

Rabies or Lyssavirus Post-Exposure Treatment (P.E.T.) Request Form

To request treatment complete form and email to healthimmunisation@sa.gov.au

Exposure type:		<input type="checkbox"/> Rabies	<input type="checkbox"/> Lyssavirus
NOTIFIER			
<input type="checkbox"/> Dr	Name	Phone	Fax
Address			
CASE DETAILS			
Surname		Given names	
Date of birth	/ /	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
			Weight kg
Address		Suburb	P/C
Home ph		Work ph	Mobile
Indigenous status <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander			
DETAILS OF EXPOSURE			
Exposure date / /			
Wound type <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Bite & Scratch			
<input type="checkbox"/> Other (please specify)			
Site (multiple sites may be selected)			
<input type="checkbox"/> Upper arm	<input type="checkbox"/> Lower arm	<input type="checkbox"/> Hand	<input type="checkbox"/> Fingers
<input type="checkbox"/> Upper leg	<input type="checkbox"/> Lower leg	<input type="checkbox"/> Foot and toes	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Torso
Depth of wound/s	mm or cm	Skin intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No
Animal causing the wound/s <input type="checkbox"/> Fruit bat/flying fox <input type="checkbox"/> Bat (other) <input type="checkbox"/> Dog <input type="checkbox"/> Monkey <input type="checkbox"/> Unknown			
<input type="checkbox"/> Other (please specify)			
Did the animal appear unwell? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Description of animal behaviour prior to exposure/injury			
Laboratory examinations performed on the animal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not answered			
If Yes, laboratory result <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not yet available <input type="checkbox"/> Other			
Please report details of lab findings from animal testing			
Laboratory address		Phone	
Country of exposure/injury		Location	
CASE HISTORY			
Did the case receive the wound/s as a part of occupational activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Did the case spend more than a month in a rabies endemic area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Was the case working with mammals in a rabies endemic area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Did the case work with live lyssavirus in a laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

CASE DETAILS			
Surname:	Given names:	DOB:	/ /
Previous rabies vaccination? <i>(prior to this exposure)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Doses:	Date of last dose: / /
Does the case have anaphylactic reaction to egg/egg proteins?	* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If Yes, DO NOT use RABIPUR	
Is the case immunocompromised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Details:	
Is Tetanus immunisation up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
TREATMENT DETAILS			
Date of wound/s assessment:	/ /	Was the wound cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:			
Assessment made by:	<input type="checkbox"/> GP <input type="checkbox"/> Hospital <input type="checkbox"/> Public Health Unit <input type="checkbox"/> Health Service	<input type="checkbox"/> Other <i>(please specify)</i>	
Rabies immunoglobulin (HRIG) given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date HRIG given:	/ /
Rabies vaccine given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of doses:	
Dates	/ /	/ /	/ /

CDCB OFFICE USE ONLY			
Rabies immunoglobulin (HRIG) approved?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> KamRab <input type="checkbox"/> Imogam	Calculate: weight	kg x 20 ÷ 150 = mls
Dose:	Delivered to:		
Rabies vaccine approved?	* <input type="checkbox"/> Yes, vaccine brand to be administered: * If anaphylaxis to egg/egg protein DO NOT use RABIPUR	<input type="checkbox"/> No	
No. of doses	Delivered to:		
No. of doses	Delivered to:		
No. of doses	Delivered to:		
Authorised by CDCB Medical Officer: Print Name Signature	Date / /

CDCB Medical Advice Record			
Rabies Immunoglobulin infiltration & administration as per the <i>online Australian Immunisation Handbook</i> , discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Recommended intervals for Rabies vaccine doses discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rabies vaccine and HRIG administration as per the <i>online Australian Immunisation Handbook</i> , Rabies and other Lyssaviruses (including Australian Bat Lyssavirus) Chapter. https://immunisationhandbook.health.gov.au/	<input type="checkbox"/> Yes <input type="checkbox"/> No		