Rabies Immune Globulin (RabIg) - number of vials used, mL and date administered

**STEP 6:** **Document** the Rabies Vaccine - administration date / site / route (IM)

**STEP 7**: fax to Southern Health – Santé Sud Central Fax at 204-428-2734**.**

For further questions, contact Communicable Disease & Immunization Coordinator ADD NAME AND PHONE NUMBER