Trinity Health

Trinity Health Shelby Infusion Clinic

Shelby: 72 S. State St. Shelby, MI 49455
Fax: 231-672-3970

Rabies Vaccine (RabAvert®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ____/____/____ **Site of Service**: ☒ TH Shelby

Referral Status: ☒ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ **Date of Birth**: ____/____/____ **Allergies:** _____	**Primary Insurance:** _____ **Member ID:** _____ **Secondary Insurance:** _____ **Member ID:** _____
Diagnosis Diagnosis Code: ☒ Z24.2 need for rabies immunization ☐ Other _____ Indication: _____	**Labs** ☐ Rabies antibody screen ☐ Other: _____

Pre-medications:
No routine pre-medications are given. Pre-medications may be ordered at physician discretion.
☐ Other: _____

℞ **Rabies Vaccine (RabAvert) 2.5 units/mL** intramuscularly in deltoid for adults and anterolateral thigh for children

☐ For persons not previously vaccinated, a 4 dose regimen of vaccine is given on days 0, 3, 7 and 14
☐ For persons previously immunized with the recommended pre- or post-exposure regimen of cell culture rabies vaccine **OR** have a documented history of adequate rabies antibody titer following other types of vaccines should only receive 2 doses of rabies vaccine on days 0 and 3.

Dose 2 date: _____ (3 days after)
Dose 3 date: _____ (7 days after) if previously unvaccinated
Dose 4 date: _____ (14 days after) if previously unvaccinated
Dose 5 date: _____ (28 days after) if previously unvaccinated *and* immunocompromised

Nursing Orders:
Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary:
sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN; meperidine injection 25 mg PRN

Provider Name: _____ Provider Signature: _____
Office Phone Number: _____ Office Fax Number: _____
Attending Physician Name: _____
(If ordering provider is an advanced practice practitioner)
Note: This order is valid for 12 months from date of physician signature.

Fax Completed form to Central Scheduling at 231.672.3970

Reviewed: 10/2024