

Please note: Rabies IG and vaccine are issued only when the UHS Pharmacy receives **both** this **PRESCRIPTION & the RISK ASSESSEMENT FORM** (required for rabies vaccine and RIG returns to the Dept of Health).  
Deliver or Fax (023 8120 6792) prescription and risk assessment forms to main dispensary Southampton General Hospital. If faxed, the original prescription will need to be received by pharmacy within 72 hours.  
**Out-of-hours**, contact on-call Pharmacist through UHS switchboard (Tel 023 80777 222).

**Prescription for Supply of RABIES VACCINE and/or RABIES IMMUNOGLOBULIN (RIG)  
for POST-EXPOSURE TREATMENT**

**Patient Details**

Patient Forename	Patient Surname	Date of Birth	NHS or Hospital number
Address / Ward		Patient's body weight in Kg ..... Mandatory exact weight for prescription of RIG	

<b>Product details</b>	<b>Rabies Immunoglobulin (RIG)</b> <small>The recommended dose is 20 IU/Kg Potency of RIG may vary from batch to batch</small>	<b>Rabies Vaccine</b>
Dose and schedule (see also table below)	Total IU .....	Number of vials ..... Schedule .....
Route of administration (see also below) <b>Vaccine and RIG should NEVER be given at the same anatomical site</b>	- Into and around the wound and/or intramuscularly in the antero-lateral thigh <input type="checkbox"/> - By deep subcutaneous injection in case of bleeding disorders <input type="checkbox"/> Please state kind of bleeding disorder	- Intramuscularly <input type="checkbox"/> - Administer by deep subcutaneous injection in case of bleeding disorders <input type="checkbox"/>

**Details of the PHE Doctor who has performed the risk assessment**

Name (in block letters)	GMC No	Location	PHE Rabies National Reference Unit, Colindale <input type="checkbox"/>
Designation	Date		Hampshire-IOW-Dorset PHE Centre, Whitley (HPU) <input type="checkbox"/>
			PHE Microbiology Services, University Hospital Southampton <input type="checkbox"/>

**Doctor prescribing (on behalf of the doctor who has performed the risk assessment, if different)**

Name (in block letters)	Signature	Designation	
GMC number	GP Surgery Address, other Hospital' name, UHS ward	Telephone No	Date

**Collection/Delivery Method:** Please specify

Patient or Representative collecting <input type="checkbox"/>	Taxi or Courier arranged by GP Surgery or Other Hospital <input type="checkbox"/>	UHS Pharmacy can send the product to UHS A&E by prior arrangement from the prescriber through UHS switch board. Please state name and contact details of A&E Nurse or Consultant with whom rabies treatment administration has been agreed <input type="checkbox"/> Name of UHS A&E Nurse or Consultant in charge ..... Extension No .....
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**Pharmacy Use Only** Please give the patient/carer a copy of the National Rabies Reference Unit Letters for RIG/vaccine (check batch number against letter).  
**Make sure that both RIG and vaccine are stored within the cold chain until use**

Screened by	Dispensed by:	Checked by:	Product details:	Batch No	Expiry date	No of vials	Date:
			RIG RIG potency (IU/ml) ..... Volume (ml) ..... No of vials .....				Essential record keeping Log details of this supply in the immunoglobulin register. Ensure one copy is made (for the patient/healthcare professional) The original prescription and risk assessment form needs to be filed in the IM immunoglobulin folder. Please file appropriately immediately after checking.
Cost code Inpatients: Ward Outpatients: Pathology SGH		Stock location Fridge, SGH main dispensary	Rabies vaccine				

**Rabies POST-EXPOSURE treatment details**

<b>Rabies vaccine</b>	- Rabies vaccine to be administered into the arm by intramuscular inoculation (or deep subcutaneous injection in case of bleeding disorders) on days 0, 3, 7, 14 and 30 (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 considered as the missed dose, and subsequent intervals readjusted.
<b>+/-</b>	<b>Vaccine and RIG should NEVER be given at the same anatomical site</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> - <b>Single dose</b> of 20 iu per kg of body weight - All of the RIG, or as much as anatomically possible, should be administered into or around the wound site or sites. - The <b>depth of the inoculation</b> into or around the wound depends on the severity of the wound (RIG should be infiltrated in all affected tissues). The remaining RIG, if any, should be injected intramuscularly at a site distant from the site of vaccine administration. - Rabies immunoglobulin may be diluted in physiological buffered saline to a volume sufficient for all wounds to be effectively and safely infiltrated. - If the inoculation in and around the wound is difficult, or the wound has completely healed, then RIG can be completely administered in the antero-lateral thigh.

**Rabies POST-EXPOSURE treatment details of previously vaccinated persons**

<b>Rabies vaccine</b>	- No RIG should be applied - Two doses of rabies vaccine; schedule: one dose on days 0 and one dose on day 3. - However, full post-exposure treatment should be given to persons in whom immunological memory is not longer assured as a result of HIV/AIDS or other immunosuppressive causes
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