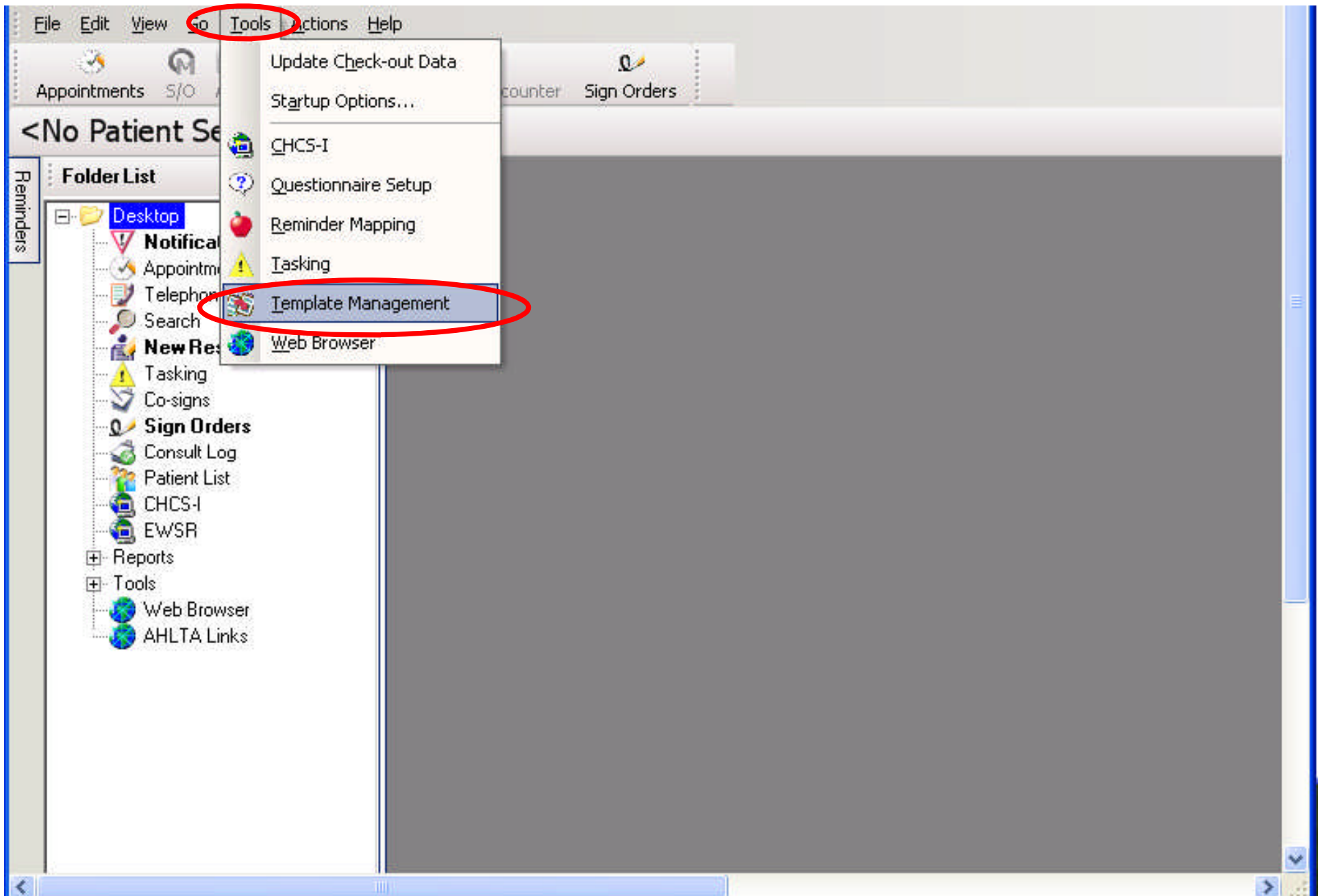
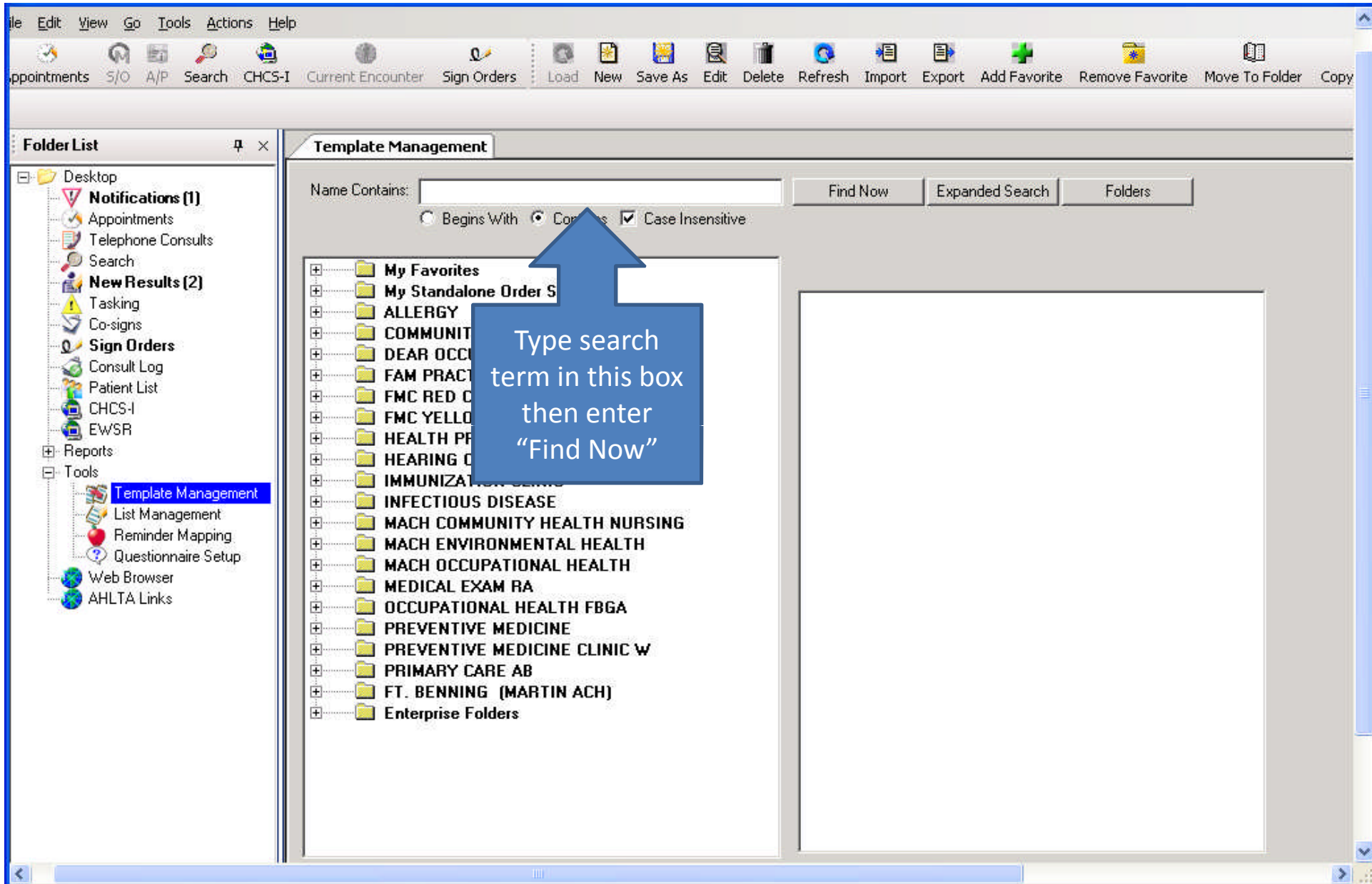


How to Access and Use the Rabies AHLTA Template /AIM Form





File Edit View Go Tools Actions Help

Appointments S/O A/P Search CHCS-I Current Encounter Sign Orders Load New Save As Edit Delete Refresh Import Export Add Favorite Remove Favorite Move To Folder Copy

Folder List

- Desktop
- Notifications (1)
 - Appointments
 - Telephone Consults
 - Search
- New Results (2)
 - Tasking
 - Co-signs
- Sign Orders
 - Consult Log
 - Patient List
 - CHCS-I
 - EWSR
- Reports
- Tools
 - Template Management
 - List Management
 - Reminder Mapping
 - Questionnaire Setup
 - Web Browser
 - AHLTA Links

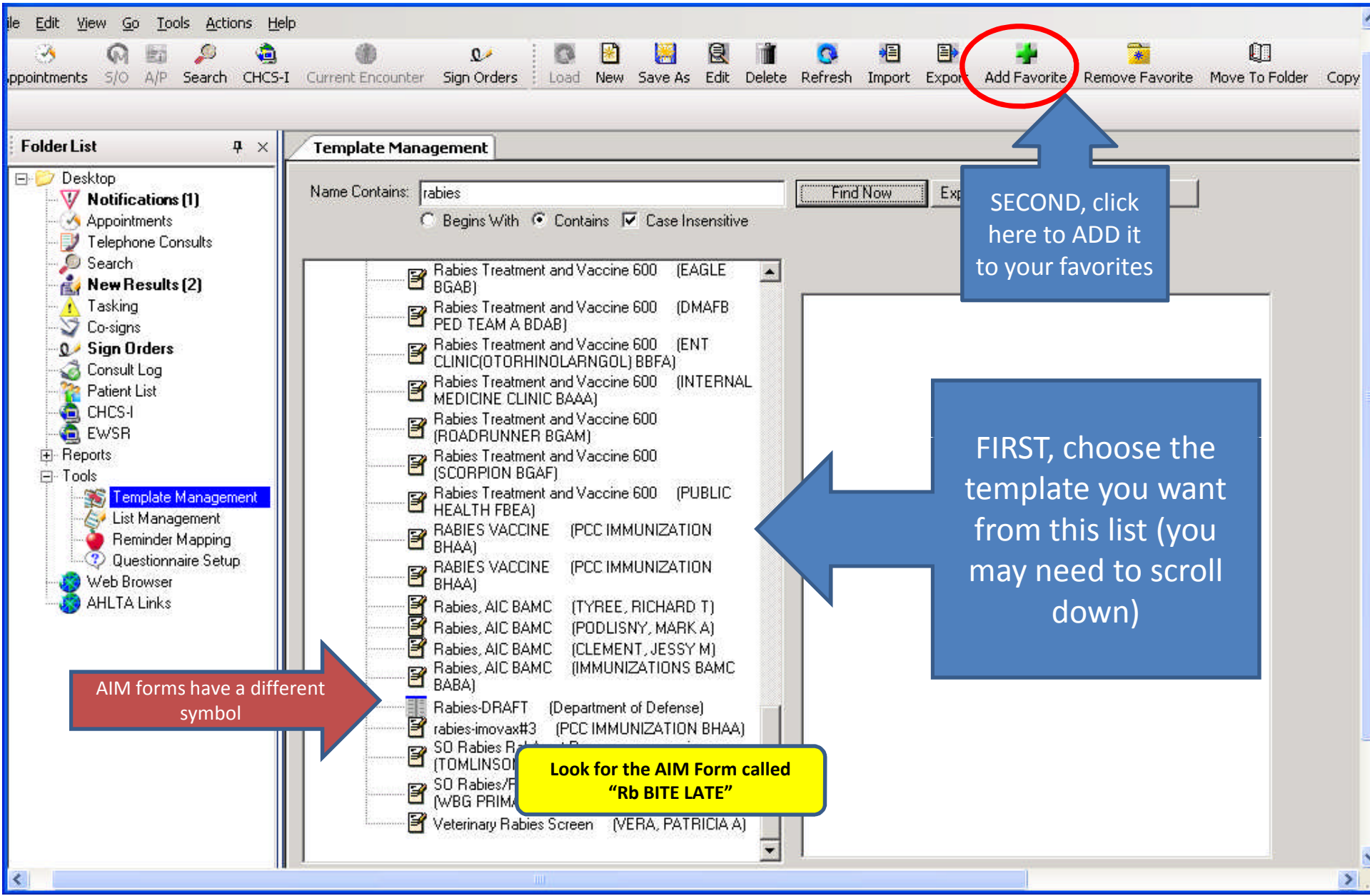
Template Management

Name Contains:
 Begins With Contains Case Insensitive

Find Now Expanded Search Folders

- My Favorites
- My Standalone Order S
- ALLERGY
- COMMUNITY
- DEAR OCC
- FAM PRACT
- FMC RED O
- FMC YELLO
- HEALTH PR
- HEARING O
- IMMUNIZATION
- INFECTIOUS DISEASE
- MACH COMMUNITY HEALTH NURSING
- MACH ENVIRONMENTAL HEALTH
- MACH OCCUPATIONAL HEALTH
- MEDICAL EXAM RA
- OCCUPATIONAL HEALTH FBGA
- PREVENTIVE MEDICINE
- PREVENTIVE MEDICINE CLINIC W
- PRIMARY CARE AB
- FT. BENNING (MARTIN ACH)
- Enterprise Folders

Type search term in this box then enter "Find Now"



AIM forms have a different symbol

Look for the AIM Form called "Rb BITE LATE"

SECOND, click here to ADD it to your favorites

FIRST, choose the template you want from this list (you may need to scroll down)

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

The screenshot shows a medical software interface. On the left is a 'Folder List' pane with a tree view containing categories like Patient List, Reports, Tools, and various clinical data points. The main window is titled 'Template Management' and 'Current Encounter S/O'. At the top right of this window, there is a navigation bar with a red circle around a drop-down menu. A blue arrow points from a text box below to this menu. The text box contains the instruction: 'Click here for a drop-down list and choose the AIM form template'. Below the navigation bar is a 'History' section with a list of templates. The list includes items such as 'history', 'Past me', 'Reported medical history', 'Previous hospitalizations', 'A previous emergency room visit', 'A breast self-exam was performed', 'Wearing contact lenses', 'A history of cancer', 'Allergy Free Text:', 'Surgical / procedural history', 'Medication history', 'Taking medication', 'Taking dietary supplements', 'Taking vitamin supplements', 'Taking OTC medications', 'Medication noncompliance', 'Prior tests were performed', 'A Pap smear was performed', 'A positive Pap smear', 'Exposure to venereal disease', 'Illness from NBC event', 'Pregnancy history', 'Pregnant weeks based on LMP', 'Previous term delivery(s)', and 'Previous premature deliver(s)'. At the bottom of the window is a button labeled 'Add to Default Template'.

Appointments Previous Encounters Current Encounter **S/O**

<< >> Home ATM - Rabies-DRAFT-2 AutoNeg Undo Details Browse Shift Browse Note View

Page 1 Page 2 Page 3 Algorithm Prophylaxis Schedule Outline View

Personal Information

Personal Information
MOS:
Unit:
Email:
Cell Phone:
Work Phone:
Other Phone:

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

Country where exposure occurred

Country where exposure occurred
 Afghanistan
 Iraq
 Horn of Africa
 Other (specify):

Provider simply types in an X to indicate pt responses

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 Unit Mascot
 Yes No Unknown Individual Pet

Exposure Incidents

How many separate possible rabies exposure incidents (animal bite, scratch, saliva exposure) have you had during a deployment or other international travel since 1 March 2010?

One
 Two
 Three
 Other:

Exposure ____ of ____ total exposures since 1 Mar 2010

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):

Vaccination status of animal

Vaccination status of animal
 Current (US/NATO Military Working Dog)
 Unknown

Location of exposure

Location of Exposure
 On the FOB
 On patrol
 Other (specify):

Describe how the exposure happened

Description of Event

To the best of my knowledge, all questions from the questionnaire are included in this AIM form. Only some demographic info was deleted because it is already available in the encounter. If you don't see some questions, it's possible the scroll down area wasn't captured in these screen shots.

Disposition of animal (check all that apply)

Disposition of animal

- Animal quarantine and observed for 10 days
- Animal euthanized but samples not submitted for rabies testing
- Animal euthanized and samples submitted for rabies testing at a U.S. lab
- Other (specify):

Result of rabies test if done

Result of rabies test

- Positive
- Negative
- Unknown

Who told you the rabies test results:

Animal appearance

Did the same animal appear perfectly health 10 or more days after the exposure?

- Yes, I saw the same animal and it appeared perfectly healthy
- I did not see the animal 10 or more days after the exposure
- Other (specify):

Appointments | Previous Encounters | Current Encounter | **S/O**

AIM - Rabies-DRAFT-2 | AutoNeg | Undo | Details | Browse | Shift Browse | Note View

Page 1 | Page 2 | Page 3 | Algorithm | Prophylaxis Schedule | Outline View

Injury description

Describe the injury/injuries (bite, scratch) and the location(s) on your body:

Free text fields allow provider to type in pt responses

Did the bite or scratch break the skin

Did the bite or scratch break the skin?
 Yes
 No
 Don't know
 N/A

Did you bleed from the bite or scratch

Did you bleed from the bite or scratch?
 Yes
 No
 Don't know
 N/A

Did you see a medical care provider for this exposure

Did you see a medical care provider for this exposure?
 Yes
 No
 Don't know

If answered YES on the above question, then answer the following:

Location where treatment was provided (name of FOB, etc.):

Name of Provider:

Unit of Provider:

Date of treatment:

Type of medical provider

Type of medical provider:
 Physician
 PA
 Medic
 Don't know
 Other (specify):

Did the provider say you needed rabies vaccination

Did the provider say you needed rabies vaccination?
 Yes
 No
 Don't know

Did you have a pre-exposure rabies series

Did you have a pre-exposure rabies series?
 Yes
 No
 Don't know

Treatment provided (check all that apply)

Treatment provided:
 None
 Wound cleaning with soap and water
 Tetanus shot
 Antibiotics
 Rabies Immunoglobulin (RIG) (Day 0-7)
 Rabies vaccine dose #1 (on Day-0)
 Rabies vaccine dose #2 (on Day-3)
 Rabies vaccine dose #3 (on Day-7)
 Rabies vaccine dose #4 (on Day-14)
 Rabies vaccine dose #5 (on Day-28)
 Other (specify):

Do you have a paper copy of the treatment record

Do you have a paper copy of the treatment record?
 Yes
 No
 Unknown

Was an electronic treatment record created

Was an electronic treatment record created?
 Yes
 No
 Unknown

Additional info

Additional information regarding the animal exposure:

Evaluation and Treatment of Potential Deployment-Related Rabies Exposures

IMPORTANT: THIS ALGORITHM SHOULD NOT BE USED TO EVALUATE ACUTE BITES OR EXPOSURES¹

Did the patient have contact DURING THE LAST 18 MONTHS with a mammal capable of spreading rabies?²

NOTE: Providers who have questions or concerns regarding application of this algorithm should contact their local Rabies Advisory Board for assistance.

YES

Did the patient sustain a bite that broke the skin, have wet animal saliva contact mucous membranes or broken skin, or have a bat in sleeping quarters?

NO

NO Rabies PEP Indicated
Document the incident and clinical assessment in AHLTA.

YES/UNSURE

Was the animal a US/NATO military working dog?

YES

NO Rabies PEP Indicated
Document the incident and assessment in AHLTA. Code exposure³ and use supplemental code E906 for dog bite

NO/UNSURE

Was the animal directly observed for 10 days following the exposure and appeared healthy at day 10?

YES

NO Rabies PEP Indicated
Document the incident and assessment in AHLTA. Code exposure³ and use supplemental E codes as appropriate.

NO/UNSURE

Is appropriate Rabies Post Exposure Prophylaxis (PEP) for this exposure documented in the medical record?⁴

YES

NO Rabies PEP Indicated
Document the incident and assessment in AHLTA. Code exposure³ and use supplemental E codes as

NO

Rabies PEP Indicated

- Administer both Human Rabies Immunoglobulin (HRIG) and rabies vaccine regardless of time since incident unless patient has previously received rabies vaccine series. HRIG should not be given more than 7 days after first vaccine dose if the patient already received some rabies vaccine.
- Document exposure incident, assessment, and treatment in AHLTA. Use appropriate wound code and supplemental E codes, as well as code V04.5.³ Document HRIG and rabies vaccines in Service immunization tracking system.

→

Rabies PEP Regimens⁵ (also see Prophylaxis Schedule)
Not previously vaccinated:
HRIG: 20 IU/kg body wt at site of wound and any remaining volume distal to rabies vaccine site
Rabies Vaccine⁶ 1ml IM days 0, 3, 7, and 14
(Also day 28 if immunosuppressed or on antimalarials)
Previous vaccine series or titer documented:
HRIG should not be used.

1. For acute bites and exposures, refer to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm> ?
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm> ?

2. Dogs, cats, bats, raccoons, skunks, ferrets, foxes, mongooses, jackals, and other medium-to-large mammals. Rats are not reservoirs of rabies virus. Small rodents (e.g., squirrels, chipmunks, rats, mice, hamsters, guinea pigs, and gerbils) and lagomorphs (including rabbits and hares) are rarely infected with rabies and have not been known to transmit rabies to humans.

3. Use codes 870.0-897.7 (wound, open) or 910-919 (superficial injury codes) with the appropriate supplemental code: E906 for dog bite or E906.5 for injuries due to monkey or other animal. Include code V04.5 for animal bite requiring rabies vaccination.

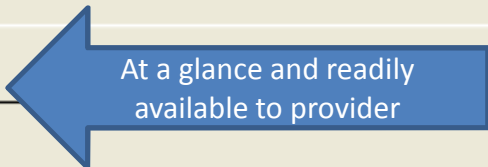
4. See protocols on Prophylaxis Schedule tab

5. If vaccine doses were missed, re-start the vaccine series.

6. Purified Chick Embryo Cell Vaccine (PCECV) should not be given to individuals with egg allergies. Human Diploid Cell Vaccine (HDCV) is safe in egg-allergic individuals.

Provider can click on link and will be taken to the web page reference

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



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 ±), 1 each on days 0 §, 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 ±), 1 each on days 0 § and 3.

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

± 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.

§ 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.