MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*		ISSUANCE DATE
Management of Human Exposure to Potentially Rabid Animals	NAVHOSPPNCLAINST 6260.1G	28 Apr 2015

LOCAL FORM TITLE *(Optional)*
RABIES POSTEXPOSURE PROPHYLAXIS

Because animal bites are always heavily contaminated with bacteria, an infection may develop even when proper initial treatment has been given. It is important that you observe the following instructions:

1. Follow the advice given by your treating physician.

2. If we have advised you to have a follow-up examination in the Immunization Clinic, please keep the appointment.

3. Contact your Primary Care Manager if you notice any of the following:

   a. Wound becomes red, swollen, tender and warm.
   b. Wound begins to drain pus.
   c. Red streaks occur up the arm or leg.
   d. Tender lumps appear in the groin or under the arm.
   e. Shaking, chills or temperature > _____

4. If rabies vaccination prophylaxis is indicated, the following schedule **must** be adhered to. Vaccinations will be given in the Immunization Clinic.

   ☐ Pre-Exposure: Vaccine Doses 1-3, NO HRIG
   ☐ Post-Exposure: Previously vaccinated - Vaccine Doses 1 and 2
   ☐ Post-Exposure: WITHOUT Altered immunocompetence. HRIG and Vaccine Doses 1-4
   ☐ Post-Exposure: WITH Altered immunocompetence. HRIG and Vaccine Doses 1-5

Shot Number	Scheduled Date	Date Administered	Staff Signature
HRIG - Day 0			
#1 - Day 0			
#2 - Day 3			
#3 - Day 7			
#4 - Day 14			
#5 - Day 28			

Patient Signature _____ Date _____ Staff Signature _____ Date _____

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	