

INSTRUCTIONS-LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order to be used exclusively by your agency. A customized standing order is usually printed on your agency's letterhead and signed by your medical director with effective start and end dates.

Standing Order: Rabies Postexposure Prophylaxis

Standing Order: All RNs employed or contracted by [name of local health department] may administer post-exposure prophylaxis as outlined below to clients presenting as being exposed to a rabid or potentially rabid animal.

Note: Registered nurses administering PEP for rabies exposure should be knowledgeable of the recommendations in the current ACIP: http://www.cdc.gov/rabies/resources/acip_recommendations.html .

Terminology:

- An **exposure** to rabies is categorized by the most likely route of transmission.
 - Bite: Penetration of the skin by a tooth. Bites, especially those from terrestrial carnivores, cause obvious wounds.
 - Non-bite: getting saliva or neurological tissue from a rabid or potentially rabid animal into an open wound or in contact with a mucous membrane such as the eyes, nose, or mouth. Wounds may be associated with non-bite exposures.
 - Bat: any direct or potential contact between a human and a bat should be evaluated for an exposure. The risk for rabies resulting from an encounter with a bat might be difficult to determine because of the minimal injury inflicted by a bat bite. A visible wound is often not present. Other situations that might qualify as exposures include finding a bat in the same room as a person who might be unaware that a bite or direct contact had occurred (e.g., a deeply sleeping person awakens to find a bat in the room, or an adult witnesses a bat in the room of a previously unattended child, mentally disabled person, or intoxicated person). If the person can be reasonably certain a bite, scratch, or mucous membrane exposure did not occur, or if the bat is available for testing and is negative for presence of rabies virus, post-exposure prophylaxis is not necessary.

- A **rabies exposure** is any bite, scratch or other situation in which saliva or nervous system (CNS) tissue or CSF of a potentially rabid animal enters an open wound, fresh wound.

ASSESSMENT:

1. Subjective Findings

- Client states that they have had an exposure or potential exposure to a rabid or potentially rabid animal.
- Client states that he/she has no visible wound.

2. Objective Findings

- Client presents with a physician's prescription to continue or initiate rabies postexposure prophylaxis.

PLAN OF CARE

Referral/Consultation

- If wound is present, and the client has not yet seen a provider for medical treatment, refer client to medical provider for examination and treatment. Do not administer HRIG or rabies vaccination. **END**
- If no wound is present yet there is an exposure to rabies (as is often the case when persons awake to find a bat in the room in which they were sleeping) **PROCEED** with assessment. If it is determined that PEP is indicated for an individual who has never received a complete pre or postexposure regimen and no wound is evident, HRIG is still administered on Day 0. Since there is no wound to infiltrate, the dose is given IM into the deltoid or anterolateral thigh muscle on the opposite side that the rabies vaccine was administered.

- Consult with Animal Control Officer to ensure that the animal exposure report has been completed.
 - If the animal involved in the exposure is captured and available for testing or 10 day observation (dog, cat or ferret) administration of rabies PEP may not be necessary. **Consult VPH.**

- Query clients to determine if they have had an allergic reaction to previous rabies vaccination administration.
 - If Yes **END**; consult clinician
 - If No **PROCEED**

- If HRIG is indicated but not given on Day 0, contact the ordering physician. HRIG can be administered up to and including Day 7 of the postexposure prophylaxis series.
- If there is any deviation from vaccine schedule consult with ordering provider and VPH, if necessary.

2. Implementation:

Exposures to rabies warrant immediate wound care and administration of rabies postexposure prophylaxis. It is important to note that not all exposures to rabies cause visible wounds.

| Day → | 0 | 3 | 7 | 14 | 28 |
|--|---|-----------------------------|-----------------------------|-----------------------------|------------------|
| PEP for Previously Unvaccinated Persons | 1.0 ml vaccine IM (deltoid) & 20 IU/kg HRIG* | 1.0 ml vaccine IM (deltoid) | 1.0 ml vaccine IM (deltoid) | 1.0 ml vaccine IM (deltoid) | No vaccine given |
| PEP for Previously Vaccinated Persons | 1.0 ml vaccine IM (deltoid) <u>HRIG is NOT administered</u> | 1.0 ml vaccine IM (deltoid) | No vaccine given | No vaccine given | No vaccine given |

- Note: Day 0 is the day PEP is initiated and may not be the day of actual exposure.
- * Consult Physician. If anatomically feasible, the full dose of HRIG should be thoroughly infiltrated in the area around and into the wounds. Any remaining volume should be injected IM at a site distant from vaccine administration (i.e., deltoid on same side as wound and on opposite side of rabies vaccine). HRIG is administered on Day 0 to individuals who have never received a complete pre or postexposure regimen regardless of whether a wound is evident or not. Never administer rabies vaccine or HRIG in the gluteal muscle.
- Consult Physician if client is immunocompromised. A 5th dose of vaccine may be indicated, refer to 2010 ACIP <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>

3. Nursing action

- Educate the client on the importance of completing vaccination series.
- Review vaccine side effects and emergency instructions.
- Offer and administer Td/Tdap per standing orders protocol if cannot confirm received vaccine in the last 10 years.

4. Reporting

- Document HRIG and rabies vaccine administration into NC Immunization Registry.
- Report any adverse reactions to vaccines to the Federal Vaccine Adverse Event Reporting System (VAERS): <http://vaers.hhs.gov/esub/index> and to manufacturer, see 2008 ACIP <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>

Approved by: _____ Date Signed: _____
Local Health Department Medical Director

Effective Date: _____

Expiration Date: _____

Resources:

Guidelines for rabies exposure risk assessment

2008 ACIP: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>

Guidelines for reduced dose rabies post exposure vaccine administration

2010 ACIP: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>

For questions, consult with North Carolina Veterinary Public Health at (919) 733-3419.

Legal Authority: Nurse Practice Act, G.S. 90-171.20 (7) (f) & (8) (c)

SAMPLE