

Please note that Rabies Ig will be issued only when the UHS Pharmacy receives both this PRESCRIPTION and the RISK ASSESSEMENT FORM (required for returns to the Dept of Health)  
Deliver prescription to UHS Pharmacy or FAX to 023 8120 6792  
Out-of-hours contact on-call pharmacist through UHS switchboard

Prescription for Supply of **RABIES IMMUNOGLOBULIN (RIG)** for Post-Exposure Prophylaxis (PEP) and/or **RABIES VACCINE** for Pre- and Post-Exposure prophylaxis

**1. Patient Details**

Patient Forename	Patient Surname	Date of Birth	NHS or Hospital number
Address / Ward		Patient's body weight (prescription of RIG): ... <b>MANDATORY EXACT BODY WEIGHT</b>	

**4. Product Details** Product (including form and strength where necessary)

	<b>Rabies Immunoglobulin (RIG)</b> (only for post-exposure prophylaxis)	<b>Rabies Vaccine</b> Specify if for POST- exposure prophylaxis <input type="checkbox"/> PRE- exposure prophylaxis <input type="checkbox"/>
Dose and schedule (see also table below)	<b>The recommended dose is 20 units/Kg</b> Please note that the potency of RIG may vary according to batches so the volume for administration must be calculated and recorded on the dispensing label. Dose:	Number of vials (see treatment details below): Schedule (see treatment details below):
Route of administration (see also table below) <b>Vaccine and RIG should NEVER be given at the same anatomical site</b>	- Intramuscularly around the wound <input type="checkbox"/> - In case of bleeding disorders RIG is administered by deep subcutaneous injection. <input type="checkbox"/>	- Intramuscularly <input type="checkbox"/> - In case of bleeding disorders RIG is administered by deep subcutaneous injection. <input type="checkbox"/>

**5. Authorising doctor** This section must be completed by the doctor who **examined** the patient

Name (in block letters)	Signature		
Designation	Contact telephone number	Date	
Ward/Surgery Address			

**6. Collection/Delivery Method** e.g. Path Lab run (include delivery address), Patient/Representative collecting, Taxi arranged by Surgery

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**7. Pharmacy Use Only** Pharmacist to check dose and volume, review risk assessment and telephone prescriber if required to confirm any details

Dispensed by:	Checked by:	Product details:				Date:
<b>Cost code</b> Inpatients: Patient's ward Outpatients: Pathology General (Pathology SGH)	<b>Stock location</b> Fridge, SGH main dispensary		<b>Batch number</b>	<b>Expiry date</b>	<b>Number of vials</b>	<b>Essential record keeping</b> Log details of this supply and file this prescription with risk assessment form in IM immunoglobulin folder.
		<b>RIG</b>				
		<b>Rabies vaccine</b>				

**Rabies vaccine and immunoglobulin treatment details**

Post-exposure prophylaxis	<b>Rabies vaccine</b>	- Rabies vaccine to be given into the arm by deep subcutaneous or intramuscular inoculation on <b>days 0, 3, 7, 14 and 30</b> (time 0 is the day of 1st vaccine, not necessarily day of exposure). - Sequential dose should be given in alternate arms. Suggest start in non-dominant arm. - If a dose is missed, or timing has been compromised, the next vaccine should be given as soon as possible and <b>considered as the missed dose, and subsequent intervals readjusted.</b>
	<b>+ / -</b>	
	<b>RIG</b>	RIG is given in addition to vaccine depending on risk assessment of exposure to provide short term protection in the first six days post initiation of treatment. <b>RIG is not given after 7 days post initiation of rabies vaccine schedule or to an individual who is already partially immunised.</b> Dosing schedule: <b>single dose</b> of 20 units per kg of body weight Route of administration - Intramuscularly by deep subcutaneous inoculation <b>around the site of the wound if possible</b> - If this is difficult, or the wound has completely healed, then RIG can be administered in the antero-lateral thigh
Pre-exposure prophylaxis	<b>Rabies vaccine</b>	For primary immunisation, three doses of rabies vaccine should be administered on <b>days 0, 7 and 28</b> by intramuscular injection in the deltoid region.