How to Access and Use the Acute Potential Rabies Exposures
AHLTA Template/AIM Form

General Medicine: 500A
Approved for public release; distribution unlimited

January 2012
How to Access and Use the Acute Potential Rabies Exposures AHLTA Template /AIM Form
How to Use the AIM Form

• The template is an AIM form
  – Meant for evaluation of persons presenting with an acute rabies risk exposure.
  – Can be used with either regular appointment templates or with t-cons.
  – See screenshots in following slides

• Go to "tool" menu and choose "template management." Enter the search term "Rb_BITE_ACUTE." Scroll down through the templates that are returned until you find "Rb_BITE_ACUTE." Click on the template name, then click on "ADD to favorites." This will add it to your list of templates. DO NOT save to favorites or you will not access the most current version if/when there are updates.

• Now open the patient encounter you wish to use this template with. Open the S/O portion of the encounter. From the template drop-down list in the encounter, select the name of this template.

• Now you should see the AIM form. There are tabs across the top of the template form. The first three tabs are the questionnaire; the other two tabs include reference information and links to resources.

• Record the patient's responses as you go through the interview. To see what the note looks like at any point, click on the "Note View" button in the upper right corner. Click on "Form View" to return to the questionnaire.

• The AIM form can be used for the S/O while another template is used for the A/P.
Type search term in this box then enter “Find Now”
FIRST, choose the template you want from this list (you may need to scroll down).

SECOND, click here to ADD it to your favorites.

AIM forms have a different symbol.

Look for the AIM Form called “Rb BITE Acute”.
Now open a patient encounter or telecon......
Click here for a drop-down list and choose the AIM form template.
Tabs at the top of the page contain all information, including access to references.

Provider simply types in an X to indicate patient responses.

Includes a link to DD2341, Report of Animal Bite form.
Free text fields allow provider to type in pt responses.
ACUTE POTENTIAL RABIES POST-EXPOSURE TREATMENT

Was the animal known to be up to date on its rabies vaccinations (ie, personal pet with documentation, US military working dog [MWD], etc) or was it another animal unlikely or incapable of spreading rabies?

- **YES**
  - No rabies Post-Exposure Prophylaxis (PEP) is indicated after US MWD, non-mammalian animal and small rodent exposures. Complete DD Form 2341, Animal Bite Report.

- **NO/ UNSURE**

  Did the patient sustain a risk exposure; e.g., a bite that broke the skin, or was there saliva contact with mucous membranes or broken skin, or possible contact with a bat?

  - **NO**
    - No rabies Post-Exposure Prophylaxis (PEP) is indicated in absence of risk or route of exposure.

  - **YES/ UNSURE**

    Conduct a rabies-risk assessment to determine if PEP is indicated; consult your local Rabies Advisory Board, Veterinary Officer or Preventive Medicine for guidance. If treatment is initiated, notify Preventive Medicine/Public Health to ensure appropriate treatment is completed and documented. Complete DD Form 2341, Animal Bite Report and send to servicing veterinarian as per local protocol.

Note to providers: 10 day quarantine period applies only to domestic dogs, cats and ferrets.

For questions or concerns, contact your local Rabies Advisory Board

If the animal was available for quarantine and declared healthy at the end of the observation period, OR if the animal was tested and confirmed rabies-negative, document in patient medical record and discontinue PEP. Rabies Advisory Board will document on the DD2341, Animal Bite Report and forward final copy for inclusion in patient medical record.
### Rabies postexposure prophylaxis (PEP) schedule - United States, 2010

<table>
<thead>
<tr>
<th>Vaccination status</th>
<th>Intervention</th>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not previously vaccinated</td>
<td>Wound cleansing</td>
<td>All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent (e.g., povidine-iodine solution) should be used to irrigate the wounds.</td>
</tr>
<tr>
<td></td>
<td>Human rabies immune globulin (HRIG)</td>
<td>Administer 20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around and into the wound(s), and any remaining volume should be administered at an anatomical site (intramuscular [IM]) distant from vaccine administration. Also, HRIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of rabies virus antibody, no more than the recommended dose should be administered.</td>
</tr>
<tr>
<td></td>
<td>Vaccine</td>
<td>Human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) 1.0 mL, IM (deltoid area†), 1 each on days 0§, 3, 7 and 14.†</td>
</tr>
<tr>
<td>Previously vaccinated**</td>
<td>Wound cleansing</td>
<td>All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.</td>
</tr>
<tr>
<td></td>
<td>HRIG</td>
<td>HRIG should not be administered.</td>
</tr>
<tr>
<td></td>
<td>Vaccine</td>
<td>HDCV or PCECV 1.0 mL, IM (deltoid area†), 1 each on days 0§ and 3.</td>
</tr>
</tbody>
</table>

* These regimens are applicable for persons in all age groups, including children.
† The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. Vaccine should never be administered in the gluteal area.
§ Day 0 is the day dose 1 of vaccine is administered.
†† For persons with immunosuppression, rabies PEP should be administered using all 5 doses of vaccine on days 0, 3, 7, 14, and 28.
** Any person with a history of pre-exposure vaccination with HDCV, PCECV, or rabies vaccine adsorbed (RVA); prior PEP with HDCV, PCECV or RVA; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.

Source: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm