

**How to Access and Use the Acute  
Potential Rabies Exposures  
AHLTA Template/  
AIM Form**

**General Medicine: 500A**

**Approved for public release; distribution unlimited**

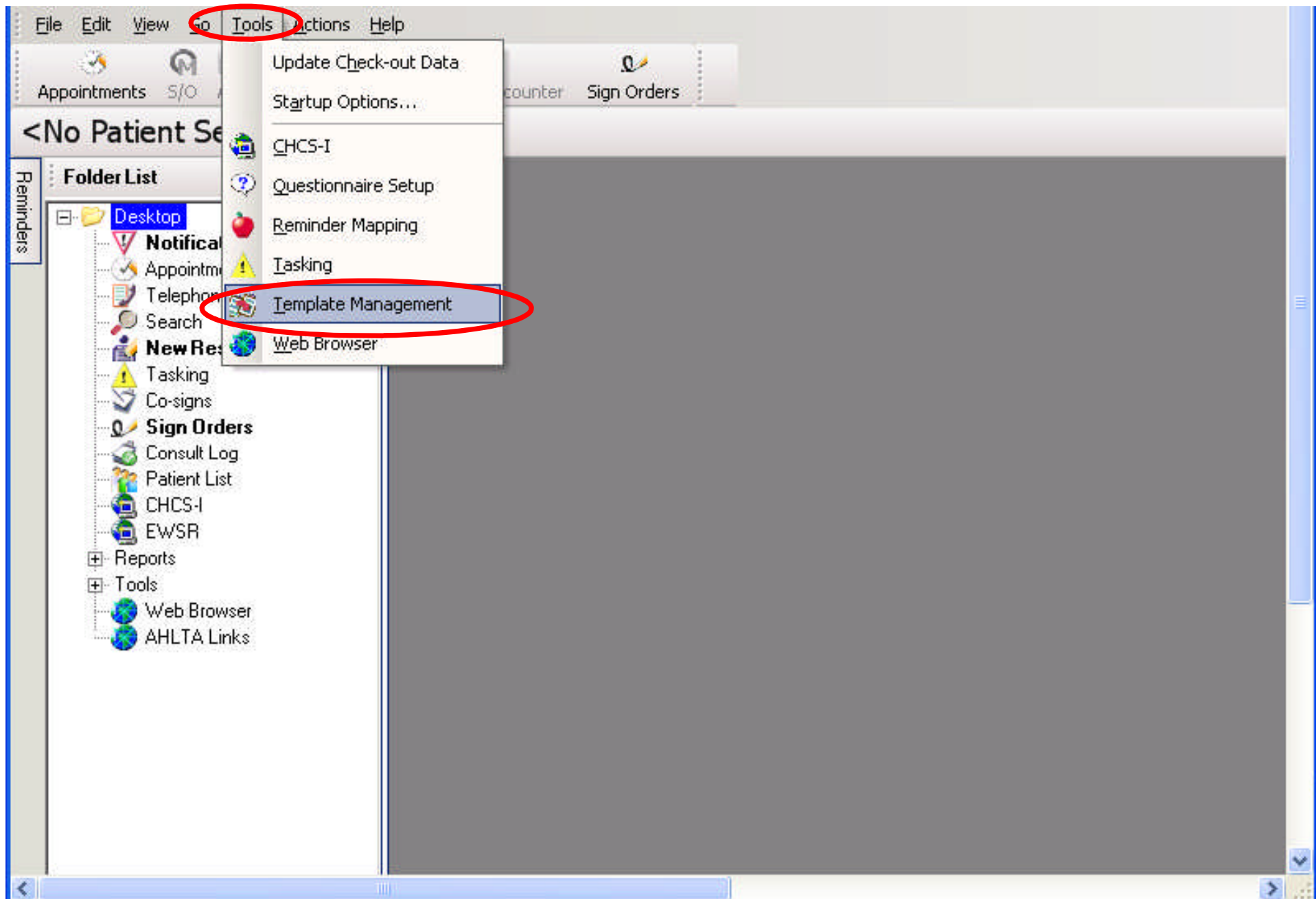
**January 2012**

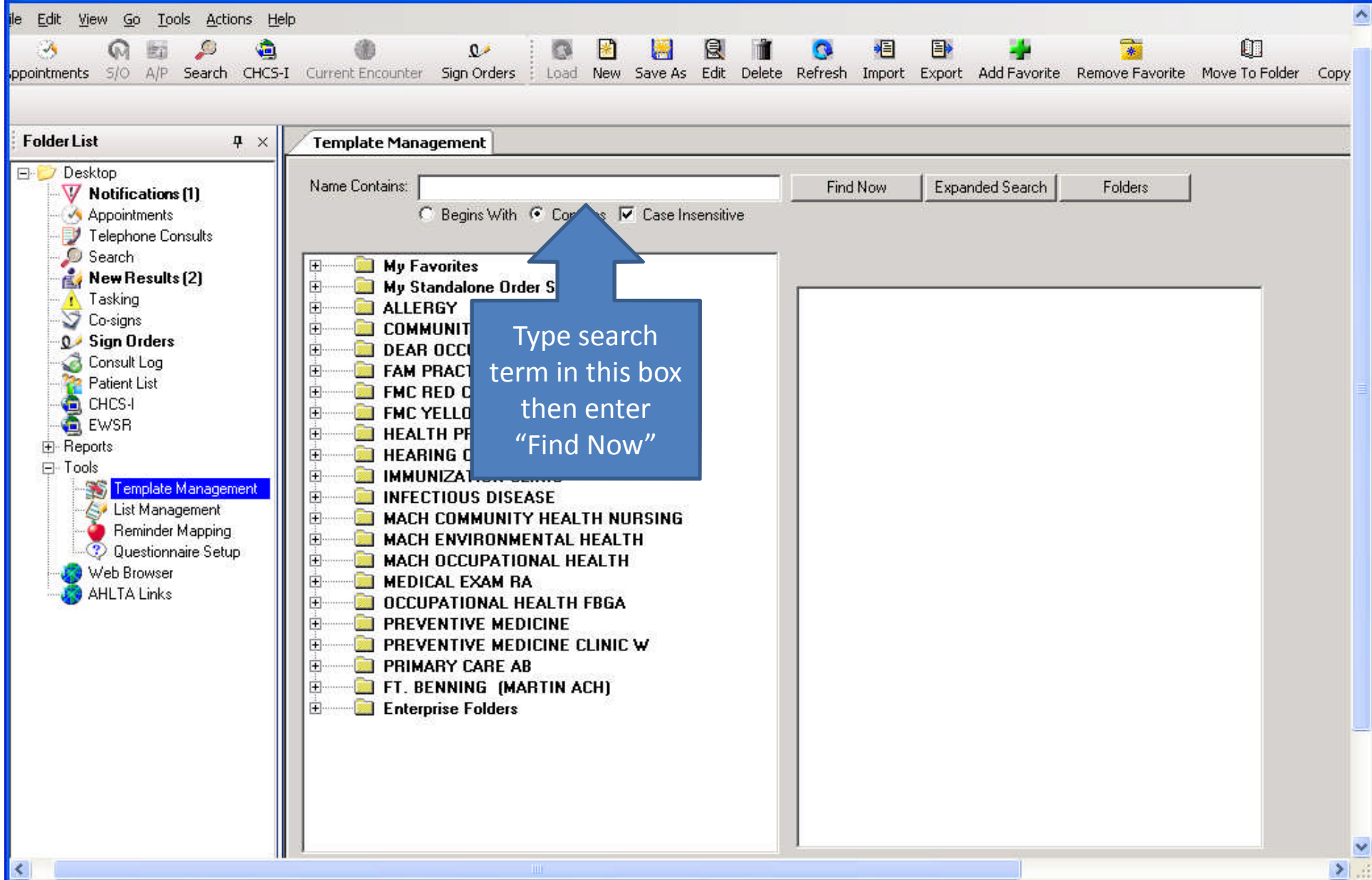


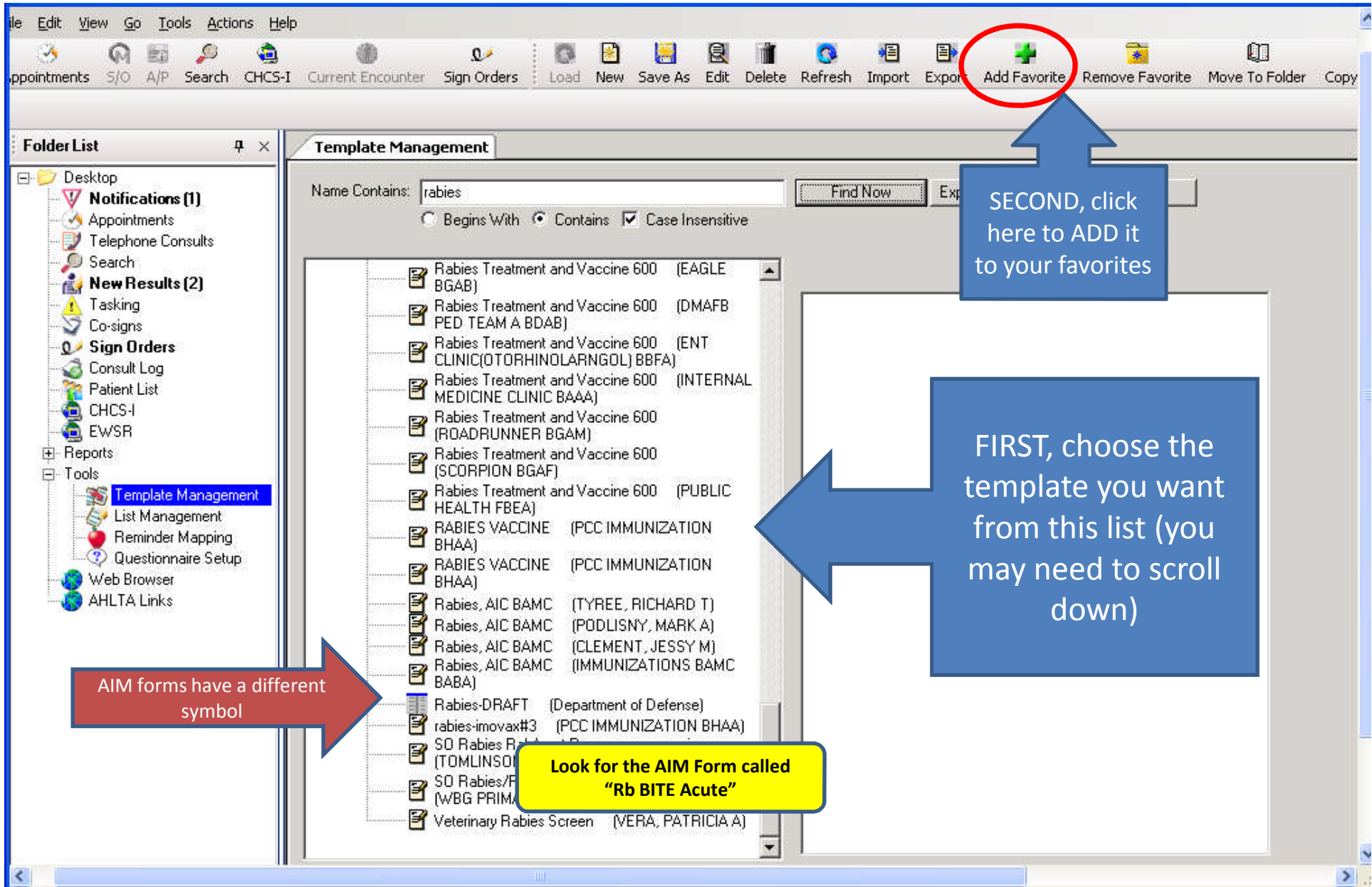
How to Access and Use the  
Acute Potential Rabies Exposures  
AHLTA Template /AIM Form

# How to Use the AIM Form

- The template is an AIM form
  - Meant for evaluation of persons presenting with an acute rabies risk exposure .
  - Can be used with either regular appointment templates or with t-cons.
  - See screenshots in following slides
- Go to "tool" menu and choose "template management." Enter the search term "Rb\_BITE\_ACUTE." Scroll down through the templates that are returned until you find "Rb\_BITE\_ACUTE." Click on the template name, then click on "ADD to favorites." This will add it to your list of templates. DO NOT save to favorites or you will not access the most current version if/when there are updates.
- Now open the patient encounter you wish to use this template with. Open the S/O portion of the encounter. From the template drop-down list in the encounter, select the name of this template.
- Now you should see the AIM form. There are tabs across the top of the template form. The first three tabs are the questionnaire; the other two tabs include reference information and links to resources.
- Record the patient's responses as you go through the interview. To see what the note looks like at any point, click on the "Note View" button in the upper right corner. Click on "Form View" to return to the questionnaire.
- The AIM form can be used for the S/O while another template is used for the A/P.







**Now open a patient encounter or  
telecon.....**

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Template Management | Current Encounter | S/O

Entry details for current selection

History

Duration (numeric)    Ons

Value    Unit

Click here for a drop-down list and choose the AIM form template

Templates (History)

HPI	PMH	ROS	PE	Tests	Browse	Template Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past me
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reported medical history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous hospitalizations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A previous emergency room visit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A breast self-exam was performed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wearing contact lenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A history of cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergy Free Text:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical / procedural history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taking medication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taking dietary supplements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taking vitamin supplements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taking OTC medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication noncompliance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior tests were performed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Pap smear was performed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A positive Pap smear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to venereal disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illness from NBC event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant weeks based on LMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous term delivery(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous premature deliver(s)

Add to Default Template



Template Management | Current Encounter | 5/0

AIM - Rb\_BITE\_ACUTE | Undo | Details | Browse | Shift Browse | Note View

Page 1 | Page 2 | Algorithm | Prophylaxis Schedule | Outline View

### Acute Rabies Risk Encounter AIM Form Version 11.12.21

**Personal Information**

Personal Information  
MDS/AFSC:  
Email:  
Cell Phone:  
Work Phone:  
Other Phone:

**Country where exposure occurred**

Country where exposure occurred  
 United States  
 Afghanistan  
 Iraq  
 Other (specify):

**Type of animal**

Type of animal  
 Dog  
 Cat  
 Other (specify):

Yes    No    Unknown   US/NATO Military Working Dog  
 Yes    No    Unknown   Feral (Stray) Animal  
 Yes    No    Unknown   Personal (ie, your own) pet  
 Other (specify):

**Documentation**

Has a DD2341, Animal Bite Report, been completed for this exposure?  
 Yes    No

If no, complete now and distribute as per local policy >>> [DD 2341](#) ?

**Date of exposure:**

**Type of Exposure**

Type of exposure (check all that apply)  
 Bite  
 Scratch  
 Animal saliva in eye, nose, mouth or broken skin  
 Other (specify):

**Rabies vaccination status of animal**

Vaccination status of animal  
 Current  
 Not Sure/Unknown

**Location of exposure**

Location of Exposure  
 On post  
 Off post  
Provide specifics (i.e. address, etc.):

↑  
 Tabs at top  
 of page have  
 all  
 information,  
 including  
 access to  
 references

←  
 Provider simply types in an X  
 to indicate pt responses

↑  
 Includes  
 link to  
 DD2341,  
 Report  
 of  
 Animal  
 Bite form

Template Management		Current Encounter		S/O	
<< >>		AIM - Rb_BITE_ACUTE		AutoNeg	
Page 1		Page 2		Algorithm	
Prophylaxis Schedule		Outline View		Undo	
Details		Browse		Shift Browse	
Note View					

<input checked="" type="checkbox"/> <b>Describe how the exposure happened</b> Description of Event: Was the animal wearing a collar? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A Was the animal known to you (pet, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A Did the animal appear healthy? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe: Was the event provoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Describe:		<input checked="" type="checkbox"/> <b>Specimens</b> If the animal was euthanized (put to sleep), was it sent for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
<input checked="" type="checkbox"/> <b>Disposition of animal after exposure? (check all that apply)</b> Disposition of animal <input type="checkbox"/> Animal has been confined for observation for at least 10 days <input type="checkbox"/> Animal was euthanized (put to sleep) <input type="checkbox"/> Animal not captured or confined <input type="checkbox"/> Don't know <input type="checkbox"/> Other (specify):		<input checked="" type="checkbox"/> <b>Result of rabies test if done</b> Result of rabies test <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	
		<input checked="" type="checkbox"/> Who told you the rabies test results:	

<input checked="" type="checkbox"/> <b>Injury description</b> Describe the injury/injuries (bite, scratch) and the location(s):	
--	--

<input checked="" type="checkbox"/> <b>Did the bite or scratch break the skin?</b> Did the bite or scratch break the skin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <b>Did you have a previous rabies vaccination series?</b> Did you ever have a previous rabies vaccination series (at least three shots) before this exposure occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
---	---

<input checked="" type="checkbox"/> <b>Did you bleed from the bite or scratch?</b> Did you bleed from the bite or scratch? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <b>Treatment provided (check all that apply)</b> Treatment provided: <input type="checkbox"/> None (explain): <input type="checkbox"/> Wound cleaning with soap and water <input type="checkbox"/> Tetanus shot <input type="checkbox"/> Antibiotics <input type="checkbox"/> Rabies Immunoglobulin (RIG) (Once, Day 0-7) <input type="checkbox"/> Rabies vaccine dose #1 (on Day-0) <input type="checkbox"/> Rabies vaccine dose #2 (on Day-3) <input type="checkbox"/> Rabies vaccine dose #3 (on Day-7) <input type="checkbox"/> Rabies vaccine dose #4 (on Day-14) <input type="checkbox"/> Rabies vaccine dose #5 (on Day-28) if immunocompromised or on antimalarials <input type="checkbox"/> Other (specify):
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<input checked="" type="checkbox"/> <b>Additional info</b> Additional information:
---

Free text fields allow provider to type in pt responses

### ACUTE POTENTIAL RABIES POST-EXPOSURE TREATMENT

Was the animal known to be up to date on its rabies vaccinations (ie, personal pet with documentation, US military working dog (MWD), etc) or was it another animal **unlikely or incapable** of spreading rabies?

YES

No rabies Post-Exposure Prophylaxis (PEP) is indicated after US MWD, non-mammalian animal and small rodent exposures. Complete DD Form 2341, Animal Bite Report.

NO/  
UNSURE

Did the patient sustain a risk exposure; e.g., a bite that broke the skin, or was there saliva contact with mucous membranes or broken skin, or possible contact with a bat?

NO

No rabies Post-Exposure Prophylaxis (PEP) is indicated in absence of risk or route of exposure.


YES/  
UNSURE


Conduct a rabies-risk assessment to determine if PEP is indicated; consult your local Rabies Advisory Board, Veterinary Officer or Preventive Medicine for guidance. If treatment is initiated, notify Preventive Medicine/Public Health to ensure appropriate treatment is completed and documented. Complete DD Form 2341, Animal Bite Report and send to servicing veterinarian as per local protocol.

Note to providers: 10 day quarantine period applies only to domestic dogs, cats and ferrets.

**For questions or concerns, contact your local Rabies Advisory Board**

If the animal was available for quarantine and declared healthy at the end of the observation period, OR if the animal was tested and confirmed rabies-negative, document in patient medical record and discontinue PEP. Rabies Advisory Board will document on the DD2341, Animal Bite Report and forward final copy for inclusion in patient medical record.

**Rabies postexposure prophylaxis (PEP) schedule - United States, 2010**

 At a glance and readily available to provider

Vaccination status	Intervention	Regimen *
Not previously vaccinated	Wound cleansing	All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent (e.g., povidine-iodine solution) should be used to irrigate the wounds
	Human rabies immune globulin (HRIG)	Administer 20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around and into the wound(s), and any remaining volume should be administered at an anatomical site (intramuscular [IM]) distant from vaccine administration. Also, HRIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of rabies virus antibody, no more than the recommended dose should be administered.
	Vaccine	Human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) 1.0 mL, IM (deltoid area $\pm$ ), 1 each on days 0 $\S$ , 3, 7 and 14. 
Previously vaccinated **	Wound cleansing	All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.
	HRIG	HRIG should not be administered.
	Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area $\pm$ ), 1 each on days 0 $\S$ and 3.

\* These regimens are applicable for persons in all age groups, including children.

$\pm$  The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. Vaccine should never be administered in the gluteal area.

$\S$  Day 0 is the day dose 1 of vaccine is administered.

 For persons with immunosuppression, rabies PEP should be administered using all 5 doses of vaccine on days 0, 3, 7, 14, and 28.

\*\* Any person with a history of pre-exposure vaccination with HDCV, PCECV, or rabies vaccine adsorbed (RVA); prior PEP with HDCV, PCECV or RVA; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.