PeaceHealth

Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the ☒ to remove the pre-checked option.

RABIES THERAPY PLAN [11500585]
Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height _____ Weight _____

Supportive Care	Interval	
☐ RABIES IMMUNE GLOBULIN INJECTION ORDERABLE		Route:
Other, Starting when released, For 1 dose, Give on Day 0 (IF NOT PREVIOUSLY VACCINATED) *Dose _____ Frequency _____*		
☐ RABIES VACCINE ORDERABLE		Route:
Immunization, Starting when released, For 1 dose, Give on Day 0. *Dose _____ Frequency _____*		

Nursing Orders	Interval
☐ Nursing Communication	Every visit
Starting when released IF WOUND PRESENT: infiltrate as much RIG into and around wound(s) as possible. Inject remaining RIG intramuscularly in site remote from wound, adult IM injections in deltoid muscle only. Use anterolateral thigh or vastus lateralis in infants and smaller children. (IF NOT PREVIOUSLY VACCINATED),	
☐ Nursing Communication	Every visit
*Starting when released IF NO WOUND PRESENT: Give one time dose **** (ENTER DOSE HERE) **** international units IM (Adult IM injections in Deltoid muscle only; Infants and smaller children: vastus lateralis or anterolateral thigh) in divided doses (IF NOT PREVIOUSLY VACCINATED),*	
☐ Nursing Communication	Every visit
Starting when released Inject vaccine at anatomical site distant from where RIG was administered. (IF PREVIOUSLY VACCINATED WITH HDCV, RA OR PCEC OR IF DOCUMENTED ANTIBODY RESPONSE, ONLY TWO DOSES ARE NEEDED: DAY 0 AND DAY 3.) Deltoid muscle in adults and adolescents; anterolateral thigh or vastus lateralis in infants and small children. DO NOT administer in the gluteal muscle.,	
☐ Nursing Communication	Every visit
Starting when released Discharge: If stable 20 min after injection may be discharged with appropriate follow-up instructions if outpatient.,	
☐ Nursing Communication	Once
Starting when released Give patient/parent the CDC Vaccine Information sheet for Rabies Vaccine on first visit.,	
☐ Nursing Communication	Every visit
Starting when released Discontinue therapy plan when treatment complete.,	

Emergency Medications	Interval	
☐ diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN	Route: Intramuscular
25 to 50 mg Once As Needed Intramuscular Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, Administer 50 mg IM if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IM if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25mg IM dose for a total of 50 mg, and notify provider		

Provider Signature EHR User ID Date Time

Initials

Place Patient Label Here

☐	EPINEPHrine (ADRENALIN) 1 mg/mL injection	PRN	Route: Intramuscular
	Every 5 Minutes PRN Intramuscular Other, ongoing anaphylaxis symptoms - The dose may be repeated as needed every 5-15 minutes. 1.For refractory cases, unresponsive to 3 IM epinephrine doses initiate epinephrine continuous infusion with an initial rate of 0.1mcg/kg/minute (infusion range of 0.1-1mcg/kg/minute)., Starting when released, If patient weight is greater than or equal to 30 kg, give 0.3mg (0.3 ML), if less than 30 kg, give 0.15 mg (0.15ML) for anaphylaxis.		
☐	albuterol 90 mcg/actuation inhaler 2 puff	PRN	Route: Inhalation
	2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, associated with infusion reaction and contact provider. Administer with a spacer if available., Starting when released, Administer with a spacer if available.		
☐	diphenhydrAMINE (BENADRYL) injection 1 mg/kg (Treatment Plan)	PRN	Route: IV
	1 mg/kg Once As Needed IV Other, anaphylaxis, Starting when released, DOSING: 1mg/kg (max of 50mg) as needed for anaphylaxis. Call provider prior to administering if medication reaction occurs.		
☐	methylPREDNISolone sod suc(PF) (Solu-MEDROL) injection 125 mg	PRN	Route: Intramuscular
	125 mg Once As Needed Intramuscular For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, Do not inject into deltoid.		
☐	methylPREDNISolone sod suc(PF) (Solu-MEDROL) injection 1 mg/kg (Treatment Plan)	PRN	Route: IV
	1 mg/kg Once As Needed IV Anaphylaxis, Starting when released, DOSING: 1mg/kg (max of 125mg) for anaphylaxis.		
☐	EPINEPHrine (ADRENALIN) injection 0.5 mg	PRN	Route: Intramuscular
	0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and notify provider, For 1 dose		
☐	sodium chloride 0.9 % bolus 20 mL/kg (Treatment Plan)	PRN	Route: IV
	20 mL/kg Once As Needed IV anaphylaxis, Starting when released, Call provider prior to administering if medication reaction occurs.		

Provider Signature EHR User ID Date Time

Initials

Place Patient Label Here